

# Consumer Council

**Wednesday**  
**6 September 2023**  
**2:00pm – 4:00pm**

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**Waitematā Room, Level 1, Whenua Pupuke Building**  
**North Shore Hospital Campus**

**In person attendance with Zoom option available**

# CONSUMER COUNCIL

## 6 September 2023

Venue: Waitematā Room, Level 1, Whenua Pupuke Building North Shore Hospital Campus  
Time: 2:00pm – 4:00pm

|   |   |
|---|---|
| <u>Consumer Council Members</u><br>Lorelle George (Chair)<br>Neli Alo<br>Samuel Cho<br>Boyd Broughton (Te Rūnanga o Ngāti Whātua)<br>Dan McCool (Te Whānau o Waipareira)<br>Janet Fitzgerald<br>Insik Kim<br>Ian Ramos<br>Ravi Reddy<br>Kaeti Rigarlsford<br>Vivien Verheijen | <u>Ex-officio - Waitematā DHB staff members</u><br>Samantha Dalwood – Disability Advisor<br>Brad Healey – Interim Lead – Hospital and Specialist Services Waitematā<br><br><u>Other Te Whatu Ora Health New Zealand Waitematā Staff members</u><br>Ravina Patel – Manager, Patient Experience<br>Jonathan Christiansen – Chief Medical Officer<br>Bede Skinner – Team Leader Smokefree Services<br>Anne Crawford – Manager Smokefree Services |
|---|---|

### APOLOGIES:

### 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

|        |   |
|--------|---|
|        | <b>1. AGENDA ORDER AND TIMING</b>   |
|        | <b>2. Welcome / Karakia / Introduction</b>  |
|        | <b>3. CONFIRMATION OF MINUTES</b>   |
| 2.05pm | 3.1 Confirmation of the Minutes of Meeting (26/07/23)<br>Actions Arising from Previous Meeting  |
|        | <b>4. DISCUSSIONS</b>   |
| 2.15pm | 4.1 Patient Experience Report – Ravina Patel  |
|        | <b>5. INFORMATION ITEMS</b>   |
| 2.30pm | 5.1 QSM information for approval by Consumer Council members – Ravina Patel, Samantha Dalwood   |
| 2.45pm | 5.2 i. NZREX Doctors pathway pilot Update – Jonathan Christiansen<br>ii. End of Life Choice (EOLC) Act Update – Jonathan Christiansen |
| 3.10pm | --- Break ---   |
| 3.20pm | 5.3 Smokefree Services Update – Bede Skinner, Anne Crawford   |
| 3.40pm | 5.4 Chair's Update - Lorelle George, Chair  |
|        | <b>6. ANY OTHER BUSINESS</b>  |
| 3:45pm | 6.1 Community Concerns  |
| 3.50pm | 6.2 Area of interest for future meeting   |
| 3.55pm | 6.3 Meeting evaluation  |

**Te Whatu Ora Health New Zealand - Waitematā  
Consumer Council  
Member Attendance Schedule 2023**

| NAME                                       | Feb 2023 | March 2023 | May 2023 | June 2023        | July 2023 | Sep 2023 | Oct 2023 | Nov 2023 |
|--|----------|------------|----------|------------------|-----------|----------|----------|----------|
| Lorelle George (Chair)                     | ✓        | ✓          | ✓        | <b>Cancelled</b> | ✓         |          |          |          |
| Ngozi Penson (Deputy Chair)                | ✓        | ✓          | ✓        |                  | n/a       | n/a      | n/a      | n/a      |
| Neli Alo                                   | ✗        | ✓          | ✓        |                  | ✓         |          |          |          |
| Samuel Cho                                 | ✓        | ✗          | ✓        |                  | ✓         |          |          |          |
| Boyd Broughton (Te Rūnanga o Ngāti Whātua) | ✓        | ✓          | ✗        |                  | ✗         |          |          |          |
| Dan McCool (Te Whānau o Waipareira)        | ✓        | ✓          | ✓        |                  | ✓         |          |          |          |
| Janet Fitzgerald                           | ✗        | ✓          | ✓        |                  | ✓         |          |          |          |
| Insik Kim                                  | ✓        | ✓          | ✓        |                  | ✓         |          |          |          |
| Ian Ramos                                  | ✓        | ✓          | ✓        |                  | ✓         |          |          |          |
| Ravi Reddy                                 | ✓        | ✓          | ✓        |                  | ✓         |          |          |          |
| Kaeti Rigarlsford                          | ✓        | ✓          | ✓        |                  | ✓         |          |          |          |
| Vivien Verheijen                           | ✓        | ✓          | ✓        |                  | ✓         |          |          |          |
| Brad Healey                                | ✓        | ✗          | ✓        |                  | ✗         |          |          |          |
| +Samantha Dalwood                          | ✓        | ✗          | ✗        |                  | ✓         |          |          |          |
| Student representative                     |          |            |          |                  |           |          |          |          |

- ✓ *attended*
- ✗ *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**

| <b>Committee Member</b>   | <b>Involvements with other organisations</b>  | <b>Last Updated</b> |
|---------------------------|---|---------------------|
| Lorelle George<br>(Chair) | Consumer Advocate – Harbour Hospice, Clinical Governance Committee  | 03/02/23            |
| Neli Alo                  | Team Leader, Youthline Manukau  | 08/02/23            |
| Samuel Cho                | Committee Member, Waitakere Health Link<br>Member, Metro Auckland Asian and MELAA Primary Care Service Improvement Group (Auckland DHB and Waitematā DHB)<br>Member, Asian Health Action and Advisory Group (Counties Manukau Health)   | 28/07/22            |
| Boyd Broughton            | Director of Health, Te Rūnanga o Ngāti Whātua<br>Chief Executive Officer, Te Taumata Hauora Iwi Māori Partnership Board<br>Mahitahi Hauora, Board Trustee   | 24/02/23            |
| Dan McCool                | Te Whānau o Waipareira  |                     |
| Janet Fitzgerald          | nil   | 14/03/23            |
| Insik Kim                 | Committee Member, Waitakere Health Link<br>Member, English Language Partners  | 08/02/23            |
| Ian Ramos                 | nil   | 03/08/22            |
| Ravi Reddy                | Senior Lecturer, School of Health Science, Massey University<br>Pacific Advisory Board, Eisdell Moore Centre of Healing and Balance<br>Honorary Academic, University of Auckland  | 08/02/23            |
| Kaeti Rigarisford         | nil   | 08/02/23            |
| Vivien Verheijen          | Member, Consumer Advisory Committee - PHARMAC<br>Board member, Companionship & Morning Activities for Seniors (CMA)<br>Lay member of General Standards Committee, NZ Law Society<br>Director, Board of Comprehensive Care Limited (CCL) | 14/03/23            |
| (Student Representative)  |   |                     |



## 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.*

**ACTIONS ARISING FROM THE MINUTES OF THE MEETING OF THE  
CONSUMER COUNCIL AS AT 25 AUGUST 2023**

| <b>Meeting Date/<br/>Minutes ref.</b> | <b>Topic</b>   | <b>Action / Status</b> |
|---------------------------------------|--|------------------------|
| 26 July 2023                          | Dan has offered to provide an update at the next meeting on the outcome of the NZQA accreditation assessment for doctors training.   |                        |
| 26 July 2023                          | Samantha Dalwood will enquire with Tim Wood about what factors contribute to the price increase of GP private practice consultations, how are prices set, and how are different criteria of consumers entitlement established. Answers to these questions will provide a greater understanding of how primary care works in the community. |                        |

## **2. WELCOME AND INTRODUCTION**

### **3. CONFIRMATION OF MINUTES**

#### **3.1 Confirmation of the Minutes of Meeting 26/07/23 Actions Arising from Previous Meeting**

### 3.1 Confirmation of the Minutes of Meeting 26/07/23

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

**Wednesday, 26 July 2023**

Manuka Room, Ground Floor, Whenua Pupuke Building  
North Shore Hospital Campus and  
by video conference commencing at 2.00pm

#### **CONSUMER COUNCIL MEMBERS PRESENT:**

Lorelle George (Chair)  
Neli Alo  
Dan McCool (Te Whānau o Waipareira)  
Janet Fitzgerald  
Insik Kim  
Ian Ramos  
Ravi Reddy  
Samuel Cho  
Kaeti Rigarlsford  
Vivien Verheijen

#### **ALSO PRESENT:**

Samantha Dalwood - Disability Advisor  
Ravina Patel - Manager, Patient Experience  
Hinerau Ruakere – Māori Patient and Whanau Experience Lead, Patient Experience  
Sarah Timmis – Charge Nurse Director, AEM SMHOPS North Shore Hospital  
Grace Ryu - Operations Manager, Asian Health Services  
Raj Singh – Project Manager, Asian Migrant Project  
Fabiana Sierra - Minutes

#### **APOLOGIES:**

Brad Healey – Interim Lead – Hospital and Specialist Services Waitematā  
Boyd Broughton

#### **KARAKIA**

A Karakia was led by Lorelle George.

#### **WELCOME:**

Lorelle George, Consumer Council Chair welcomed everyone to the meeting.  
The Chair announced that Ngozi Penson had stepped away from the Consumer Council, and formally thanked her for her contribution to the Council for the period she was part of the Committee and added that Ngozi will be greatly missed.

## 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 than the one listed in the agenda.

### 3 DISCUSSIONS

#### 3.1 Patient Experience Report (Agenda pages 9-13)

Ravina Patel (Manager, Patient Experience) joined the meeting in person. The report for June 2023 was taken as read.

Matters covered in the discussion:

#### Patient Experience National Survey responses:

##### *Discharge and Medications:*

- The National Patient Experience Survey results are showing similar results to previous months, and *Discharge and Medication side effects* continues to be an area for improvement.
- The Discharge team has started to implement small changes and it is expected that it will take time for improvements to be noticed as the team starts to scale up the changes across the services.

##### *Family and Friends:*

- The net promoter scores continue to fluctuate in this measure, this time with scores reaching 80% satisfaction. The team will continue to investigate to see what is driving the increased score. It is possible that an increase of staff numbers could be influencing the scores positively as historically high scores seemed to have correlated with reduced staff shortages.

#### Volunteers update:

- The intake of volunteer is steadily increasing. This is due to recruitment of Westlake (Takapuna) and St Dominic's (Waitākere) students.
- The students have been assisting patients as well as helping collect survey responses, which has led to an increased number of survey responses.
- Recruitment of new volunteers will be done in the coming weeks with a focus on prioritising areas of greater need.
- In June the team celebrated the National Volunteer's week in gratitude of the valuable work the volunteers do in the hospital site.
- It has been announced that the nurses' strike is going ahead on Wednesday 9 August for 24hrs. If no resolution has been reached the team will be asking for volunteers and staff members to support the wards with non-clinical tasks to help cover three different shifts throughout the day.

Comments and issues raised:

- It was raised why the net promoter score of *Family and Friends* measures for Māori and Pacific patients was different with feedback from Māori patients leading to high scores and from Pacific patients to lower scores based on a similar number of responses received. The team has not been able to identify what is driving these differences, but they will keep a close eye on this trend and will continue to investigate.
- It was noted that although improvements in staffing levels are driving higher scores with *Family and Friends*, it is important to acknowledge that not all services have been filling staff vacancies and so improved scores will take time to spread across the entire organisation. It is expected that staffing levels will continue to influence feedback for the next few months.

The Consumer Council thanked Ravina Patel for her work and for her time.

### **3.2 Māori Patient and Whānau Experience – Verbal Update**

Hinerau Ruakere (Māori Patient and Whānau Experience Lead, Patient Experience) joined the meeting in person.

Matters covered in the discussion:

Patient Experience National Survey responses from Māori patients:

- For the *Family and Friends* measure it is important to note that although scores were high for the responses received from Māori patients, the actual number of responses received was very low, which could be driving the high scores.
- The data that has been collected over the last few months suggests that Māori patients provided generally positive feedback.
- It was possible to identify a trend where Māori kaumātua and kuia were generally satisfied with the service and their experience at the hospitals, while younger people were not as satisfied. Some of the interviews carried out were face-to-face and some over the phone through the Kōrero Mai programme. It was noted that some patients and whānau found it easier to provide honest feedback when interviewed over the phone, as opposed to being interviewed in person.
- Some feedback from Māori kaumātua and kuia was related to communication concerning lack of patient engagement in interactions with the medical team about their care, and lack of involvement in decision-making.
- Hinerau and the Patient Experience team have used the feedback collected to create a training package for doctors. The training will help to raise awareness in doctors to adapt their communication style and language with patients to ensure that patients are able to engage in their medical care.
- The team will introduce training focused in whakawhanangatanga, how to connect and interact with Māori patients to improve communication and engagement. Hinerau provided the first session of this training to house officers and it was very well received.
- It was noted that younger doctors responded differently to older doctors, and that this needed to be considered when devising training modules.

