

Expression of Interest - Consumer Voice

Consumer Voice

We are excited to be re-establishing our *Consumer Voice network* across Te Whatu Ora Te Matau a Māui, Hawke's Bay. This will provide a platform where consumers of health and disability services are encouraged and empowered to actively participate in decisions about the treatment, services and care provided for our community.

In addition to re-establishing the Consumer Council membership, we are also inviting consumers to join us for particular work programmes/forums/committees.

The priority focus groups will include Māori, Tāngata whaikaha (people with disabilities), Oranga Hinengaro (people living with mental distresses and/or addictions), Pacific peoples, Rural and Rainbow communities, Māuiutanga Taumaha (people living with chronic health conditions). *The Consumer Voice Group will cover all services Te Whatu Ora Te Matau a Māui Hawke's Bay funds and provides.*

Key attributes of Consumer Voice members;

- Live in Hawke's Bay and either have lived experience (personal or whānau) of using health services, within the last 2-3 years or, actively engaged in a specific area of health.
- Prioritise Mana taurite/ equity for Māori, equity for Pacific peoples and those with unmet need.
- He rauora hōhou tangata, hōhou whānau/ Embed person and whānau centered care.
- Experience and passion to support people to access the best possible services and care.
- A desire to influence the health system to be consumer/whānau centered and Pūnaha ārahi hāpori/ community-led system.
- Experience and some understanding of the whole health system to advocate in the interest of consumers.
- Willingness to co-design health services that will improve services and patient/whānau experiences whilst in our care.
- Have an existing network of contacts with consumer/community groups, or ability to establish these.

To apply, please complete the Expression of Interest (EOI) Form below

Please read these notes before completing this Expression of Interest form.

- The Consumer Council Terms of Reference and Position Profile are attached for your information.
- Any personal information you provide will be treated in accordance with the Privacy Act 2020.
- You are welcome to provide additional information (such as a curriculum vitae 'CV' or cover letter) to support your application.
- Applications received will be put forward to a selection panel for consideration. Te Whatu Ora Te Matau a Māui cannot guarantee you will be appointed to your preferred position.
- All applicants will be notified of the outcome via email correspondence.
- *Please note applicants will be subject to an interview, reference check and police check.*
- *Please contact Penita Davies, Consumer Engagement Lead for further information ph. 027 2683 438.*

The following groups are listed below, please tick your areas of interest/experience:

| | | |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------|--|
| Māori Health | Māuiutanga Taumaha/People living with chronic health conditions | |
| Pacific Peoples Health | Ethnic Communities | |
| Rural Communities | Rainbow Communities | |
| Tāngata Whaikaha/People living with sensory, intellectual, physical disabilities | Primary Health | |
| Oranga Hinengaro/People living with mental distress, illness and addictions | Other areas of special interest High deprivation populations | |

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|--------------------------------------------------------------|--------------------------|
| <i>Please tick which role/s you are applying for:</i> | |
| Consumer Chair Role | <input type="checkbox"/> |
| Consumer Council Member Role | <input type="checkbox"/> |
| Consumer (to join working groups etc) | <input type="checkbox"/> |

| PERSONAL DETAILS | |
|------------------------------------------|--|
| Last or family name: | |
| First name/s: | |
| Home address: | |
| Postal address (if different from home): | |
| Email address: | |
| Contact number/s: | |

PERSONAL SUMMARY

Please provide a brief summary outlining why you feel you are a suitable candidate for this opportunity. Include any health system experience, community network involvement, education, training, employment, and interests. Most important of all, describe how your lived experience would make you a valuable member. Use an additional page if required.

Please email or post your completed form to;

Penita.Davies@hbdhb.govt.nz
Penita Davies
Consumer Engagement Lead
Patient Safety and Quality Service
Te Whatu Ora Te Matau a Māui Hawke's Bay
P O Box 9014
Hastings 4156

Waea pūkoro / telephone number: +64 27 268 3438

DECLARATION

I agree that all information provided in this application is true and correct.

| | |
|-------------------|--------------|
| Signature: | Date: |
|-------------------|--------------|

For Office Use only

| | |
|-------------------|-----------------|
| Approved | Declined |
| Signature: | Date: |