



Te Tāhū Hauora
Health Quality & Safety
Commission

Expertise by Experience: A national code of engagement expectations for consumer engagement

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Declaration of interests

- Employed by Te Tāhū Hauora Health Quality & Safety Commission New Zealand






Outline

- The code of expectations: Why and how was it developed?
 - How can a 'code' improve how the health sector engages with the people it serves?
 - What are the broader implications for consumer engagement and quality improvement?
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Context



Ensuring a stronger consumer, whānau, and community voice in a reforming health system

- Moving from twenty district health boards to one national service (Te Whatu Ora)
- Establishing the Māori Health Authority (Te Aka Whai Ora)
- Re-established role for communities in local planning and increasing consumer voice
- Set of related expectations for all health entities to follow





Pae Ora (Healthy Futures) Act 2022 Section 80(1)(g)(h):

‘to support the health sector to engage with consumers and whānau for the purpose of ensuring that their perspectives are reflected in the **design, delivery, and evaluation** of services’

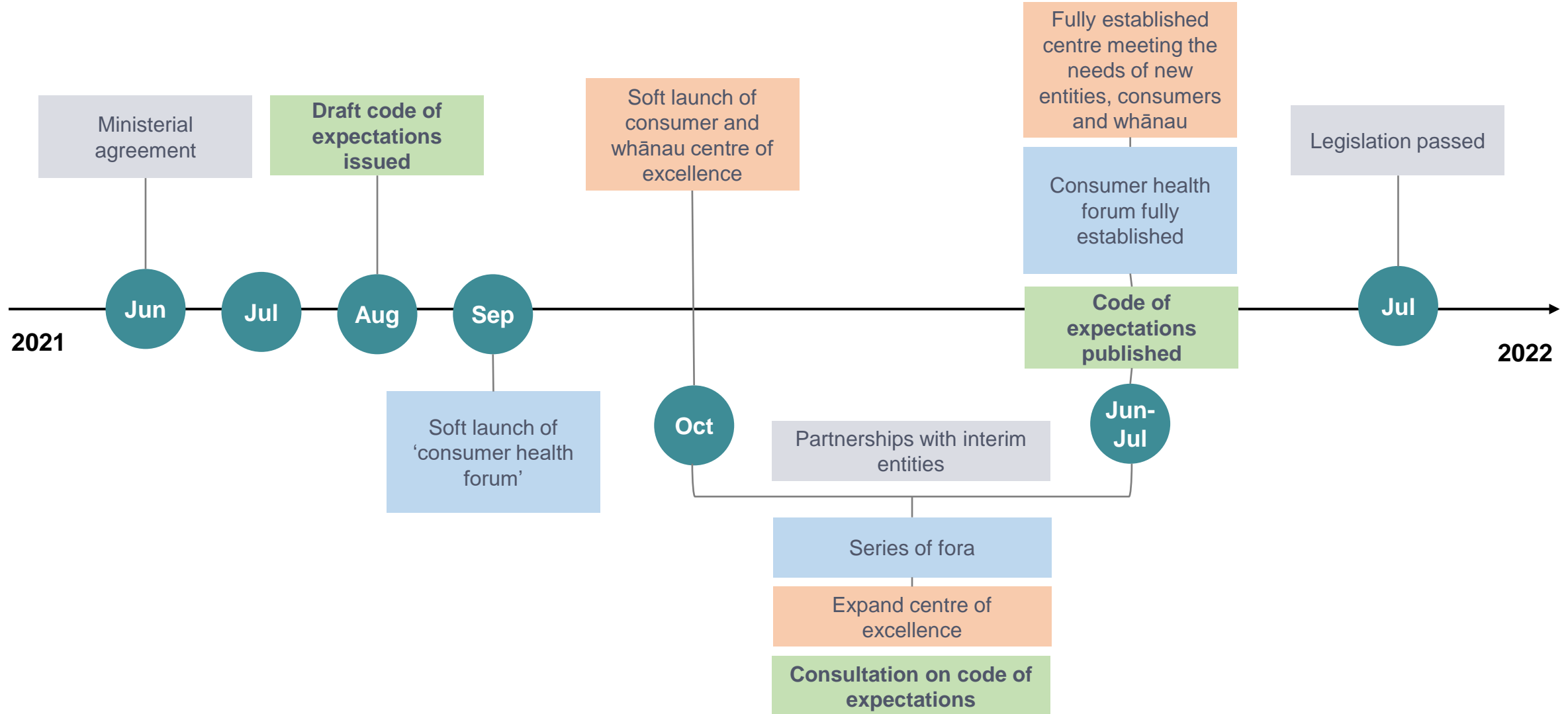
‘to develop a code of expectations for consumer and whānau engagement in the health sector for approval by the Minister...’