- This training is a small step towards addressing the issues that Māori patients experience in healthcare when they come to hospital and when they return to their whānau and their community. The aim is to meet patients where they are in their health journey, breaking down the existing barriers to help them succeed in their recovery.

Comments and issues raised:

- Dan McCool commented on the point that Hinerau made in relation to helping doctors build their capabilities on whakawhanangatanga, especially when working with whānau. He added that one of the initiatives from Te Whānau o Waipareira is to seek NZQA accreditation for micro-credentials that were currently being assessed. Dan suggested that this could be an opportunity to work collaboratively with Hinerau and her team to provide an NZQA accredited programme package for doctors. Dan and Hinerau will connect to discuss collaboration.
- Dan has offered to provide an update at the next meeting on the outcome of the NZQA accreditation assessment.

The Consumer Council thanked Hinerau Ruakere for her work and for her time.

## **4 INFORMATION ITEMS**

### **4.1 Discharge Process – Verbal Update**

Sarah Timmis (Charge Nurse Director, AEM SMHOPS North Shore Hospital) joined the meeting via Zoom.

Matters covered in the discussion:

Discharge Process:

- Sarah provided an overview of her current role which covers the areas of the medical wards, rehabilitation and stroke wards, clinical specialties such as palliative care, gastroenterology, and some of the nurse specialists within the hospital services.
- The main area that had been previously identified for improvement in the discharge process was related to communication:
  - discharge preparation,
  - medication,
  - resources within the community that patients could access after discharge.
- A programme to help improve patient literacy had been trialled without success
- The Patient Experience team and Sarah's team have been working together and based on the patient and whānau feedback they have come up with a new approach that is hospital wide. A collective group of several hospital services gathered in May to discuss ways that the Discharge process could be improved. This included both inpatient and outpatient services, with staff members from Allied Health, paediatrics, Māori Health team, surgical and medical wards, doctors, pharmacists, and mental health working together.
- The meeting helped map out all the areas across the entire service and patient journey that needed improvement.



- The outcome of the meeting was to create 6-7 subgroups that will work separately to resolve issues relevant to their service, and they will then regroup to discuss the progress made by each team.
- The first group to come forward was the one with doctors: some of the issues that this group will try to resolve are related to:
  - the doctors' rounds,
  - managing patients expectations, this includes providing realistic time frames of follow up appointments and services available to patients post discharge
  - communication using language that patients and whānau understand, including clarification of abbreviations on discharge papers
  - Lead doctor Alex Chapman; Associate Clinical Director in the medical team will lead the group to discuss the implementation of five questions related to discharge that will provide opportunities for patients to ask questions regarding their care such as:
    - What do I need to go home with?
    - What's wrong with me?
    - Why am I here?
    - What needs to happen for me to go home?
  - Reduced Discharge waiting time by implementing a criterion for discharge process that allows any clinician to discharge patients that meet the criteria. This means that the patient can be discharged when they are ready without having to wait for their doctor.
  - Strengthening relationships with primary care, and engaging a welfare team to ensure that patients that may have arrears with their GP practice can still attend their follow up appointments
  - Managing the services expectations in terms of discharge dates: this involves providing the appropriate support that whānau may need when the patient is discharged, as sometimes this can be a reason for discharge delays.
  - Implementing a discharge checklist and a patient information leaflet
- Medication group:
  - Maximise the use of the yellow cards that are given to high-risk patients by the pharmacists
  - Ensuring that pharmacists are able to attend the MDT meetings
  - Improve communication about prescribed medication with patients and whānau on discharge
- Sarah's group:
  - Ensuring that the nursing staff are well informed of the new changes and improvements to be carried out, and of the links with the other teams and services
  - Maintaining realistic expectations on patient discharge time frame for both our services as well as for patients and whānau
  - Implementation of the Cultural and Māori pathway that links with all our services to ensure the patient and their whānau receive a meaningful and holistic healthcare experience.
- The next collective meeting will focus on lessons learnt, progress and implementation of changes to the discharge process across the entire hospital services

Comments and issues raised:

- It was suggested to look at the use of the Health Passport and the Sunflower lanyards. Samantha Dalwood will liaise with Sarah to discuss this further.
- It was suggested to include the Waitematā Community Support booklet in the discharge process to ensure patients have all the information they need on discharge. The booklet is particularly useful for additional resources that patients can access post discharge within the community.

The Consumer Council thanked Sarah Timmis for her work and for her time.

3.00pm to 3.10pm – the meeting adjourned for a short break.

Neli Alo left the meeting at 3.00pm

#### **4.2 Healthy Mother Healthy Future (HMHF) Asian Perinatal Wellbeing Project - Verbal Update**

Grace Ryu (Operations Manager, Asian Health Services) joined the meeting in person.

Matters covered in the discussion:

- The programme is dedicated to support Asian women during the perinatal period (from conception and up to a year post-partum).
- Historically Asian women often do not seek mental health services
- 31% of new-born babies at Te Whatu Ora Waitematā were Asian babies in 2020. And only 13% of maternal health clients were Asian in 2021
- These figures prompted the trial of a 1year programme. The team has been trying to identify barriers for Asian mothers accessing the maternal health services. Some of the improvements carried out by the programme are:
  - Development of a new clinical maternal health referral form with international benchmarking, that has been endorsed by the Northern Region Pregnancy, Early Parenthood and Infant Mental Health Clinical Governance Group.
  - Improved health literacy to ensure that Asian mothers have a better understanding of the message conveyed and language used in the campaign
  - Improved mental health awareness and understanding of the services available to them
  - Improved service promotion for mental health prevention with a focus on accessibility, healthy behaviours and early intervention
  - Implementation of workshops in intervention for new mothers and health professionals
  - Mental health resource *“Your emotional wellbeing during pregnancy and beyond”* booklet available in 14 languages created in consultation with mothers in the community and within our services.
  - *Safe Sober Care for Babies and Children*: newly translated CADS (Community Alcohol and Drug Services) information resource with guidelines for mothers is now available in 7 languages to ensure new-born’s safety at all times. This

resource was made available on the Asian Health Services website for wider dissemination across the country, and it was distributed through the Police Ethnic Service and the Mental Health Education and Resource Centre.

- After 6 months of the programme implementation, there was an increase of 4%, and 18 months later a 7% increase of Maternal Mental Health referrals for Asian mothers.
- This improvement has led to the extension of the programme from 1 year to 3 additional years.
- The Healthy Mother Healthy Future (HMHF) campaign has also been widely publicised within Asian media outlets (TV28 & AM936) reaching an audience of over 10,000 Asian people.
- The programme has been accepted for two international conferences:
  - International Mental Health Service conference in Adelaide, where the team will be receiving an award with international recognition ('Highly Commended' Award Certificate)
  - International Health Quality and Safety Forum in Melbourne

Comments and issues raised:

- Grace provided a brief overview of the changes that the new framework would bring to the department and the new reporting line. Within the new structure, the team has moved to the Service Improvement and Innovation division, and it is expected that once recruitment for the full division has been completed the team will join the Consumer Engagement and Whānau Voice team.

The Consumer Council thanked Grace Ryu for her work and for her time.

#### **4.3 Asian Migrant Projects - Verbal Update**

Raj Singh (Project Manager, Asian Migrant Services) joined the meeting in person.

Matters covered in the discussion:

- Raj provided a brief overview of how the current restructuring process has affected the division and his role for the last year and up to the recent consultation period. His current role has been remapped to Senior Service Development Manager Refugee and Migrant Health – Northern Region under the Commissioning Directorate division.
- It was noted that as a result of the consultation process a new Senior Service Development Manager Refugee and Migrant Health position has been created for each of the four regions across the country under the Living Well division. A Principal Service Development Manager role at National Office is also established.
- It was noted that high priority projects such as The Refugee's Services Agreement with the PHOs, Primary Health Interpreter and Child Disability Services, COVID-19, request for Ethnic Health advice and support within other areas of Te Whatu Ora and any community or stakeholder request for support has continued to progress throughout the restructuring and consultation process for the past year. However, the Primary Care Service Improvement meetings have been put on hold until further notice.

#### Comments and issues raised:

- It was noted that further to the feedback to the Commissioning consultation process the new framework now includes two new disability roles, as well as representation for the Rainbow community.

The Consumer Council thanked Raj Singh for his time and for his work.

#### **4.4 Chair's Update (Verbal)**

- The Chair provided a brief update on several hui that took place at the Te Herenga Waka o Orewa Marae in Silverdale.
  - Hui on 13 May was focused on Mental Health and Addiction. The discussion included services available and accessibility through the Marae.
  - Hui on 17 June was focused on Suicide and Depression prevention. Members of the medical and alternative community services including the areas of Hibiscus Coast and Rodney attended the hui. It was identified that some of the barriers that contributed to increased number of suicide and depression cases are lack of financial resources, and stigma around seeking help. The Marae is actively trying to make an impact on the harrowing statistics by continuing to engage with medical professionals and community services to bridge the gap between consumer needs and access to service.
- The Chair noted that Waitākere HealthLink had recently had a community forum. No progress or updates have yet been provided on the localities framework.
- The Chair also provided an update on the National Consumer Council Chairs meeting she attended on 4 July.
  - Guest speaker David Galler (Executive Lead Te Mauri o Rongo) attended the meeting. He has been leading a workstream responsible for creating a health charter to underpin the work of and support the health workforce.
  - The Health Charter has three components:
    - Principles
    - Behaviours: organisational, collective and individual
    - Collaboration
  - With five outcomes:
    - Equity and obligation to Te Tiriti o Waitangi
    - Comprehensive primary care
    - (Access to) hospital and specialist services
    - Streamlined IT systems at the national level that communicate with each other
    - The Health Charter's main purpose, which is how to value the health workers
  - Providing a system shift aimed at meeting the needs of the people they serve
  - The purpose is better care, supporting and valuing the workforce
- The Consumer Experience and Whānau Voice consultation has been re-consulted due to the amount of feedback received from staff throughout the process.
- It was noted that it is still unclear on what would happen to the roles that have transferred to the new framework. There is also a need for new legislation and structures to support the new framework.

- A national Service Improvement division has been established
- Services must engage with consumers and link to the HQSC Code of Expectations

## **5 CONFIRMATION OF MINUTES**

### **5.1 Confirmation of Minutes of the Consumer Council Meeting held on 3 May (Agenda pages 17-24)**

**Resolution:** (Moved Lorelle George/Seconded Ravi Reddy)

That the Minutes of the Consumer Council Meeting held on 3 May 2023 be received and approved.

**Carried**

### **5.2 Actions arising from the previous meeting (Agenda page 25)**

There were two actions arising from the previous meeting.

- It was requested that Ravina provide an update on progress of SCBU at a later meeting to ensure that the issues with this service have been prioritised.
- It was requested that a representative from Te Whatu Ora Health New Zealand is invited to a Consumer Council meeting to provide an update on the localities framework.

## **6 ANY OTHER BUSINESS**

### **6.1 Community Concerns**

The Chair asked the Consumer Council members to provide feedback on what they thought would increase the value of their input moving forward as we navigate this period of uncertainty. The Chair asked members to email her or call her with any issues and concerns from the community that the Council would like to bring into the table for discussion.

### **6.2 Area of interest for future meeting**

- It was commented that there was an increase in prices for private health care service within the community, in particular the after-hours service. The prices have significantly increased in West Auckland communities, and Waitākere Health link has also raised concerns of the recent increase in price. It was commented that this may have an impact in engagement with health care services leading to health deterioration and to higher numbers of ED admissions.
- The Council would like to know what factors contribute to the price increase, how are prices set, and how are different criteria of consumers entitlement established to have a greater understanding of how primary care works in the community.
- Samantha Dalwood will enquire with Tim Wood and ask for feedback on these questions.

### **6.3 Meeting evaluation**

No comments or concerns were raised.

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 JULY 2023.

\_\_\_\_\_ CHAIR

**ACTIONS ARISING FROM THE MINUTES OF THE MEETING OF THE  
CONSUMER COUNCIL AS AT 25 AUGUST 2023**

| <b>Meeting Date/<br/>Minutes ref.</b> | <b>Topic</b>   | <b>Action / Status</b> |
|---------------------------------------|--|------------------------|
| 26 July 2023                          | Dan McCool has offered to provide an update at the next meeting on the outcome of the NZQA accreditation assessment for doctors training.  |                        |
| 26 July 2023                          | Samantha Dalwood will enquire with Tim Wood about what factors contribute to the price increase of GP private practice consultations, how are prices set, and how are different criteria of consumers entitlement established. Answers to these questions will provide a greater understanding of how primary care works in the community. |                        |

## **4. DISCUSSION ITEMS**

### **4.1 Patient Experience Report – Ravina Patel**



## Patient Experience Feedback

### 1.0 National Inpatient Survey

#### Participation

- Patients discharged from Waitematā DHB hospitals from 24 April July to 7 May 2023 were emailed the survey.
- Waitematā DHB sent out 1602 invitations to complete the survey and achieved 514 responses, a 32.6 % response rate. This is higher than the national response rate of 28.9%.
- Of the 514 responses, 41 responses were from Māori patients and 34 were from Pacific patients.

