

Te Manawa Taki Regional Consumer Council Terms of Reference 2024 to 2026

Terms of Reference (TOR) RATIFIED FINAL – July 2025

Context	The Te Manawa Taki Regional Consumer Council (the Council) is one of four Councils established by Health NZ (HNZ). The other three are in Central, Te Waipounamu and Northern regions. Our Regional Consumer Councils strengthen engagement with consumers we work together to plan, develop and monitor health services.
Date Ratified	Terms of reference (TOR) for each RCC will be ratified by each RCC by July 2025 and reviewed in July 2026 . The process will be moderated nationally by the appropriate role in Health New Zealand Te Whatu Ora so a revised TOR can be adopted by Executive Leadership Team (ELT). Health NZ staff will link with each Council as part of this process.
Role/Purpose/Scope	<p>Health NZ Te Whatu Ora highly values the local consumer voice and will ensure the local voice continues to be heard through Regional Consumer Councils, Iwi Māori Partnership Boards (IMPBs), focus and working groups, feedback on initiatives and projects, and in many other ways.</p> <p>Health NZ Te Whatu Ora will work to ensure it meets its obligations under the Code of Expectations for Consumer Engagement. The Code places consumers, whānau, and communities at the heart of the design, development, and evaluation of health services.</p> <p>The Code of Expectations highlights the importance of consumer leadership in shaping health services.</p> <p>The role of the Regional Consumer Council is to actively promote, support and contribute a consumer leadership perspective to improving health services and delivering equity in the Te Manawa Taki region, taking a broad holistic Hauora approach across the health system from community, primary, secondary to tertiary care.</p> <p>The Council will do this by:</p> <ul style="list-style-type: none"> • Ensuring consumers are at the centre of decision-making processes. • Strengthening pathways for consumer leadership within Health NZ Te Whatu Ora structures. • Advocating for consumer-led solutions in health system design and service improvements. • Supporting capacity-building initiatives for emerging consumer leaders.

	<ul style="list-style-type: none"> • Bring consumer experiences to the table for discussion on how these can be enhanced to reduce inequity to those in most need. • Identify/advise on how disadvantaged consumer experiences can be responsively remedied. • Enable appropriate consumer engagement with Health NZ Te Whatu Ora. • Identify and advise on issues requiring consumer, community and whānau engagement - including input into development of health service priorities and strategic direction, elimination of inequities, and enhancement of safety and quality of services to patients and whānau. • Review and advise on reports, developments and initiatives relating to health service delivery, and availability of health-related information. • Ensure regular communication with communities and relevant consumer groups. • Link with special interest groups, as required, for special issues and problem-solving. • Take a holistic whole of Hauora health system view bringing forward the voice of communities. <p>This approach will strengthen consumer feedback and enable learnings to be applied consistently across healthcare networks.</p> <p>He aha te mea nui o te ao? He tangata, he tangata, he tangata. <i>What is the most important thing in the world? It is people, it is people, it is people.</i></p>
Activities	<p>Health NZ Te Whatu Ora will build on current relationships with existing Consumer representative groups and bring these into evolving regional and national structures in ways that better support consumers, whānau, staff and services.</p> <p>The Council will provide strategic advice from a consumer and whanau perspective, to support Health New Zealand Te Whatu Ora design, evaluation and delivery of services, directly to those requesting it either in a meeting or in follow-up communications.</p> <p>The Council will provide endorsement and recommendations to the Health NZ sponsor/partner and to the relevant directorate in writing.</p> <p>The Council will report regularly on their reviews, findings and endorsements (or otherwise) to the Deputy CE and/or appointed representatives.</p>
Acknowledgment to the land and people	<p>About our rohe – Te Manawa Taki</p> <p>We're embarked on a hāerenga or journey to improve the health and well-being of New Zealanders by making our health system more equitable, cohesive, easier to access, and people centred. We aim to work collaboratively to support and empower regional and local service planning and delivery that reflects the needs and aspirations of our hāpori local communities.</p> <p>Te Manawa Taki means 'the heartbeat' and is home to over one million people, a fifth of Aotearoa's population. The name reflects the geographical position of our region, covering the middle of the North Island stretching coast to coast, the region which includes the following districts:</p>