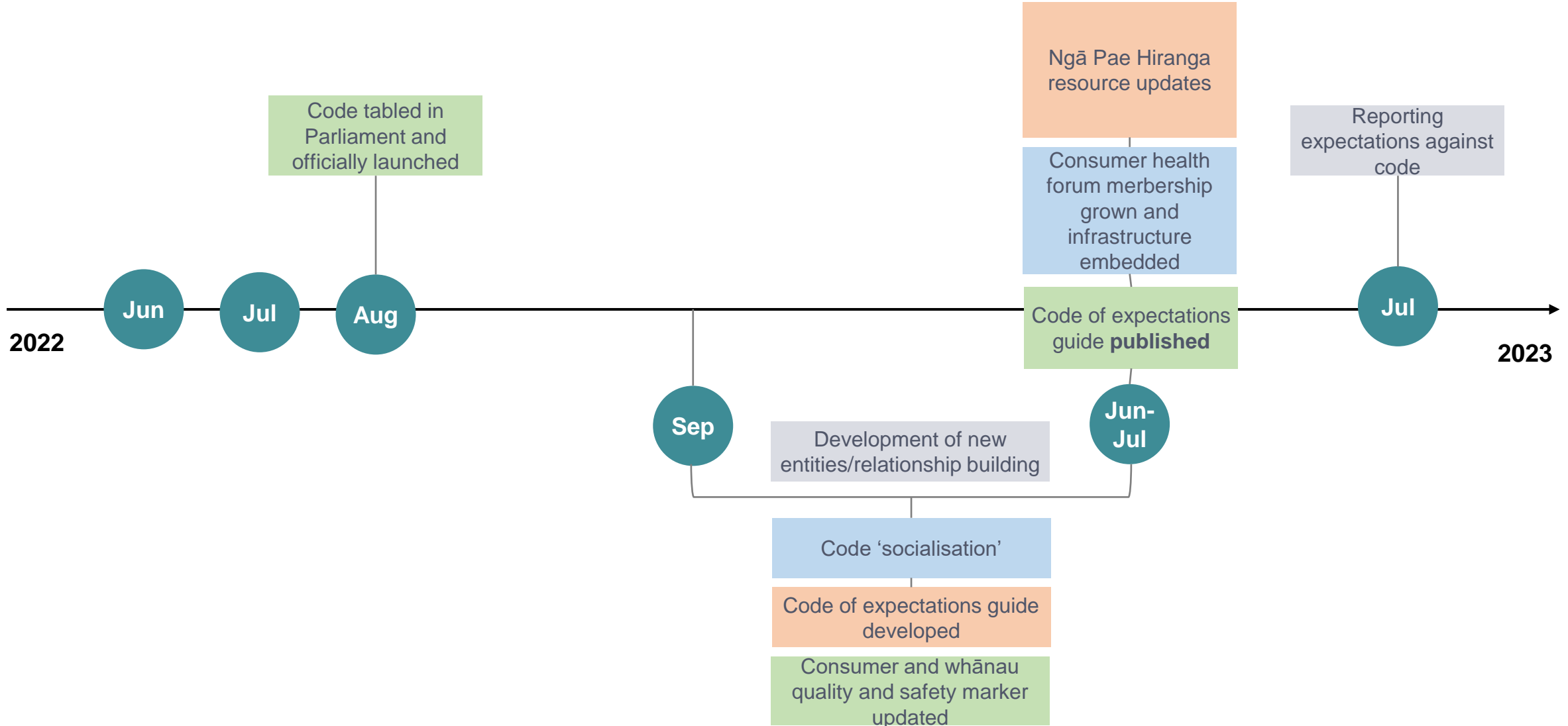
A vertical decorative border on the left side of the slide. It features a repeating geometric pattern of interlocking triangles and lines in shades of teal, orange, and dark blue. The pattern is symmetrical and has a traditional, possibly indigenous, aesthetic.