#### Performance

#### Highest-performing results for Te Whatu Ora | Waitematā

The table below shows the highest-performing questions for Te Whatu Ora | Waitematā in May 2023.


 Low sample size

**Question** [Click on a question to see more detail](#)






|   |          | Overall | C.I.          | n   |   |
|---|----------|---------|---------------|-----|---|
| Patient definitely treated with respect by doctors.   | May 2023 | 90.9%   | (88.4%-93.4%) | 494 |    |
| Patient definitely felt cultural needs were met.  | May 2023 | 90.1%   | (86.6%-93.6%) | 282 |    |
| Patient definitely treated with respect by nurses.  | May 2023 | 89.7%   | (87.0%-92.4%) | 487 |    |
| Patient definitely treated with kindness and understanding by other members of health care team whilst in hospital. | May 2023 | 89.6%   | (86.8%-92.4%) | 453 |    |
| Patient definitely treated with kindness and understanding by doctors whilst in hospital.                           | May 2023 | 89.6%   | (86.9%-92.3%) | 480 |   |
| Patient definitely treated with respect by other members of health care team.                                       | May 2023 | 89.6%   | (86.8%-92.4%) | 460 |  |

#### Lowest-performing results for Te Whatu Ora | Waitematā

The table below shows the lowest-performing questions for Te Whatu Ora | Waitematā in May 2023.

 Low sample size

**Question** [Click on a question to see more detail](#)

|   |          | Overall | C.I.          | n   |   |
|---|----------|---------|---------------|-----|---|
| Patient was definitely told the possible side effects of the medicine (or prescription for medicine) they left hospital with, in a way they could understand. | May 2023 | 61.5%   | (56.4%-66.6%) | 351 |  |
| Hospital staff definitely talked with the patient about whether they would have the help they needed when they left the hospital.                             | May 2023 | 67.5%   | (62.7%-72.3%) | 366 |  |
| Patient definitely had enough information about how to manage their condition or recovery after they left hospital.   | May 2023 | 68.3%   | (64.1%-72.5%) | 476 |  |
| Patient definitely given enough privacy when talking about treatment or condition.  | May 2023 | 70.8%   | (66.8%-74.8%) | 489 |  |
| Patient always kept informed as much as wanted about treatment and care.  | May 2023 | 71.0%   | (67.1%-74.9%) | 507 |  |

#### National Survey call back themes:

Several themes have been identified:

- Staff - great care, teamwork and service
- Cleanliness – could be improved patient rooms and bathrooms
- Noise – staff talking and laughing loudly, particularly at night when patients are trying to sleep
- Racism – patients are noticing racism from other patients to staff
- Safety – patients do not always feel safe sharing a room with other patients resulting in needing to be moved to a safer environment. Unsafe behaviour can range from verbal abuse, aggression and intimidation.

Patient Experience Report (July 2023)

- Discharge – more information is needed about discharge and managing care once home.
- Communication – confusing communication and conflicting advice.
- Food – more variety and options to accommodate different cultures and preferences.

Where appropriate, feedback is shared with Operations Managers, Charge Nurse Managers and individuals/teams.

**2.0 Friends and Family Test**

**2.1 Friends & Family Test Overall Results – Adult Survey**

In July 2023, the Net Promoter Score (NPS) is 77 with feedback from 788 people. The NPS is down slightly on the previous month (80), however the responses is up from 742 responses in June. The overall NPS continues to score at or above the target of 70.

**2.2 Friends & Family Test Overall Results**

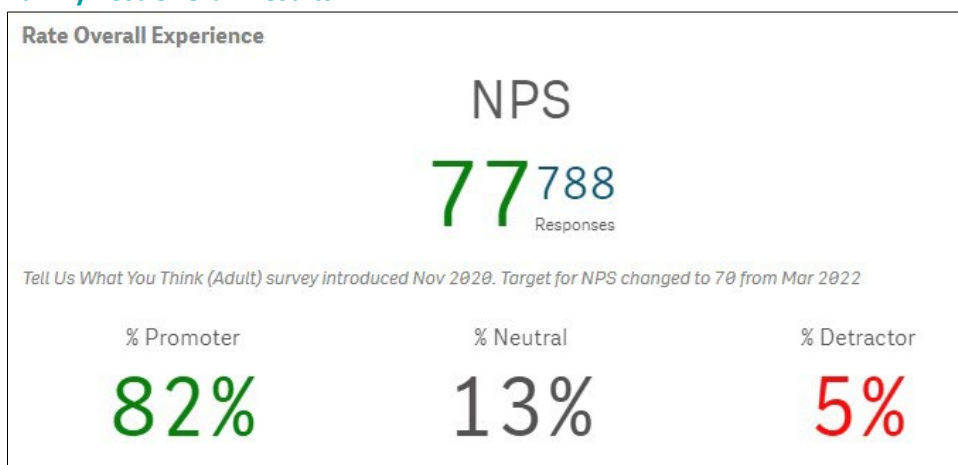


Figure 1: Waitematā overall NPS

PROMOTER - Positively rate the organisation and/or service and would promote to others

NEUTRAL – Satisfied with the organisation/service but may use another provider if available

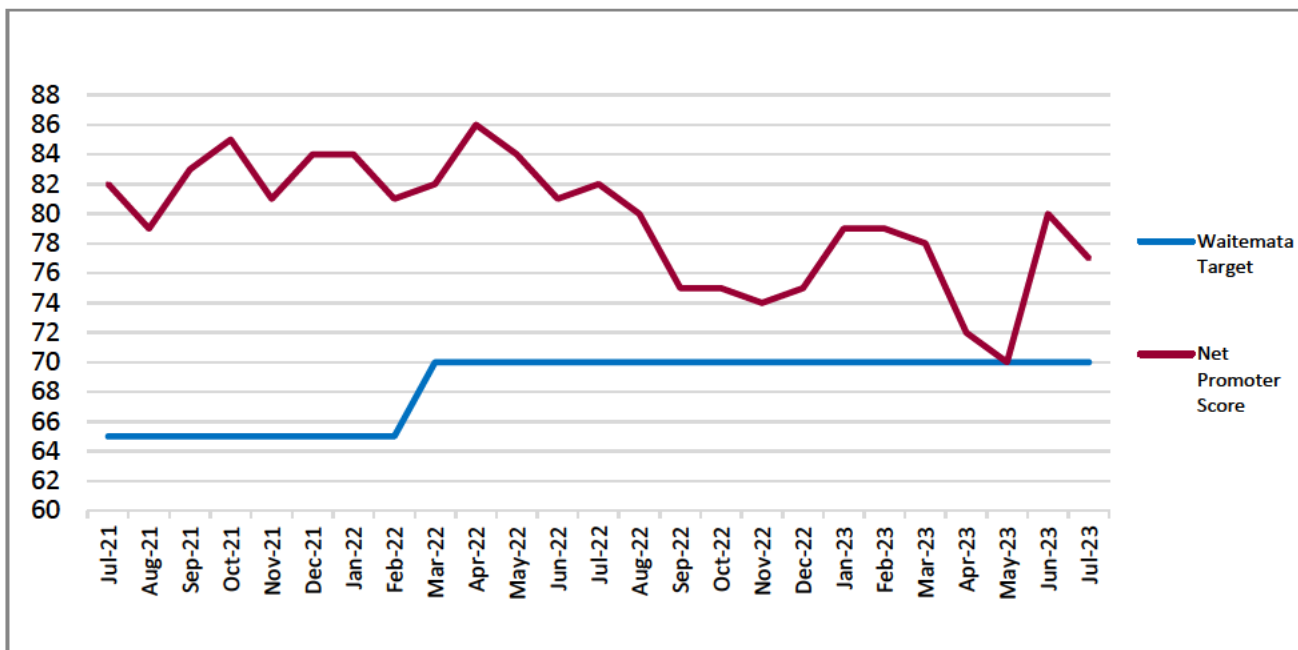
DETRACTOR – Negatively rate the organisation/service and would not promote to others

NPS is calculated by taking the detractor score away from the promoter score

| 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 |
| <b>Totals</b>                                  | <b>788</b> | <b>77</b>               | <b>85</b>              | <b>79</b>   | <b>84</b>               | <b>72</b>                   | <b>82</b>                       |
| Jul-2023                                       | 788        | 77                      | 85                     | 79          | 84                      | 72                          | 82                              |

Table 1: Waitematā overall FFT results

Patient Experience Report (July 2023)



Graph 1: Waitematā Net Promoter Score over time

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

| July 2023 | NZ European | Māori | Asian | Pacific | Other/ European |
|-----------|-------------|-------|-------|---------|-----------------|
| Responses | 407         | 50    | 74    | 56      | 201             |
| NPS       | 84          | 84    | 69    | 70      | 68              |

\*Low base size, interpret with care

Table 2: NPS by ethnicity

In July, three ethnicities scored above the Waitematā NPS target of 70, with NZ European and Māori rating us most positively with a score of 84. Asian and Other European scored us slightly below target with scores of 69 and 68 respectively.

| July 2023   | NZ European | Māori | Asian | Pacific | Other/ European |
|---|-------------|-------|-------|---------|-----------------|
| Staff were welcoming and friendly                               | 88          | 94    | 81    | 75      | 83              |
| I was listened to   | 82          | 88    | 76    | 67      | 76              |
| I was treated with compassion                                   | 86          | 94    | 76    | 80      | 79              |
| I was involved in decision making                               | 74          | 75    | 76    | 66      | 68              |
| My condition/treatment was explained in a way that I understood | 83          | 90    | 85    | 73      | 77              |

Table 3: NPS for all questions by ethnicity

This month, all measures achieve scores above our Waitematā target with the exception of ‘listened to’ and ‘involved in decision making’ for Pacific which scored slightly below target, achieving scores of 67 and 66 respectively. Māori scored highly particularly for ‘welcoming and friendly’ and ‘treated with compassion’ which achieved scores of 94.

## 2.4 Patient Experience Updates

### ➤ Discharge Project

On 31 May, we successfully completed our face-to-face discharge workshop. The workshop attracted a diverse range of professionals including charge nurses, pharmacists, cultural support specialists, complaints management, discharge coordinator and clinical nurse directors. Our primary objective for this gathering was to leverage the collective expertise and insights of these professionals to further elevate the quality of patient care during the discharge process.

The initial workshop exceeded our expectations, with impressive attendance and active participation from all stakeholders. Building upon this positive momentum, the team has divided into focused subgroups to capitalise on the specific areas of expertise and streamline our efforts towards enhancing patient care.

### ➤ Patient Feedback

Patient feedback in July has been positive with patients reporting great staff, service and communication as the main reasons for providing a high score.

*“All staff were excellent and helpful, going above and beyond of what’s required of them.” (Assessment Diagnostic Unit, WTH)*

*“Friendly staff everything was very well explained. Everyone showed a lot of empathy.” (Gastroenterology, NSH)*

*“The dentist was really friendly which made my 3 year son feel really comfortable to sit in the chair for dental examination, informative but in a simple and clear and easy to understand way, and culturally appropriate from the beginning till the end. Thank you so much.” (ARDS, Puhinui)*

Areas for improvement:

- Hospital – staffing levels, staff attitudes, more gentle treatment, wait times, adequately addressing pain, improving the environment – upgrading furnishings and refreshing.
- Auckland Regional Dental Service (ARDS) – more patience with children, supporting children with hidden disabilities, improving the appointment booking/cancelling service, more parking and staff behaviours (rude, rushed, unfriendly)

## 3.0 Māori Patient and Whānau Experience

### Patient and Whānau Feedback - “Tell Us What You Think” Survey

20 interviews/whanaungatanga have been completed with Māori patients in North Shore and Waitakere hospitals. Feedback was very similar in both hospitals – patients were complimentary of the care they received. A number expressed concern about the nursing shortage and said “they didn’t want to be a nuisance to the nurses”. Data from the last six months has identified there were variations in patient responses from Māori, with some months better than others. The interviews did not uncover why this is the case, but it could be due to a fluctuation in response rates as Māori responses tend to be lower than other demographic groups, or Māori do not want to complain for fear of a drop in the standard of care they may receive.

### Cultural Training for New Doctors

A pilot cultural training package was rolled out for new doctors last month. The kaupapa for the training was “How to connect with Māori” as patients strongly voiced their concerns at the way they were treated when seen by the doctors. This is the first time a cultural package has been included in the new doctors training programme so it was new to the majority of attendees and the training team as well. Feedback from the participants will be taken into consideration when developing the next workshop, which will be held later this year.

### Discharge Project

To address some of the concerns for Māori with the discharge process, a cultural process that will sit alongside the clinical process has been drafted in collaboration with the Māori Equity Team. Now working on how best to implement the cultural process which will remain sitting alongside the discharge process.