	<ul style="list-style-type: none"> • Taranaki • Waikato • Lakes • Bay of Plenty • Tairāwhiti <p>Just as the heart sustains our mauri ora or life force, we aim to bring together our unique skills and resources to support and care for whānau and hāpori across the region.</p>
Te Tiriti o Waitangi	<p>The Council recognises Te Tiriti as a founding document that is fundamental to social and health policy in Aotearoa New Zealand.</p>
Translating Te Tiriti o Waitangi into Practice	<p>The Council is committed to upholding the principles of</p> <ul style="list-style-type: none"> • Tino Rangatiratanga Supporting self-determination and mana motuhake in health and wellbeing. • Partnership Collaborating with communities and stakeholders. • Active Protection • Equity Addressing health disparities and ensuring equitable access to services. • Options Ensuring people have access to services that reflect their cultural values and preferences <p>These principles will guide the Council’s engagement, recommendations, and strategic direction to ensure that Māori voices are prioritised and that decisions reflect equitable and culturally responsive outcomes.</p> <p>Te Tiriti o Waitangi partnership will be embedded in the membership and in the development of the Council work programme.</p> <p>The Council acknowledges the critical role of Iwi Māori Partnership Boards (IMPBs) in shaping health outcomes for Māori communities. The council will work towards a relationship with the IMPB, this relationship will ensure that the Council’s work remains consistent with Māori health aspirations, and that Te Tiriti principles are enacted in meaningful and sustained ways.</p> <p>The Council recognises the importance of whakawhanaungatanga (relationship-building), in-person hui will be prioritised where possible, particularly to strengthen engagement with Māori, Pacific, and other communities where kanohi ki te kanohi is a culturally and a generally preferred way of connecting.</p>
Meetings	<p>The Council will adopt a hybrid meeting model, ensuring members can participate both virtually and in-person to accommodate accessibility, location, and engagement needs. The Council within their associated budget will determine how this hybrid meeting will operate to enable face to face kanohi ki te kanohi opportunities.</p> <p>For the meeting to be held, 50% of all members, not including the Secretariat, are required to be in attendance.</p>

	<p>The Regional Consumer Council is committed to ensuring that all members and consumers can fully participate in meetings and engagement activities. Additional support will be provided upon request, including but not limited to:</p> <ul style="list-style-type: none"> • NZSL interpreters for Deaf and hard-of-hearing participants. • Transport assistance for disabled members or those facing geographic barriers. • Other accommodations as required to support equitable participation. <p>A summary of consumer-submitted issues will be included as a standing agenda item for Council meetings. The Council will review all submissions and determine whether to escalate, provide advice, or request further engagement with Health NZ. A formal response will be provided to the submitter, outlining any actions taken or recommendations made.</p>
<p>Membership</p>	<p>Each Council shall have 12-15 members, for the Te Manawa Taki region the Council has requested that there be two consumer Co-Chairs who will share the Co-Chair role with the Health NZ appointed Co-Chair.</p> <p>The Health NZ appointed Co-Chair is the Regional Clinical Medical Officer for Te Manawa Tak who has been nominated by the DCE.</p> <p>Consumer membership of the Regional Consumer Councils is expected to be diverse to reflect the region and include a mix of urban and rural people, Māori, Pacific peoples, people from Rainbow communities, and the disabled, with consideration given to Asian communities.</p> <p>All Council members need to be</p> <ul style="list-style-type: none"> • Passionate about people accessing the best possible healthcare, and skilled at amplifying the voice of whānau to drive improvement • Considering issues from a ‘big picture’ perspective, informed by the voices of communities • Have a good understanding of population health inequities, and how to address them • Have a good understanding of the health system including Te Tiriti o Waitangi • Have strong community networks and communications skills, and strategies to engage people in the work of the Council <p>The term of a Council member is two years and can be extended for a further term of two years.</p> <p>Any member may resign at any time by giving written notice to the Co-Chairs.</p> <p>Any member who is absent without reasonable excuse from <u>three consecutive</u> meetings shall be considered to have vacated their membership. All absentees from meetings need to be sent to the Co-Chairs for acknowledgement prior to the scheduled meeting.</p>

	Members of Health NZ Te Whatu Ora will attend the meetings to provide links with national Consumer Engagement and Whānau Voice work and to facilitate as relevant the RCC workplan.
Members' Responsibility	<p>The responsibilities of Members include the following:</p> <ul style="list-style-type: none"> • Members of the group must perform their functions in good faith, honestly and impartially, and avoid situations that might compromise their integrity or otherwise lead to conflicts of interest. • Members are expected to be punctual, polite, professional, engage in intellectual discourse and be respectful of others' views. • Agenda items to be submitted to the Secretariat at least five working days prior to each meeting. • Members with conflicts of interests will need to be raised at least three working days ahead of each meeting to ensure non-disclosure of information to conflicted members. • Apologies to be sent as soon as possible to the Secretariat for quorum purposes with the approval of the Co-Chairs. • There is no provision for alternates/ delegates to attend RCC meetings. • Members can provide their input via email prior to meetings where they cannot attend. • Members are invited to submit edits to draft minutes, which will be finalised at the start of each meeting. • Undertake additional activities agreed by the group (such as reviewing for comment or attending relevant hui on behalf of). • Lead/facilitate the completion of respectively owned action items within the agreed timeframes. • Sign a confidentiality agreement. <p>Perform and fulfil their delegated role and obligations outlined in this Terms of Reference with professionalism, integrity, good faith, care and commitment. The Co-Chairs are responsible for chairing the meeting, agreeing the agenda and overseeing the work programme.</p>
Conflicts of interest	<p>Members must disclose all Standing Interests and Interests in a Matter along with any actual, potential or perceived conflicts of interest. The is covered by the Disclosure of Interests agreement signed by RCC Members.</p> <p>If, upon receipt of the Agenda Outline for a meeting (to be sent by the Secretariat 5 working days ahead of each meeting), a member becomes aware that they have an Interest in a Matter in relation to that Agenda, they must disclose that Interest(s) to the Co-Chairs at least 3 working days prior to each meeting.</p>