Code development

Timeline: June 2021 to July 2022



Timeline: August 2022 to October 2023



Guiding principles for collaborative design of code



**Partnership,
supporting
shared
decision
making and
shared
leadership**

Equity

**Valuing
consumer
and whānau
contribution**

**Commitment
to quality,
safety and
cultural
safety**





Design	Consult	Approve
Consumer networks	Emerging entities	Dept Prime Minister and Cabinet
Whānau and community	Crown Law	Crown Law
Disabled people	Established entities	Minister of Health
Pacific health providers		
Kaupapa Māori providers		
Colleges and societies		
Mental health and addictions teams		
Te Tāhū Hauora		
Focus group, wānanga, interactive fora, social media, one-on-one interviews		
169 submissions		





Perspectives differed on specific content rather than principle

I think it gives the consumer the boost that they need to know to be able to make change happen, and that actually it is about a better quality of life for them at the end of the day. Also, professionals need them to have their say. No need to be whakamā (shy) about it (individual health consumer)

I see the code of expectations having the significant benefit of allowing a focus on the needs of patients'/consumers' collective interests. There hasn't been enough of this sort of opportunity in health sector engagement over the years, and I'm pleased to see it spelt out in the code (clinician)

We support the Draft Code of Expectations and consider it will be useful to have a framework to guide how the sector engages with consumers and whānau when developing and delivering services (professional society)






Collaborative design and negotiating perspectives

Health sector	Community
Keep it simple	Do not lose the detail
I need to see the workforce	I need to see myself and my community
Minimise confusion between two codes	Incorporate concepts from Code of Rights
Tell us what we need to do	Allow flexibility
Show us to how to collaborate	Collaborative design must be highlighted





Collaborative design elements for code of expectations


1. Representation and engagement of all stakeholders throughout entire process
 2. Start with everything 'on the table'
 3. Contested and negotiated perspectives
 4. Rapid review and feedback cycles (time constraints)
 5. Clear rationale of what is included and excluded
 6. 'Synthesising' over 'sanitising' perspectives
 7. Negotiated and explained result
 8. Strengthened and informed by multiple perspectives
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Code of expectations

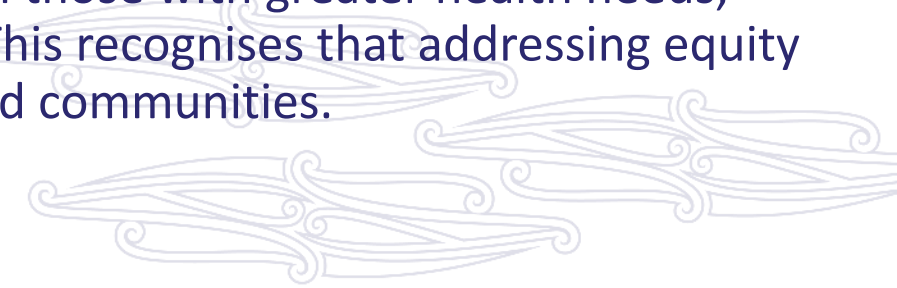


Code purpose

- The code sets the expectations for how health entities must work with consumers, whānau and communities in the **planning, design, delivery, and evaluation** of health services
 - All health entities **must** act in accordance with the code and are required to report annually on how the code has been applied
 - Applies to Te Whatu Ora, Te Aka Whai Ora, PHARMAC, NZBS, Te Tāhū Hauora
 - Reporting: Sections 27 and 27a of the Crown Entities Act
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When engaging with consumers, whānau and communities, health entities must:

- 1.1 be guided by the health sector principles contained in section 7 of the Pae Ora (Healthy Futures) Act 2022
 - 1.2 value and recognise the centrality and importance of whānau in te ao Māori and provide opportunities for Māori to exercise decision-making authority
 - 1.3 **value engagement:** engagement is built on trust, authenticity, reciprocity, transparency, and a willingness to share and learn from each other. It is inclusive of all population groups and those with specific needs
 - 1.4 **share leadership:** knowledge and expertise drawn from lived experience are valued equally alongside clinical and other knowledge. Consumers, whānau and communities are experts by experience, often holding solutions to make improvements to the health system
 - 1.5 **promote quality and safety:** the experience of consumers, whānau and communities underpin health quality and safety, including cultural safety
 - 1.6 **promote equity:** there is an imperative to engage with those with greater health needs, particularly Māori, Pacific peoples, and disabled people. This recognises that addressing equity is best achieved through involving consumers, whānau and communities.
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Health entities must apply these expectations by:

- 2.1 **co-designing** with consumers, whānau and communities so there is collective development of organisational priorities, processes and evaluation, and consumers, whānau and communities are involved at all levels
 - 2.2 **using lived experience**, including consumer experience data to inform improvements in health services with a focus on reducing health inequities, particularly for Māori, Pacific peoples, and disabled people
 - 2.3 addressing the **reduction of health inequities** through cross-sector collaboration with other agencies and in partnership with consumers, whānau and communities
 - 2.4 ensuring that information, resources, and engagement opportunities are **accessible** to all consumers, whānau and communities, and remove any barriers that may hinder full and effective participation and engagement
 - 2.5 **resourcing** consumers, whānau and communities to contribute and engage meaningfully and having policies to reflect this
 - 2.6 ensuring that, when services are commissioned, they are set up to enable consumers, whānau and communities to **engage at all levels** as determined by the code.
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The code is strengthened by:

- Te Tiriti o Waitangi/The Treaty of Waitangi
- Section 7 health sector principles
- The health sector principles incorporate Te Tiriti o Waitangi (the Treaty of Waitangi) principles identified by the Waitangi Tribunal in its Hauora Inquiry.
- These include the principles of tino rangatiratanga (self-determination), ōritetanga (equity), whakamaru (active protection), kōwhiringa (options) and pātuitanga (partnership)





Measuring progress



Supporting

What is in place to support consumer engagement?

Understanding

How do organisations make sense of what consumers are telling them?

Responding

What has been done to respond to what consumers have said?

Evaluating

What has been the impact of these interventions?

	Minimal Te itinga iho	Consultation Te akoako	Involvement Te whai wāhi	Partnership & shared leadership Te mahi tahi me te kaiārahitanga ngātahi
Engagement Te Tūhononga				
Responsiveness Te Noho Urupare				
Experience Wheako				





Co-designing with consumers, whānau and communities | **Hoahoa tahi me ngā kiritaki, ngā whānau me ngā hapori**

[Click here](#)



Improving equity through partnership and collaboration | **Te whakapai ake i te mana taurite mā te mahi tahi**

[Click here](#)



Using lived experience to improve health services | **Te whakamahi wheako mātau hei whakapai ake i ngā ratonga hauora**

[Click here](#)




Accessibility and resourcing for consumer, whānau and community engagement | **Te whai wāhi me te whai rauemi mō te mahi tahi ki te kiritaki, te whānau me te hapori**

[Click here](#)






Conclusion

- The code of expectations and its development
 - Measuring progress against how a 'code' can improve how the health sector engages with the people it serves
 - Extending consumer engagement and its impact on quality improvement
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- Concise set of principles and practices for the health sector to follow
 - Extending our thinking beyond placing consumers and whānau at the centre of care
 - Valuing ‘expertise by experience’: A key aspect of making improvements to the quality and safety of our health systems
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