**Cultural training for staff**

Cultural training for staff is underway with a second session for the Patient Experience Team on ‘Equity for Māori’ to be held in August. The Child Health Community Team have also requested cultural training around “how to connect with whānau Māori?” Support will be provided by accompanying the team when they visit whānau in their homes to help them learn how to connect with whānau Māori.

**4.0 Volunteers**

**4.1 Volunteer Recruitment Statistics**

Volunteer numbers are up by 16 from the previous month with another intake of high schools students as well as volunteers from other partner organisations.

| 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) |
|---|--------------------------------|---|---|
| 42  | 147                            | 03  | 192   |

**Table 4:** Volunteers Recruitment

Over the last few months, the Patient Experience team has successfully processed applications from our partner organisation ‘Canine Friends’ and Little Miracle Trust. In addition, Westlake Boys & Girls and St. Dominican Service. The team continues to process few applications, which come through the website and word of mouth.

**4.2 Volunteer Highlights**

➤ **Waitakere Shop**

The Waitakere Hospital Shop's prosperity continues to shine, showcasing a resilient sales performance over the past month. As we embrace the winter season, there has been a remarkable uptick in demand for essential items like cosy blankets, warm jumpers, and scarves. Our commitment to providing a diverse array of products fills us with pride, and we extend heartfelt thanks to our valued customers for their unwavering loyalty.

With our devoted volunteers leading the charge with unyielding dedication and infectious enthusiasm, we stand poised for the ongoing success of the Waitakere Hospital Shop. This encouraging trajectory underscores the steadfast commitment and backing of our exceptional volunteer team, whose ceaseless endeavours not only drive the shop's prosperity but also enhance the well-being of our cherished community.

➤ **Hospital Auxiliary**

For the month of July, Hospital Auxiliary donated over 650 items to patients and families. These items included discharge packs for the Special Care Baby Unit, baby items for maternity babies and sleep packs.

**5.0 Consumer Council Update**

The Consumer Council met on 26 July 2023. 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.

### Patient Experience Report (July 2023)

- Māori Patient and Whānau Experience – Hinerau Ruakere, Māori Patient and Whānau Experience Lead, talked about the work that she is doing to support Māori patients and whānau. Feedback from Māori patients led to the development of cultural training for new doctors. The first session was run on 26 July and had been very well received by the doctors. The training focuses on connection and communication with Māori patients and whānau.
- Discharge Process Update – Sarah Timmis, Clinical Nurse Director updated the Council on the work that is being done to improve the discharge experience. A new hospital wide approach has been taken with all the hospital services taking part on a new work stream focused on improving communication in the areas of discharge preparation, medication, and resources within the community that patients could access after discharge. The workstream met at the end of May, and as result, 6-7 individual groups will work on their department issues. Some of the proposed improvement measures are related to the doctors' rounds, the pharmacists and ED teams, and these include: managing patients expectations, use of accessible language, reduced discharge time, implementation of a cultural and Māori pathway and a discharge checklist as well as strengthening relationships with primary care.
- Healthy Mother Healthy Future (HMHF) Asian Perinatal Wellbeing Project – Grace Ryu, Asian Health Services Operations Manager, updated the Council on the Healthy Mother Healthy Future (HMHF) Asian Perinatal Wellbeing project. The programme supports Asian women during the perinatal period (from conception and up to a year post-partum). The programme aimed to improve service promotion for mental health prevention with a focus on accessibility, healthy behaviours and early intervention. The programme has gained international recognition and has been accepted for two international conferences: the International Mental Health Service conference in Adelaide, where the team will be receiving an award with international recognition ('Highly Commended' Award Certificate), and the International Health Quality and Safety Forum in Melbourne.
- Asian Migrant projects Update - Raj Singh, Asian Migrant Project Manager, updated the Council on his work. He has had confirmation that there will be an Asian Migrant focus in each region and Raj will be the Manager for the Northern Region. It was noted that under the restructuring and consultation process of the past year high priority projects have continued to develop, but several other projects have been put on hold. The Refugee's Services Agreement with the PHOs, Primary Health Interpreter and Child Disability Services, COVID-19, request for Ethnic Health advice and support within other areas of Te Whatu Ora and community stakeholders have progressed without disruptions. However, the Primary Care Service Improvement workstream has been put on hold until further notice.
- Chair's Update - Lorelle George, Chair is still 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 until the end of 2023.

## **5. INFORMATION ITEMS**

- 5.1 QSM information for approval by Consumer Council members – Ravina Patel, Samantha Dalwood
- 5.2
  - i. NZREX Doctors pathway pilot Update – Jonathan Christiansen
  - ii. End of Life Choice (EOLC) Act Update – Jonathan Christiansen
- 5.3 Smokefree Services Update – Bede Skinner
- 5.4 Chair’s Update - Lorelle George, Chair



**5.1**

**Consumer and Whānau Engagement QSM self-assessment endorsement**

**Recommendations:**

The recommendations are that you:

- a) Note the information paper
- b) Endorse the September 2023 self-assessment recommendations

**Background**

The consumer engagement Quality and Safety Marker (QSM) is measured by all Te Whatu Ora-Health New Zealand districts bi-annually. The next self-assessment is due to the Health Quality Safety Commission (HQSC) on the 30 September 2023. Our self-assessment will be uploaded to the dashboard self-reporting system, with a matrix to indicate whether a domain is being met, supported by evidence and qualitative comments for each domain.

The self-assessment is designed to demonstrate improvement over time as Districts invest in more mature and effective ways of consumer engagement. As with the previous self-assessment completed in March 2023, prior to submitting the self-assessment the Consumer Council is responsible for endorsing the self-assessment.

In August 2023, HQSC updated and significantly changed the SURE (Supporting, Understanding, Responding and Evaluating) framework (see attached). The new framework expectations mean that there has been some movement within the three Domains areas and there has been a downward change in our overall scores since March 2023. Therefore, it is recommended that the Consumer Council endorse the following scores for September 2023 -

**The following scores are recommended for each domain:**

- Engagement = Consultation (2) (previous score 3)
- Responsiveness = Involvement (2) (previous score 3)
- Experience = Partnership and Shared Leadership (3) (previous score 3)

Included as part of the evidence to support the submission are the following:

- Consumer Council minutes, these include the reflections of the Council members at each meeting.

**Appendix:**

- Self-assessment document with ratings
- Equity for Māori – Improving Cultural Safety in the Workplace presentation
- Community Booklet
- Friends and Family Survey
- Dialysis Survey
- Improving Maternal Mental Health access for Asian Women poster

*Please note all other evidence is available in previous Consumer Council meeting minutes*

**Contact for telephone discussion (if required)**

| Name             | Position                   | Telephone  | Suggested 1st contact |
|------------------|----------------------------|------------|-----------------------|
| Ravina Patel     | Patient Experience Manager | [REDACTED] |                       |
| Samantha Dalwood | Disability Advisor         | [REDACTED] | ✓                     |



| 1 – Minimal   Te itinga iho  |  | 2 – Consultation   Te akoako   |   | 3 – Involvement   Te whai wāhi   |   | 4 – Partnership & shared leadership   Te mahi tahi me te kaiārahitanga ngātahi   |   |   |  |  |  |  |
|--|--|--|---|--|---|--|---|---|--|--|--|--|
| <p><b>Te Tūhononga</b><br/>ko te taiao kua hangaia hei tautoko i te tūhononga hapori</p> <p><b>Engagement</b><br/>The environment created to support community engagement.</p>   | <p>What ‘minimal’ looks like:</p> <p>There is no involvement and engagement in any area of the organisation.</p> <p>There is no representation of the population or communities experiencing poorer health outcomes.</p> <p><i>Score 1</i></p>   | <p>What ‘consultation’ looks like:</p> <p>There is involvement and engagement in a few areas of the organisation.</p> <p>There is little representation of the population or communities experiencing poorer health outcomes.</p> <p><i>Score 2</i></p>                                      | <p>What ‘involvement’ looks like:</p> <p>There is involvement and engagement in some areas of the organisation.</p> <p>There is some representation of the population or communities experiencing poorer health outcomes.</p> <p><i>Score 3</i></p> | <p>What ‘partnership &amp; shared leadership’ looks like:</p> <p>There is involvement and engagement of consumers and whānau in all areas of the organisation, representing both the population served and over-representing communities who experience poorer health outcomes.</p> <p><i>Score 4</i><br/>(Specifically relates to code of expectations sections <a href="#">1.4</a> and <a href="#">1.5</a>)<br/><a href="#">See more</a></p> |   |  |   |   |  |  |  |  |
|  | <p>The centrality and importance of whānau in te ao Māori is not recognised. Māori are not provided opportunities to exercise decision-making authority.</p> <p><i>Score 1</i></p>   | <p>The centrality and importance of whānau in te ao Māori is seldom recognised. Māori are provided few opportunities to exercise decision-making authority.</p> <p><i>Score 2</i></p> <table border="1"> <tr><td>Organisation</td><td>Score</td></tr> <tr><td>✓</td><td>2</td></tr> </table> | Organisation  | Score  | ✓ | 2  | <p>The centrality and importance of whānau in te ao Māori is sometimes recognised. Māori are provided some opportunities to exercise decision-making authority.</p> <p><i>Score 3</i></p>   | <p>The centrality and importance of whānau in te ao Māori is valued and recognised. Māori are always provided opportunities to exercise decision-making authority. <i>Score 4</i><br/>(Specifically relates to code of expectations section <a href="#">1.2</a>)<br/><a href="#">See more</a></p> |  |  |  |  |
|  | Organisation   | Score  |   |  |   |  |   |   |  |  |  |  |
|  | ✓  | 2  |   |  |   |  |   |   |  |  |  |  |
|  | <p>Partnerships are not yet established and resourced.</p> <p><i>Score 1</i></p>   | <p>Partnerships are newly established and somewhat resourced.</p> <p><i>Score 2</i></p> <table border="1"> <tr><td>Organisation</td><td>Score</td></tr> <tr><td>✓</td><td>2</td></tr> </table>   | Organisation  | Score  | ✓ | 2  | <p>Some partnerships are established and resourced.</p> <p><i>Score 3</i></p>   | <p>There is evidence that partnership with consumers and whānau is well established, resourced and highly valued.</p> <p><i>Score 4</i><br/>(Specifically relates to code of expectations sections <a href="#">1.1</a> and <a href="#">2.5</a>)<br/><a href="#">See more</a></p>                  |  |  |  |  |
|  | Organisation   | Score  |   |  |   |  |   |   |  |  |  |  |
| ✓  | 2  |  |   |  |   |  |   |   |  |  |  |  |
| <p>There is difficulty in recruitment of consumer and whānau groups and/or such groups are very newly established.</p> <p>There is a lack of resources, systems, and processes.</p> <p>Consumers and whānau report they have minimal support and guidance and they are the ‘sole voice’.</p> <p><i>Score 1</i></p> | <p>Consumer and whānau groups are newly established and/or minimally resourced.</p> <p>Feedback-gathering and/or evaluation has not yet occurred.</p> <p>Consumers and whānau have some support and guidance, and sometimes they do not solely represent their community.</p> <p><i>Score 2</i></p> <table border="1"> <tr><td>Organisation</td><td>Score</td></tr> <tr><td>✓</td><td>2</td></tr> </table> | Organisation   | Score   | ✓  | 2 | <p>Consumer and whānau groups are established and resourced.</p> <p>Some feedback-gathering and/or evaluation has occurred within the last two years.</p> <p>Consumers and whānau report feeling supported and guided and are not the sole representative/s for their community.</p> <p><i>Score 3</i></p> | <p>Consumer and whānau groups are well established and resourced.</p> <p>When a group is established or members recruited to a group, the needs of the population served are reflected. <i>Score 4</i><br/>(Specifically relates to code of expectations sections <a href="#">1.4</a> and <a href="#">2.5</a>)<br/><a href="#">See more</a></p> |   |  |  |  |  |
| Organisation   | Score  |  |   |  |   |  |   |   |  |  |  |  |
| ✓  | 2  |  |   |  |   |  |   |   |  |  |  |  |
| <p>There is little or no evidence of opportunities for consumers and whānau to actively engage.</p> <p><i>Score 1</i></p>  | <p>There are limited options for consumer and whānau engagement, based on limited discussion with consumers and whānau.</p> <p><i>Score 2</i></p> <table border="1"> <tr><td>Organisation</td><td>Score</td></tr> <tr><td>✓</td><td>2</td></tr> </table>   | Organisation   | Score   | ✓  | 2 | <p>There are some options for consumer and whānau engagement, some of which have been decided by consumers and whānau.</p> <p><i>Score 3</i></p>   | <p>Options are made available for consumers and whānau to participate and engage.</p> <p><i>Score 4</i><br/>(Specifically relates to code of expectations sections <a href="#">1.1</a> and <a href="#">1.6</a>)<br/><a href="#">See more</a></p>  |   |  |  |  |  |
| Organisation   | Score  |  |   |  |   |  |   |   |  |  |  |  |
| ✓  | 2  |  |   |  |   |  |   |   |  |  |  |  |