	<p>Upon receipt of a member's disclosure of an Interest in a Matter in relation to an Agenda item, the Secretariat will refrain from providing any documentation about the matter to that member prior to the meeting at which time the Council will decide, (1) whether or not the Interest creates a conflict of interest; and (2) if so, how that conflict will be managed.</p> <p>All disclosures of an Interest in a Matter in a meeting, whether it constitutes a conflict of interest and, if so, how it was managed, must be recorded in the Minutes of that.</p>
Confidentiality	<p>All members are bound by the confidentiality agreement they have signed.</p> <p>All business of the Councils, other than information before them already available in the public domain or intended for dissemination in the public domain, is confidential and must be treated as confidential by all members.</p> <p>Members are not to disclose any confidential information to anyone outside the group, other than to group members, without the prior approval of the Co-Chairs in consultation as appropriate with the group member (unless the matter concerns the conduct or performance of the Co-Chair) and are to treat this material with the utmost care and discretion.</p>
Proposal Process, Decision Making and Escalation	<p>Consumer Proposals</p> <p>Any consumer, whānau, or community member may submit an issue, concern, or suggestion to the Council for consideration.</p> <ol style="list-style-type: none"> 1. Consumers may submit their proposals via email, an online form, written letter, or through direct engagement with Council members. Where appropriate, the Secretariat will provide support (e.g., assistance with written submissions, accessibility accommodations). 2. Initial Screening Upon receipt, the Secretariat will screen the proposal to ensure it aligns with the Council's role and scope. Proposals requiring immediate attention or those that involve multiple stakeholders may be prioritized. 3. Review and Discussion The proposal will be included in the agenda for the next scheduled Council meeting. Council members will discuss the issue, determine its impact, and consider recommendations. If needed, the proposer may be invited to present their issue directly to the Council. <ul style="list-style-type: none"> ○ Decision-Making The Council will determine the best course of action, which may include Escalating the matter to Health NZ Te Whatu Ora for further consideration. ○ Seeking additional information or consultation with relevant stakeholders. ○ Providing direct feedback or recommendations to the proposer. ○ Declining the proposal if it falls outside the Council's scope, with a clear explanation provided to the submitter. 4. Communication of Outcome A formal response will be provided to the submitter, outlining any actions taken, decisions made, or further

engagement steps required. If escalated, the Council will monitor the issue and update the proposer as necessary.

This structured approach ensures that consumer voices are heard, valued, and integrated into the broader health system.

Submission process

The process for submitting papers to Councils will differ based on whether the paper is seeking advisory input or seeking endorsement for development or implementation within Health NZ | Te Whatu Ora.

Papers seeking advice or acknowledgement will be submitted using a standardised template to the Secretariat.

For papers seeking endorsement for local or regional consumer engagement and whanau voice initiatives within Health NZ | Te Whatu Ora, a more comprehensive process may be required and align with local or regional arrangements.

Papers will be screened by the Secretariat and prioritised for discussion based upon need and urgency.

All papers are expected to have a Health NZ | Te Whatu Ora partner/sponsor, who may be asked to be part of the presentation (i.e. on behalf of a clinical or operational service supporting the paper).

Decision making

The Council will strive for decision-making based on consensus for all proposal submissions. A consensus is defined as an agreement reached by more than half of the members present. All members present at the meeting will have the ability to contribute to the consensus.

Members who are absent from the meeting will not be able to contribute to the consensus.

All decisions should first be attempted to be resolved through discussion and mutual agreement.

In instances where consensus or vote is not achieved, the nature of the disagreement and the reasons provided by the dissenting members will be documented.

The minutes of the meeting will clearly reflect the discussion, including all viewpoints expressed, and the rationale behind the final decision or the lack of consensus.