| <p>Co-design is not understood or used in the organisation.</p> <p>Score 1</p>   | <p>Co-design is understood by only a few in some parts of the organisation and is not regularly used or applied.</p> <p>Score 2</p> <table border="1" data-bbox="1062 239 1555 327"> <thead> <tr> <th>Organisation</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>✓</td> <td>2</td> </tr> </tbody> </table>   | Organisation  | Score        | ✓     | 2   | <p>Co-design is understood by and applied in most parts of the organisation. Some improvement actions have occurred.</p> <p>Score 3</p>  | <p>Co-design or a similar method is regularly used by and applied in all parts of the organisation.</p> <p>Score 4</p> <p>(Specifically relates to code of expectations section <a href="#">2.1</a>)</p> <p><a href="#">See more</a></p>  |
|--|--|---|--------------|-------|---|--|---|
| Organisation   | Score  |   |              |       |   |  |   |
| ✓  | 2  |   |              |       |   |  |   |
| <p>Cross-sector collaboration is lacking, and not established or demonstrated.</p> <p>Score 1</p>  | <p>Cross-sector collaboration is limited.</p> <p>Score 2</p>   | <p>Some cross-sector collaboration is established.</p> <p>Score 3</p> <table border="1" data-bbox="1644 428 2136 516"> <thead> <tr> <th>Organisation</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>✓</td> <td>3</td> </tr> </tbody> </table>  | Organisation | Score | ✓   | 3  | <p>Cross-sector collaboration is strong, well established and well demonstrated.</p> <p>Score 4</p> <p>(Specifically relates to code of expectations section <a href="#">2.3</a>)</p> <p><a href="#">See more</a></p>   |
| Organisation   | Score  |   |              |       |   |  |   |
| ✓  | 3  |   |              |       |   |  |   |
| <p>Pursuing equity for the population served is little known or discussed in the organisation.</p> <p>Score 1</p>  | <p>Pursuing equity for the population served is understood in some parts of the organisation. Some intend to improve equity for the population served.</p> <p>Score 2</p>  | <p>Equity principles are well understood throughout most of the organisation. There are several examples of people intending to improve equity for the population served.</p> <p>Score 3</p> <table border="1" data-bbox="1644 764 2136 852"> <thead> <tr> <th>Organisation</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>✓</td> <td>3</td> </tr> </tbody> </table> | Organisation | Score | ✓   | 3  | <p>Pursuing equity for the population served is a strategic focus in the organisation. Ōritetanga (equity) and whakamaru (active protection) are well understood principles throughout the organisation.</p> <p>Score 4</p> <p>(Specifically relates to code of expectations sections <a href="#">1.1</a>)</p> <p><a href="#">See more</a></p>                    |
| Organisation   | Score  |   |              |       |   |  |   |
| ✓  | 3  |   |              |       |   |  |   |
| <p>There are neither equitable processes nor recruitment strategies in place to encourage a diverse workforce.</p> <p>Score 1</p>  | <p>There are some recruitment processes in place and a newly developed strategy to encourage a diverse workforce. Consumers and whānau are rarely involved in recruitment.</p> <p>Score 2</p> <table border="1" data-bbox="1062 1150 1555 1239"> <thead> <tr> <th>Organisation</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>✓</td> <td>2</td> </tr> </tbody> </table> | Organisation  | Score        | ✓     | 2   | <p>There is a well established recruitment policy and a strategy to encourage a diverse, population-representative workforce. Consumers and whānau are sometimes included in the recruitment process.</p> <p>Score 3</p> | <p>The organisation's recruitment strategy encourages a diverse workforce, driven by the pursuit of equity. Policies exist stating that consumers and whānau are regularly involved in recruitment.</p> <p>Score 4</p> <p>(Specifically relates to code of expectations sections <a href="#">1.3</a> and <a href="#">1.4</a>)</p> <p><a href="#">See more</a></p> |
| Organisation   | Score  |   |              |       |   |  |   |
| ✓  | 2  |   |              |       |   |  |   |
| <p>Training and development are lacking.</p> <p>Score 1</p> <table border="1" data-bbox="474 1415 967 1503"> <thead> <tr> <th>Organisation</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>✓</td> <td>1</td> </tr> </tbody> </table> | Organisation   | Score   | ✓            | 1     | <p>Limited training and development are available.</p> <p>Score 2</p> | <p>Some training and development are available.</p> <p>Score 3</p>   | <p>Training and development are available for and offered to staff, consumers and whānau about how staff, consumers and whānau can be engaged.</p> <p>Score 4</p> <p>(Specifically relates to code of expectations sections <a href="#">2.1</a> and <a href="#">2.4</a>)</p> <p><a href="#">See more</a></p>  |
| Organisation   | Score  |   |              |       |   |  |   |
| ✓  | 1  |   |              |       |   |  |   |

|  | What 'minimal' looks like:  | What 'consultation' looks like:   | What 'involvement' looks like:   | What 'partnership & shared leadership' looks like: |       |   |  |  |
|--|---|---|--|--|-------|---|--|--|
| <p><b>Te Noho Urupare</b><br/>ko te urupare, ko te mahi i ngā kōrero a ngā kiritaki mō te ratonga me te whai i te mōhiotia tika i te wā e tika ana mō ngā kiritaki e uru ana ki ngā ratonga.</p> <p><b>Responsiveness</b><br/>Responding to and acting on what consumers are saying about the service and having the right information at the right time for consumers accessing services.</p> | <p>Pursuing equity for the population served is not a clear strategic focus and does not result in demonstrable actions.</p> <p><i>Score 1</i></p>  | <p>Pursuing equity for the population served is referenced but is not a strategic focus and results in few demonstrable actions.</p> <p><i>Score 2</i></p> <table border="1"> <thead> <tr> <th>Organisation</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>✓</td> <td>2</td> </tr> </tbody> </table> | Organisation   | Score  | ✓     | 2   | <p>Pursuing equity for the population served is a priority but not a strategic focus and results in some demonstrable actions.</p> <p><i>Score 3</i></p>   | <p>Pursuing equity for the population served is a strategic focus and this results in demonstrable improvements.</p> <p><i>Score 4</i><br/>(Specifically relates to code of expectations sections <a href="#">1.1</a> and <a href="#">1.6</a>).<br/><a href="#">See more</a></p>   |
|  | Organisation  | Score   |  |  |       |   |  |  |
|  | ✓   | 2   |  |  |       |   |  |  |
|  | <p>Systems are lacking and there is minimal consumer and whānau representation and feedback.</p> <p><i>Score 1</i></p>  | <p>Systems are emerging and there is limited consumer and whānau representation and feedback.</p> <p><i>Score 2</i></p>   | <p>Systems are established and while there is some broad consumer and whānau representation and feedback, there is limited evidence of actions taken.</p> <p><i>Score 3</i></p> <table border="1"> <thead> <tr> <th>Organisation</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>✓</td> <td>3</td> </tr> </tbody> </table> | Organisation                                       | Score | ✓   | 3  | <p>Systems are established and robust. They involve:</p> <ul style="list-style-type: none"> <li>gathering, understanding and responding to the experiences and views of consumers and whānau relative to the respective organisation</li> <li>sharing the results and themes with participants and the wider organisation</li> <li>involving consumers and whānau as partners in any resulting improvement activities.</li> </ul> <p><i>Score 4</i><br/>(Specifically relates to code of expectations sections <a href="#">1.5</a> and <a href="#">2.2</a>)<br/><a href="#">See more</a></p> |
|  | Organisation  | Score   |  |  |       |   |  |  |
|  | ✓   | 3   |  |  |       |   |  |  |
| <p>There is neither a formal mechanism for senior leaders to hear feedback nor limited opportunity for any action.</p> <p><i>Score 1</i></p>   | <p>There are some organised opportunities for leaders to hear feedback and some evidence that action has been taken.</p> <p><i>Score 2</i></p> <table border="1"> <thead> <tr> <th>Organisation</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>✓</td> <td>2</td> </tr> </tbody> </table> | Organisation  | Score  | ✓  | 2     | <p>There are regular, organised opportunities for leaders to hear the voices of consumers and whānau, and evidence that feedback is usually acted upon.</p> <p><i>Score 3</i></p> | <p>The voices of diverse communities are regularly sought and reported to senior leaders within the organisation and demonstrably acted upon. 'Closing the loop'</p> <p><i>Score 4</i><br/>(Specifically relates to code of expectations sections <a href="#">2.1</a> and <a href="#">2.2</a>)<br/><a href="#">See more</a></p>                      |  |
| Organisation   | Score   |   |  |  |       |   |  |  |
| ✓  | 2   |   |  |  |       |   |  |  |
| <p>Information, resources and engagement opportunities are lacking.</p> <p><i>Score 1</i></p>  | <p>There are limited information, resources and engagement opportunities, with limited variety and accessibility.</p> <p><i>Score 2</i></p> <table border="1"> <thead> <tr> <th>Organisation</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>✓</td> <td>2</td> </tr> </tbody> </table>    | Organisation  | Score  | ✓  | 2     | <p>There are some information, resources and engagement opportunities, and some variety and accessibility. Barriers are identified.</p> <p><i>Score 3</i></p>                     | <p>Information, resources and engagement opportunities provided by the organisation are varied and accessible to all consumers and whānau. Barriers to any of the above are actively addressed and remedied.</p> <p><i>Score 4</i><br/>(Specifically relates to code of expectations section <a href="#">2.4</a>)<br/><a href="#">See more</a></p>   |  |
| Organisation   | Score   |   |  |  |       |   |  |  |
| ✓  | 2   |   |  |  |       |   |  |  |
| <p>Māori have little to no power and influence with regard to decision-making.</p> <p><i>Score 1</i></p>   | <p>Māori have limited involvement, no ability to veto or change decisions made.</p> <p><i>Score 2</i></p>   | <p>There is some involvement by Māori, but ultimately no decision-making opportunities.</p> <p><i>Score 3</i></p> <table border="1"> <thead> <tr> <th>Organisation</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>✓</td> <td>3</td> </tr> </tbody> </table>  | Organisation   | Score  | ✓     | 3   | <p>Māori report experiencing tino rangatiratanga (effective power, decision-making and leadership opportunities). A wide range of resources, determined by Māori, is available to support Māori participation.</p> <p><i>Score 4</i><br/>(Specifically relates to code of expectations section <a href="#">1.2</a>)<br/><a href="#">See more</a></p> |  |
| Organisation   | Score   |   |  |  |       |   |  |  |
| ✓  | 3   |   |  |  |       |   |  |  |



|              | <p>Co-design is not apparent in the policies, processes and actions of the organisation relating to the development of health resources and information.</p> <p><i>Score 1</i></p>  | <p>Co-design is identified by the organisation as being desirable, however, there is still limited evidence of health resources and information being co-designed.</p> <p><i>Score 2</i></p> <table border="1" data-bbox="1050 268 1546 352"> <thead> <tr> <th>Organisation</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">✓</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>  | Organisation | Score | ✓ | 2 | <p>There are policies and processes in place to co-design health resources and information. Some examples illustrate resources are co-designed.</p> <p><i>Score 3</i></p>   | <p>There is evidence that there are policies and processes in place to support the co-design of health resources and information.</p> <p><i>Score 4</i><br/>(Specifically relates to code of expectations section <a href="#">2.5</a>)</p> <p><a href="#">See more</a></p>  |
|--------------|---|--|--------------|-------|---|---|---|---|
| Organisation | Score   |  |              |       |   |   |   |   |
| ✓            | 2   |  |              |       |   |   |   |   |
|              | <p>The organisation has undertaken no planned evaluation of health resources and information with consumers and whānau to show that information is accessible.</p> <p>Informal feedback from consumers and whānau is not routinely considered for action.</p> <p><i>Score 1</i></p> | <p>The organisation has undertaken very little if any planned evaluation of information with consumers and whānau to show that information is accessible. Some changes have been made following general feedback from consumers and whānau.</p> <p><i>Score 2</i></p> <table border="1" data-bbox="1050 653 1546 737"> <thead> <tr> <th>Organisation</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">✓</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | Organisation | Score | ✓ | 2 | <p>The organisation has evaluated information with consumers and whānau to demonstrate that information is accessible, and involved them in making changes. No further follow-up or evaluation has taken place.</p> <p><i>Score 3</i></p> | <p>There is evidence that information is accessible for all groups (eg, websites are up to date, signage is clear). Health resources and information meet the needs of different communities and are regularly evaluated by consumers and whānau to ensure they are easy to follow and help build understanding between patients, whānau, and staff.</p> <p><i>Score 4</i><br/>(Specifically relates to code of expectations section <a href="#">2.4</a>)</p> <p><a href="#">See more</a></p> |
| Organisation | Score   |  |              |       |   |   |   |   |
| ✓            | 2   |  |              |       |   |   |   |   |
|              | <p>There is no evidence of use of the <a href="#">Accessibility Charter</a>.</p> <p><i>Score 1</i></p>  | <p>There is limited use of the <a href="#">Accessibility Charter</a> in relation to some aspects of communication with consumers and whānau.</p> <p><i>Score 2</i></p> <table border="1" data-bbox="1050 1010 1546 1094"> <thead> <tr> <th>Organisation</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">✓</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>  | Organisation | Score | ✓ | 2 | <p>There is evidence that the <a href="#">Accessibility Charter</a> has informed most aspects of communication with consumers and whānau by the organisation.</p> <p><i>Score 3</i></p>   | <p>The <a href="#">Accessibility Charter</a> informs all aspects of communication with consumers and whānau in the organisation.</p> <p><i>Score 4</i><br/>(Specifically relates to code of expectations section <a href="#">2.4</a>)</p> <p><a href="#">See more</a></p>   |
| Organisation | Score   |  |              |       |   |   |   |   |
| ✓            | 2   |  |              |       |   |   |   |   |
|              | <p>No data focused on equity is used to understand inequities.</p> <p><i>Score 1</i></p>  | <p>Equity data is available and reviewed. Some changes have been made as a result but these were not informed or reviewed by consumers and whānau.</p> <p><i>Score 2</i></p> <table border="1" data-bbox="1050 1325 1546 1409"> <thead> <tr> <th>Organisation</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">✓</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>  | Organisation | Score | ✓ | 2 | <p>Equity data is available, reviewed and sometimes used to inform improvements. Some consumers and whānau have been involved.</p> <p><i>Score 3</i></p>  | <p>Data is actively used to inform improvements in health services and the pursuit of equity particularly for Māori, Pacific peoples and disabled people.</p> <p><i>Score 4</i><br/>(Specifically relates to code of expectations section <a href="#">2.2</a>).</p> <p><a href="#">See more</a></p>   |
| Organisation | Score   |  |              |       |   |   |   |   |
| ✓            | 2   |  |              |       |   |   |   |   |

|   | What 'minimal' looks like:   | What 'consultation' looks like:  | What 'involvement' looks like:   | What 'partnership & shared leadership' looks like: |       |   |  |  |
|---|--|--|--|--|-------|---|--|--|
| <p><b>Wheako</b><br/>ko ngā pūnaha kua whakaritea hei mau i te wheako kiritaki me te whakatinana i ngā mahi i runga i ngā hua</p> <p><b>Experience</b><br/>The systems in place to capture consumer experience, and act upon the results.</p> | <p>There are no metrics or systems to gather experience in place. Nothing is reviewed. There are no actions or changes.</p> <p><i>Score 1</i></p>                      | <p>Few metrics and systems are in place. Review seldom happens and actionable changes are rarely made.</p> <p><i>Score 2</i></p>   | <p>Some metrics and systems are in place and review happens occasionally. Some actionable changes have been made.</p> <p><i>Score 3</i></p> <table border="1"> <thead> <tr> <th>Organisation</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>✓</td> <td>3</td> </tr> </tbody> </table> | Organisation                                       | Score | ✓ | 3  | <p>Metrics and systems are in place, well established and regularly reviewed. As a result of monitoring these metrics, actionable changes are made with the guidance of consumers, whānau and staff.</p> <p><i>Score 4</i><br/>(Specifically relates to code of expectations section <a href="#">2.2</a>)<br/><a href="#">See more</a></p> |
|   | Organisation   | Score  |  |  |       |   |  |  |
|   | ✓  | 3  |  |  |       |   |  |  |
| <p>Metrics are not shared with relevant stakeholder groups and are not accessible.</p> <p><i>Score 1</i></p>  | <p>Metrics are rarely shared and are seldom accessible.</p> <p><i>Score 2</i></p>  | <p>Some metrics are shared and are sometimes accessible.</p> <p><i>Score 3</i></p> <table border="1"> <thead> <tr> <th>Organisation</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>✓</td> <td>3</td> </tr> </tbody> </table>  | Organisation   | Score  | ✓     | 3 | <p>Metrics are regularly shared with relevant stakeholder groups in an accessible way.</p> <p><i>Score 4</i><br/>(Specifically relates to code of expectations sections <a href="#">1.4</a>, <a href="#">2.2</a> and <a href="#">2.4</a>) <a href="#">See more</a></p>   |  |
| Organisation  | Score  |  |  |  |       |   |  |  |
| ✓   | 3  |  |  |  |       |   |  |  |
| <p>No accessible feedback options are available to consumers and whānau.</p> <p><i>Score 1</i></p>  | <p>Few accessible feedback options are available to consumers and whānau. When feedback is received, it is not acknowledged or responded to.</p> <p><i>Score 2</i></p> | <p>Some accessible feedback options are available to consumers and whānau. Some acknowledgements of and responses to feedback are provided. Relevant data is sometimes used to underpin health, quality and safety, including consumer experience data.</p> <p><i>Score 3</i></p> <table border="1"> <thead> <tr> <th>Organisation</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>✓</td> <td>3</td> </tr> </tbody> </table> | Organisation   | Score  | ✓     | 3 | <p>There is evidence of a range of accessible options for consumers and whānau to provide feedback. As a means of 'closing the loop', all feedback is acknowledged and responded to. Feedback given leads to demonstrable change as appropriate. <i>Score 4</i> (Specifically relates to code of expectations sections <a href="#">2.2</a> and <a href="#">2.4</a>)<br/><a href="#">See more</a></p> |  |
| Organisation  | Score  |  |  |  |       |   |  |  |
| ✓   | 3  |  |  |  |       |   |  |  |

# Tell us what you think



Strongly disagree



Disagree



Neither agree or disagree



Agree



Strongly agree

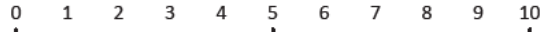
The staff were welcoming and friendly



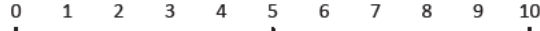
I was treated with compassion



I was listened to



I was involved in decision making



My condition/treatment was explained in a way that I understood



Please turn over

# Tell us what you think



Strongly disagree



Disagree



Neither agree or disagree

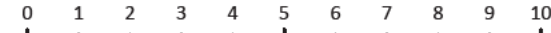


Agree



Strongly agree

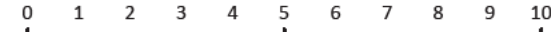
The staff were welcoming and friendly



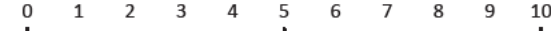
I was treated with compassion



I was listened to



I was involved in decision making



My condition/treatment was explained in a way that I understood



Please turn over

# Tell us what you think



Strongly disagree



Disagree



Neither agree or disagree

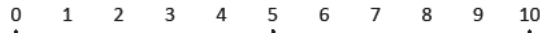


Agree

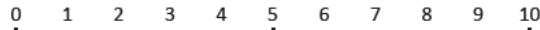


Strongly agree

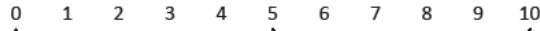
The staff were welcoming and friendly



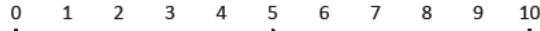
I was treated with compassion



I was listened to



I was involved in decision making



My condition/treatment was explained in a way that I understood



Please turn over

# Tell us what you think



Strongly disagree



Disagree



Neither agree or disagree

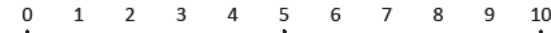


Agree

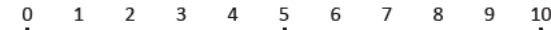


Strongly agree

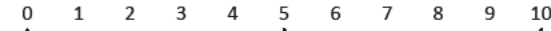
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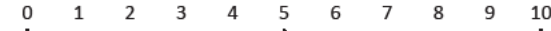
I was treated with compassion



I was listened to



I was involved in decision making

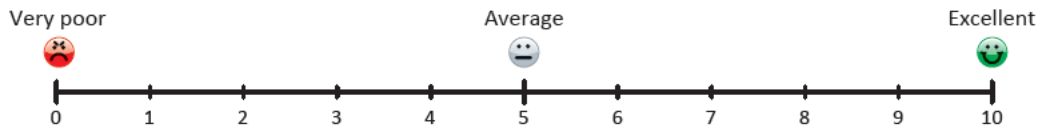


My condition/treatment was explained in a way that I understood



Please turn over

Please rate your overall experience:



Please tell us the main reason you gave that score

.....

.....

Are you a patient?  Yes  No, I am a family member/friend

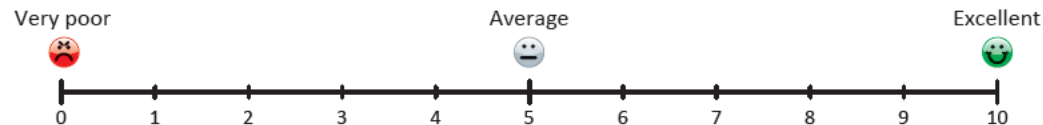
How old are you: ..... Ward/service/clinic: .....

Please Specify your gender:  Male  Female  Gender diverse

Ethnicity:

- New Zealand European
- Māori
- Cook Island Māori
- Samoan
- Tongan
- Niuean
- Chinese
- Indian
- Others .....

Please rate your overall experience:



Please tell us the main reason you gave that score

.....

.....

Are you a patient?  Yes  No, I am a family member/friend

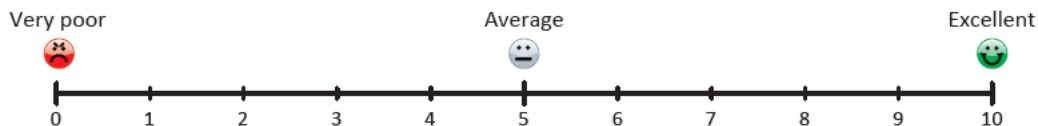
How old are you: ..... Ward/service/clinic: .....

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- Samoan
- Tongan
- Niuean
- Chinese
- Indian
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Please rate your overall experience:



Please tell us the main reason you gave that score

.....

.....

Are you a patient?  Yes  No, I am a family member/friend

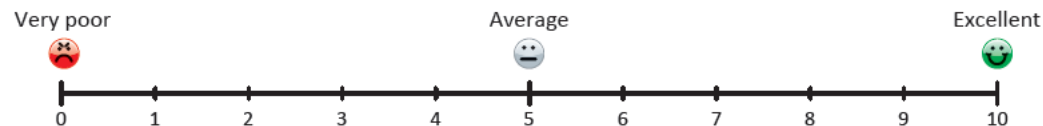
How old are you: ..... Ward/service/clinic: .....

Please Specify your gender:  Male  Female  Gender diverse

Ethnicity:

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- Samoan
- Tongan
- Niuean
- Chinese
- Indian
- Others .....

Please rate your overall experience:



Please tell us the main reason you gave that score

.....

.....

Are you a patient?  Yes  No, I am a family member/friend

How old are you: ..... Ward/service/clinic: .....

Please Specify your gender:  Male  Female  Gender diverse

Ethnicity:

- New Zealand European
- Māori
- Cook Island Māori
- Samoan
- Tongan
- Niuean
- Chinese
- Indian
- Others .....



# Improving Asian Patients Journey of Mental Health

Healthy Mother Healthy Future (HMHF) Program for Asian & Ethnic Prenatal Mental Health and Wellbeing

Lead: Dr. Hannah Lee, Dr. Ivy Gao, Dr. Vshal Rishi, Dr. Gil Gham

As a Maternal Health Service and As a Health Service for Women and Children, the Whatu Ora Health Network and Specialist Maternal Health and Addiction Services Workforce of the Whatu Ora Health Network and CNSST (National Centre for Secondary and Tertiary Care) Auckland New Zealand

## Background

As pregnant women and postnatal mothers with various challenges such as depression, anxiety, and voluntary cuts in awareness, it is important to acknowledge the role of community support in addressing mental health issues. Social isolation, poor mental health, and due to cultural and language barriers, COVID-19 pandemic had been causing considerable challenges for many Asian mothers as well. As a pilot in New Zealand was established, following the national accord to the 2018 Census, it is projected that 26% of the total population is aged 15-24. However, Asians have significantly lower access to Maternal Mental Health services and other Mental Health & Addiction services in New Zealand.

## Aims

Underserved by the Ministry of Health (MoH) NZ, leading by Asian Health Services and Asian Mental Health Service and collaborating with the Whatu Ora Health Network (HMHF) Program to address many of the pre-natal mental health and wellbeing of Asian women and families. This is a work of development with a focus on providing equitable access to high quality perinatal mental health services with cultural safety and health outcomes for Asian populations in Aotearoa.

## Methodology

HMHF has been providing Asian perinatal psychological health and wellbeing outcomes through collaborative efforts.