Reporting	<p>Advice, recommendations and endorsements will be reported to the DCE Te Manawa Taki, Health NZ Te Whatu Ora.</p> <p>A summary of advice, recommendations or approvals will be made publicly available as appropriate.</p>
Communication Strategy	<p>The Regional Consumer Council will develop and maintain a communication strategy to ensure its work is visible and accessible to consumers, whānau, communities, and stakeholders. This strategy will outline how information is shared and how consumers can engage with the Council.</p> <p>A dedicated public webpage will be established and maintained to provide:</p> <ul style="list-style-type: none"> • Regular updates on Council activities, meeting summaries, and key decisions. • Information on how consumers and community groups can engage with the Council or raise issues. • Contact details and submission processes for direct consumer input. <p>Any consumer, whānau, or community organisation may submit an issue, concern, or suggestion to the Council for consideration.</p> <p>Submissions can be made via email, an online form, written letter, or through direct engagement with Council members. Where appropriate, the Secretariat will provide support (e.g., assistance with written submissions, accessibility accommodations).</p>
Secretariat Responsibility	<p>The Office of the Regional Commissioner will provide interim secretariat function for the RCC. The responsibilities of the Secretariat include the following:</p> <ul style="list-style-type: none"> • Circulate draft minutes and actions within one week of the meeting. • Screen papers received and prioritised for discussion based upon need and urgency. • Circulate agenda items at least 7 working days ahead of each meeting to allow for members to raise conflicts of interest. • Circulate agenda pack at least 5 working days ahead of each meeting to allow for reading time. For members with conflicts of interest, specific agenda documents will not be provided for the specific item. • Maintain a Conflicts/Declaration of Interests Register • Maintain a current action list • Provide information for reporting • Arrange all scheduled meetings and track attendance • Ensure payment processes are correctly completed for consumers reimbursement for all meetings and activities as per policy • Arrange room bookings, travel, equipment and other resources needed for any scheduled face-to-face meetings and activities

	<ul style="list-style-type: none"> • Maintain the RCC mailbox and website presence • Formatting all Council communications, including meeting materials, reports, and public updates, will be formatted to be compatible with screen readers to ensure accessibility for blind and low-vision consumers This includes: <ul style="list-style-type: none"> ○ Using accessible document formats (e.g., properly structured PDFs, Word documents with alt-text for images). ○ Ensuring meeting minutes and key documents are available in alternative formats upon request (e.g., Braille, Easy Read). ○ Adhering to Web Content Accessibility Guidelines (WCAG) for any online materials. <p>The Secretariat oversees the process to manage members terms and replace members on the RCC.</p>
<p>Fees and Expenses</p>	<p>Fees are not paid to salaried public servants.</p> <p>Health NZ Te Whatu Ora will reimburse Consumer members for actual and reasonable expenses in attending scheduled Council meetings and working groups.</p> <p>This is covered in the Consumer Remuneration Policy.</p> <p>Consumer members are paid into a bank account for preparation, attendance and travel in relation to scheduled Council meetings and working group meetings:</p> <ul style="list-style-type: none"> • Meeting and preparation time \$60 per hour, \$70 per hour for a chair or co-chair role. • Preparation time is set at half the meeting time – for example 1 hour preparation time is paid for 2-hour meeting. • Remuneration for learning and development: \$500 per annum per consumer - flat cap • Reimbursement of certain out of pocket expenses (e.g. parking) • Meeting Fees are categorised as honoraria and as such are subject to withholding tax pursuant to Schedule 4 Part B of the Income Tax Act 2007 No 97. <p>Any non-scheduled meetings and any meetings involving accommodation and travel must be agreed by Co-Chairs prior to occurring and arranged by Health NZ Te Whatu Ora.</p> <p>Where RCC members are members of Working Groups the Consumer Remuneration Policy applies. Working Groups are responsible for funding consumer engagement unless agreed by the DCE. Working Groups will outline the commitment needed by consumer members and their work plan and when an invitation to a consumer to join a group is made.</p>

<p>Managing Conflict</p>	<p>The New Zealand Health Charter (Te Mauri o Rongo) sets out the values, principles, and behaviours to guide everyone working in healthcare. The Charter was developed with input and feedback from health kaimahi across the motū. Te Mauri o Rongo - NZ Health Charter</p> <p>Te Mauri o Rongo guides how we relate to each other to serve our whānau and communities, to continually improve their health outcomes and contribute to Pae Ora for all.</p> <p>In this work, we are together, embraced and protected in this common purpose, trusted and privileged to share the responsibility of being guests in other people's lives. Together we will do this by:</p> <ul style="list-style-type: none"> • caring for the people who care for the people. • recognising, supporting and valuing our people and the work we all do. • working together to design and deliver services; and • defining the competencies and behaviours we expect from everyone. <p>In the case of conflict between members of RCC the Co-chairs are to support RCC members to resolve conflict appropriately. If the conflict continues this matter will be escalated to the Regional Commissioner.</p>
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