Strengthened referral pathways

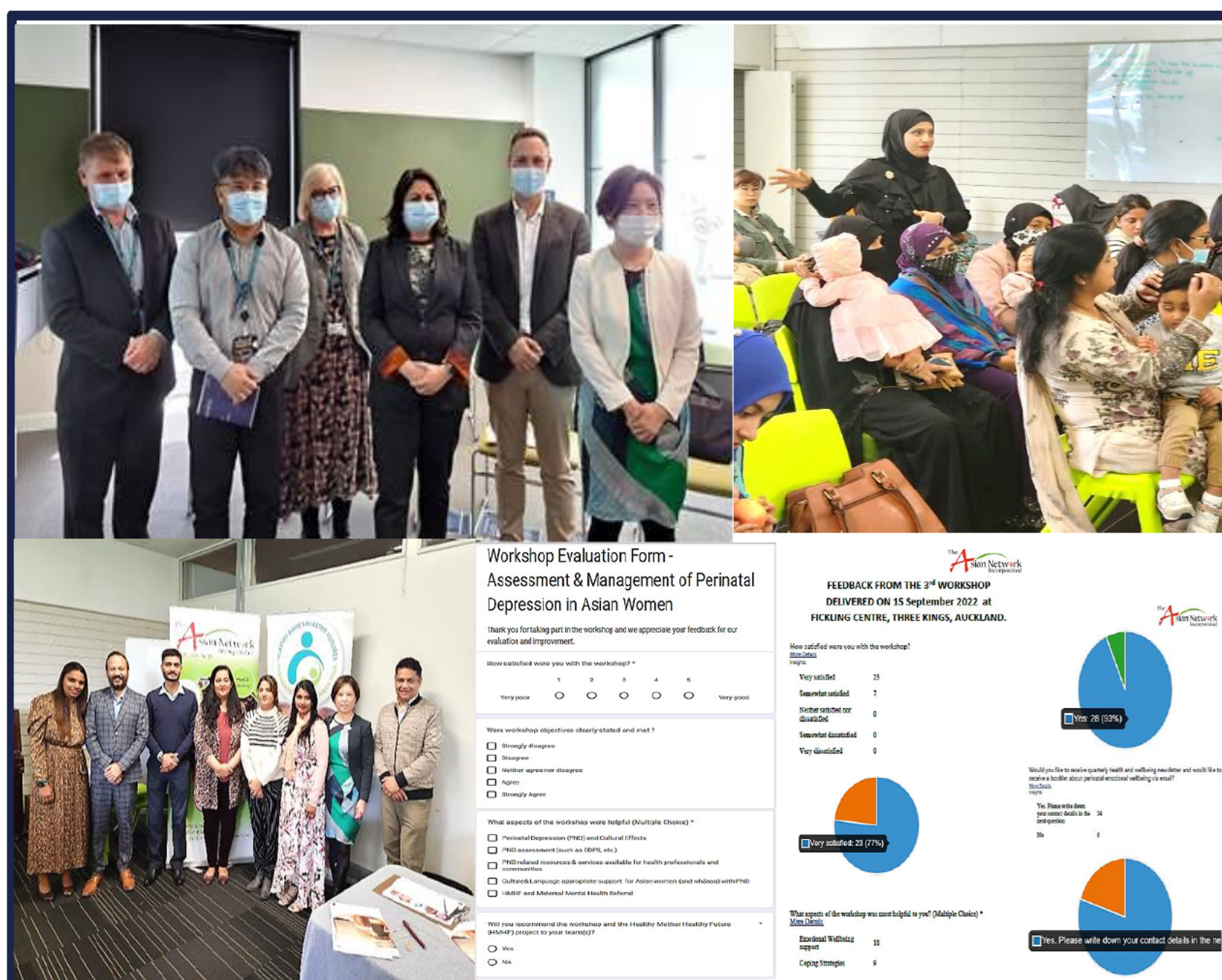
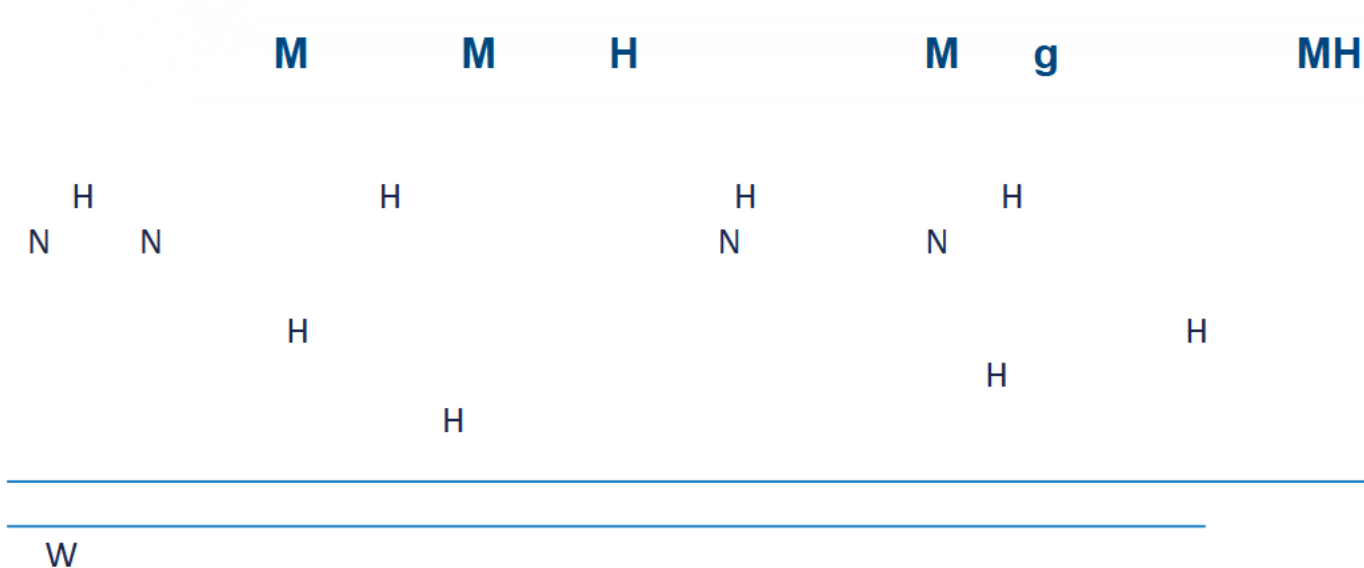
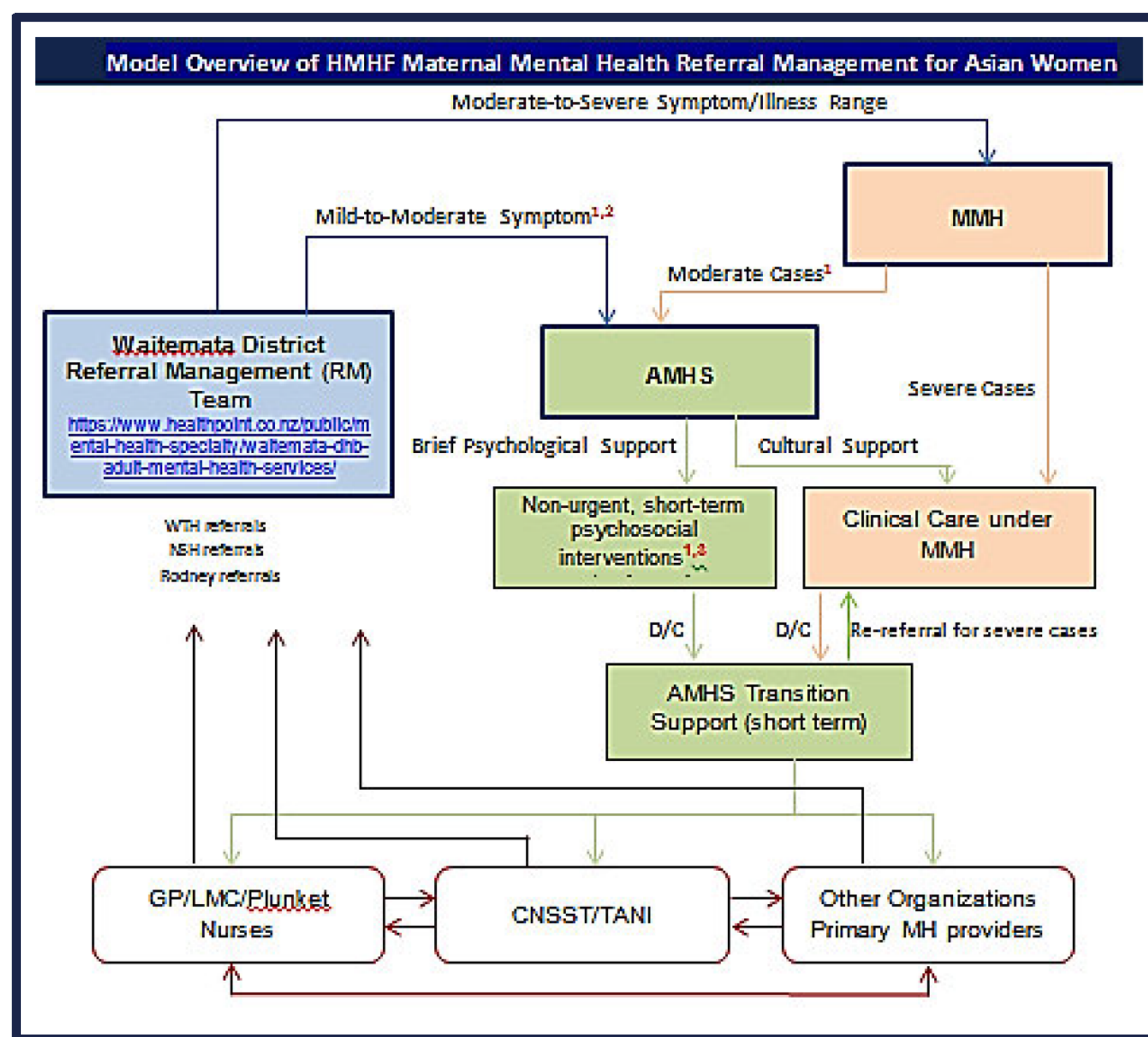
Improved health and emotional wellbeing awareness

Provided early help seeking and intervention by providing workshops, counseling and practical social support and advance work of development.

In 2022, culturally and linguistically appropriate resources on perinatal mental health and wellbeing in 4 languages were developed. 9 workshops were conducted for Asian communities and health professionals with 992 attendees. 960 perinatal women and their families were supported. Dedicated with excellent feedback, the program received high endorsement from the MoH with increased MMH referrals supported by improved pathways and innovative assessment tools. Based on the pilot study of the program in 2022, the teams of Asian Health Services and Asian Mental Health Service submitted a comprehensive proposal to the Whatu Ora Health Network and achieved additional funding for the extension of the program in 2022 and a 5-year program until June 2026.



Bicultural, Multicultural, and Culturally Safe



Workshop Evaluation Form: Assessment & Management of Perinatal Depression in Asian Women

## Service Aims

HMHF program provides a range of Asian perinatal Mental Health and Wellbeing services based on client-centered needs. With high community and community engagement, the evidence-based, co-designed Asian and Ethnic Perinatal Mental Health Service Model empowers clients and health professionals to control and maximize their own health and wellbeing and enhance the quality of their lives.

The program implemented the HMHF program, ensuring equitable access to universal perinatal mental health and reduce the perinatal mental health risk for Asian communities especially during the COVID-19 pandemic. The development and implementation of innovative services on telehealth and digital platforms to ensure the essential of the patient with excellence and quality improvement to national and regional Asian & Ethnic perinatal mental health services.

Standardized screening and validation tools with a population-based approach to management in order to improve Asian clients' access and engagement to counseling and practical support. A developed online questionnaire to collect feedback comments and suggestions from the attendees of MMH workshops are co-designed and implemented with the agency.

To ensure effective collaboration and partnership with the stakeholders, HMHF teams established a shared vision and goals of the program. By working together in a coordinated and collaborative manner, health care communication channels and well-organized teamwork, the program achieves its objectives with effectiveness.

## Service Evaluation

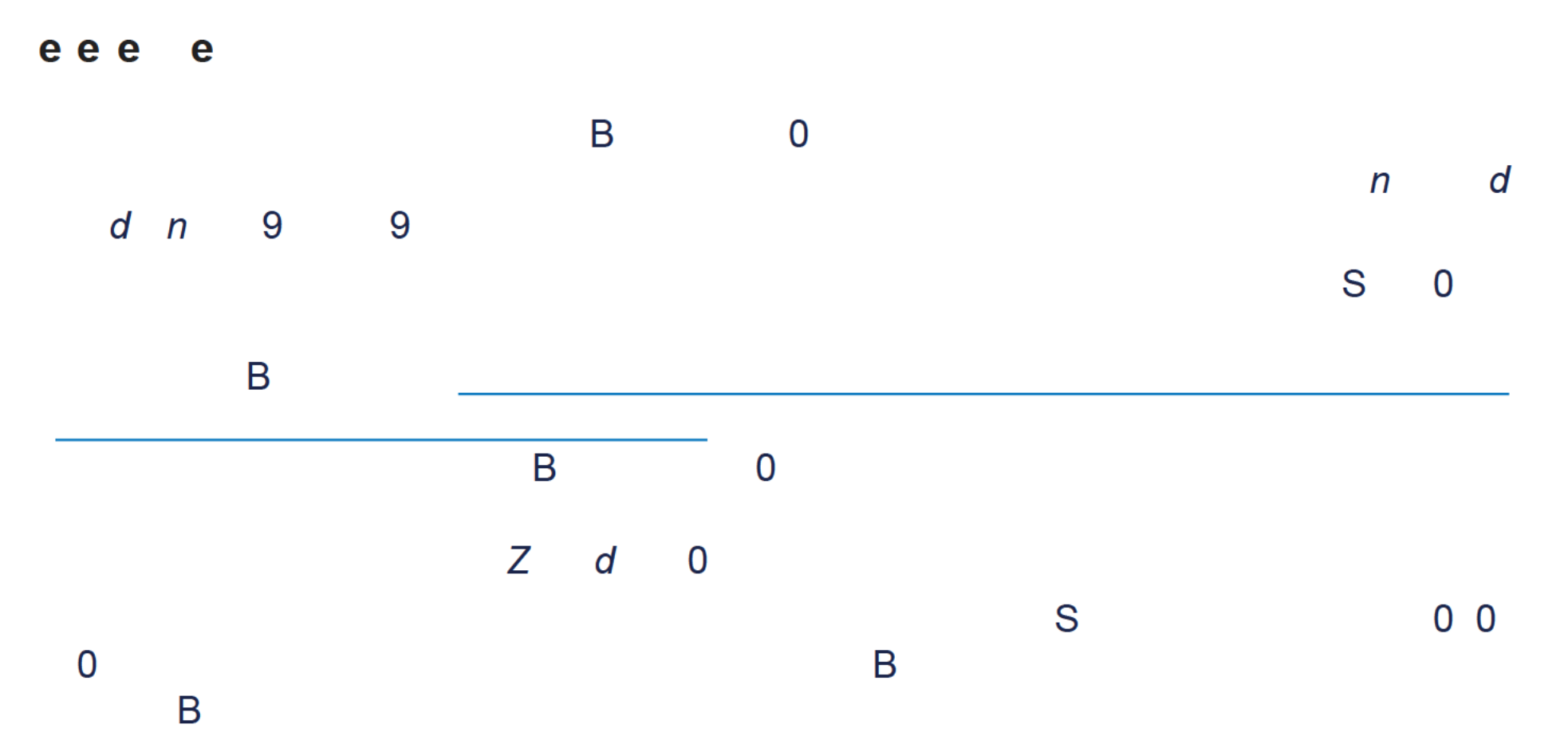
In partnership with CNSST and ANI AHS team, used the following tools to verify the effectiveness of the MMH workshops for Asian communities and health professionals:

Pre and post-workshop surveys

Follow-up interviews

Online questionnaire of the feedback comments and suggestions

HMHF Maternal Mental Health Referral Model was developed together with Edinburgh's perinatal Depression Scale and created Customized Guide of HMHF program, have been used since the start to verify the effectiveness of the enhancement of Maternal Mental Health Referral Management and the prevention & intervention of perinatal mental health issues of Asian populations in Aotearoa.





## 5.3

### **Te Whatu Ora Waitematā Smokefree Service Recommendations:**

The recommendations are that you:

a) Advise on the following questions:

1. What is the process following this hearing?
2. How does the Consumer Council connect to existing structures that could support Smokefree?
3. Would the Consumer Council have any advice or ideas to support our service?
4. Can the Consumer Council share any of our information to their networks?

#### **Glossary of terms**

CADS – Community Alcohol and Drug Service

MH – Mental Health

NGO – Non Government Organisation

NPHS – National Public Health System

NRT – Nicotine Replacement Therapy

SMH&A – Specialist Mental health & Addiction

### **Background**

#### **Background**

The Smokefree Service has been funded by Tobacco Control since 2008

This originally consisted of 3 separate contracts:

1. Secondary services i.e., hospitals
2. Specialist Mental Health & Addiction (SMH&A)
3. Non-Government Organisation (NGO) Mental Health Services

In 2021 the Te Whatu Ora Waitematā Smokefree Service was dis-established during COVID

In 2022 the service moved under Community Alcohol and Drug Service (CADS) and saw a merger of the 3 contracts so that they all sit under one service.

2023 has been a period of re-establishment and recruitment for the Smokefree Service

Aug 15<sup>th</sup>, 2023, Te Whatu Ora proposed the Waitematā Smokefree Service move under the National Public Health System (NPHS)

#### **The Team**

The Smokefree Service consists of 10 people

1. Manager – Anne Crawford
2. Team Leader – Bede Skinner
3. NGO Coordinator – Dunya Wardak
4. MH&A Coordinator – Caitlin Pascoe
5. Educator / Practitioner – Mick Chan
6. Pasifika focussed Health Promotion Practitioner – Tatupu Siafausa
7. Māori focussed Health Promotion Practitioner – Maggie Reihana-Finau
8. Senior Health Promotion Practitioner – Jenny Saxony
9. Health Promotion Practitioner – Jenna Warrender
10. Health Promotion Practitioner – Shannon Raubenheimer

**The overarching aims of this service are to:**

- reduce tobacco-related morbidity and mortality
- decrease tobacco related disparity
- contribute towards the Government's Smokefree Aotearoa 2025 goal

**Key outputs:**

- provide smokefree leadership
- maintain the Ask, Brief advice & smoking Cessation approach (ABC)
- identify patients that want to quit
- provide on-going support to enable them to quit

**Demographics**

*National*

- 8.0% of adults were daily smokers in 2021/22,
- down from 9.4% the previous year and 16.4% in 2011/12.
- Daily smoking rates in 2021/22 are:
  - 19.9% for Maori,
  - 18.2% for Pacific peoples,
  - 7.2% European/other and
  - Asian 2.6%.
- 8.3% of adults are now vaping daily increasing from 6.2% in the past year

*Waitematā*

Number of patients hospitalised into Te Whatu Ora Waitematā Secondary Services (North Shore Hospital, Waitakere Hospital, Elective Surgery Centre, He Puna Waiora, Waiatarau, Mason Clinic, Taharoto Rd Clinic)

- For the year Aug 22 – Jul 23 = 116,687 patients
- Number of patients who use tobacco – 9,602 = 8%
- % of Māori admissions who use tobacco – 22%
- % of Pacific admissions who use tobacco – 12%
- % of European admissions who use tobacco – 7%
- % of Asian admissions who use tobacco – 4%

*Smokefree Service Waitematā*

For the 3 months May – Jul 23 at North Shore & Waitakere Hospitals

- 1039 patients have been either seen, attempted to be seen/contacted, phoned, emailed or sent a letter
- 472 were seen face to face in hospital

Of the 1039 total patients contacted or attempted to be contacted:

- 322 Māori = 31%
- 140 Pasifika = 13%
- 21 Chinese = 2%
- 15 Indian = 1%
- 421 NZ European = 41%
- Other 108 = 10%

Of the total 1039 total patients contacted or attempted to be contacted:

- Patients referred to a community smoking cessation service = 214
- 78 were Māori = 36%
- 35 were Pasifika = 16%

Please note: From 1Aug23 we now record ethnicities as – NZ European, NZ Māori, Pacific, Chinese, Indian, Middle Eastern, Other Asian, Other European, Other, Unknown

### **Service delivery**

1. Identify patients who are admitted into hospital and use tobacco
2. Obtain consent from patient prior to both the Smokefree conversation and referral to a community smoking cessation service
3. Provide nicotine replacement therapy (NRT) for patients who are uncomfortable and are experiencing nicotine withdrawal from not being able to smoke during their visit
4. Engage in motivational conversations with patients whilst in hospital in a friendly bed side manner to explore their Smokefree journey and discover if they are seeking support to go Smokefree
5. Connect patients wanting to go Smokefree with an appropriate community smoking cessation service
6. Follow up patients not seen in hospital with phone calls or letters & emails offering Smokefree support
7. Provide hospital staff with education and training to enhance the comfortability of patients who use tobacco whilst in hospital, and increase the number of Smokefree interventions and referrals to the Smokefree Service
8. Run Smokefree groups and clinics

These are currently being run in the Mental health Inpatient units

More to be launched for the NGO services in September

### **Our approach**

The Smokefree Service is a values-based service that strives for excellence in patient care to ensure that patients have the best experience during their time with Te Whatu Ora Waitematā. The Smokefree team therefore always endeavours to:

- Have a non-judgemental, empathic, and compassionate approach
- Be patient focussed and led
- Assist with nicotine withdrawal whilst in hospital
- Maintain regular interactions for support and motivation
- Use a motivational and strengths-based approach utilising Te Whare Tapa Wha and other holistic models
- Follow up protocols to ensure patients have best opportunity to become Smokefree
- Connect with community smoking cessation services for ongoing support

### **Our priority populations:**

Many users of tobacco experience significant inequities which impact on all aspects of health, disparities and added risks that exist from using tobacco. Therefore, the Smokefree Service prioritises the following populations to help address these issues.

- Māori
- Pasifika
- Pregnancy
- Young families
- Surgery
- Chronic conditions
- Mental Health

These populations are always prioritised and will be contacted by a member of the Smokefree Service – face to face, phonecall, email, letter

As part of the Smokefree Service's strategy to help achieve Smokefree 2025 and address health inequities the Smokefree Service will also develop tailored plans to support these populations further in collaboration with cultural services and advisors.

Plans are currently in development for:

- o Pasifika
- o Mental Health
- o Pregnancy

#### **Consumer input to date / patient experience:**

The Te Whatu Ora Waitematā Smokefree Service is fortunate to have Consumer involvement at all levels of service development and decision making because it currently sits under CADS, which has a designated Consumer Team, as well as a Lived Experience workforce

- Consumers are involved in all Governance decisions
- We have consumer representation in the recruitment process and consumers attend meetings and forums at all levels of service delivery as well as being available to support obtaining feedback from tangata I te whaiora.
- Due to the infancy of the service, whereby staff are still orientating, training and developing their skills, we have not yet commenced obtaining specific feedback from service users, however, have already received positive feedback informally and are developing a Smokefree specific consumer feedback process

#### **Highlights - World Smokefree Day**

- Promotional stands run in main foyers of North Shore & Waitakere Hospitals
- Smokefree quiz for staff and patients
- Lots of spot prizes given away
- NRT & Quit cards given out on the day
- Great success with lots of engagement from staff & patients

### **Key Issues**

#### **Key Issues**

- Smokefree 2025
- Health inequities, socioeconomic barriers, and accessibility
- Re-establishment of the Smokefree Service
- Office Space
- Young team
- Recruitment of Māori focussed practitioners
- Proposed restructure to sit under the NPHS
- Quitting smoking is really hard
- Supporting patients long term to be Smokefree
- Current tobacco users can be resistant to change
- Collaboration with community smoking cessation service providers, referral drop offs and poor outcomes
- Lack of support, funding, and resources to support patients to quit vaping

#### **Vaping**

- Vaping is still used as a tool to support smoking cessation
- We follow the Ministry of Health's advice and guidance around vaping
- Primary care and some NGOs are offering support for people who vape but have never used tobacco
- A pathway within primary care is being established where whaiora can access Health Improvement Practitioner's (HIPs) and Health Coaches to support them around vaping
- Some community smoking cessation services will support those wanting to quit vaping if they have used tobacco in the past
- Our current contract is specifically around tobacco control
- We are gathering data and resources to provide support for people to reduce/quit vaping
- We always provide support & information in some capacity for those who wish to quit vaping

#### **Relationships with stakeholders and other services**

Partnership and collaboration are essential to any form of service delivery. The Smokefree Service has worked hard to uphold and develop many strong relationships since beginning its re-establishment at the end of 2022. These include:

**Te Whatu Ora**

- Māori Health
- Pacific Health
- Maternity
- Hospital & specialty wards
- Funding and Planning

**SMH&A**

- CADS
- Te Atea Marino
- Tupu
- Waiatarau and He Puna Waiora inpatient units
- Waimarino
- Mason clinic

**NGOs**

- We have approached 35 NGOs and are in partnership with 33
- There are apparently 52 listed NGOs MH facilities in the Waitematā and Auckland regions

**Other Districts**

- Counties Manukau (gold standard Smokefree Service)

**Te Toka Tumai and Te Tai Tokerau External providers**

- Tobacco Control
- Hapai te Hauora
- Ready Steady Quit
- Quitline
- The Fono
- Asian Smokefree Services
- Auckland Regional Public Health System (ARPHS)

**Contact for telephone discussion (if required)**

| Name          | Position    | Telephone  | Suggested 1st contact |
|---------------|-------------|------------|-----------------------|
| Anne Crawford | Manager     |            |                       |
| Bede Skinner  | Team Leader | ██████████ | ✓                     |

## **6. OTHER BUSINESS**

6.1 Community Concerns

6.2 Area of interest for future meeting

6.3 Meeting evaluation