

Canterbury

District Health Board
Te Poari Hauora o Waitaha

Minutes – 24 July 2020
Canterbury DHB Disability Steering Group (DSG)

Attendees by Zoom:

Grant Cleland (Chair), Jacqui Lunday Johnstone, Shane McInroe and Dan Cresswell (Meeting Assistant), Catherine Swan, Dave Nicholl, Mick O'Donnell, Sekisipia Tangi, Tyler Brummer, Thomas Callanan, Rāwā Karetai, Lemalu Lepou Suia Tuula, Harpreet Kaur, Kathy O'Neill, Kay Boone, George Schwass, Paul Barclay, Lara Williams (Administrator).

Apologies: Waikura McGregor, Allison Nichols-Dunsmuir, Jane Hughes, Susan Wood, Simon Templeton, Maureen Love, Rose Laing, Joyce Stokell

Speaker: Nicole Rosewarne, Social Work and Counselling Service Neonatal Unit, Christchurch Hospital

	Agenda Item	Summary of Discussion	Action/Who
1.	Karakia Timatanga	Grant welcomed the group and Jacqui provided a karakia.	
2.	Apologies to date, as above Previous minutes, matters arising and any conflicts of interest for today's agenda items	Action points No conflicts of interest for this meeting. July minutes passed as correct. Action points actioned. Outstanding action point; Invite Prudence Walker from DPA and the DPOC to discuss the paper.	
3.	Follow up on Covid-19 – lessons learned, endorse proposed actions circulated as a document	Shane raised example of Sir Robert's experience at a CBAC, no access to communication or welfare checks in alternative formats. Discussion on autism needs when patients present for testing. Catherine will email Rāwā for resource at national level on testing. Catherine asked is there a video available.	Action point: Contact Shane for alternative formats for communicating testing processes Rāwā to contact Catherine with national level resources on

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			testing, links or video
		<p>Covid-19 Lessons Learned Paper well received by DSAC. Feedback is keep monitoring the important points. DSAC will continue to seek ongoing feedback. Kathy has prepared paper with timeframes. The DSG endorsed Covid-19 paper.</p> <p>Resurgence planning discussed. Ministry of Health is concerned about low testing rates in the community. Kathy provided Primary Care update. Locally based free testing will be implemented, that meets case definition criteria. Isolation facilities are testing and maritime borders will be added in.</p> <p>Communications have taken onboard feedback from Pak n Save CBAC testing sites.</p> <p>George confirmed that DSG members feedback will be used in training in ED next year.</p>	<p>Action point:</p> <p>Rāwā will provide resources relating to taking away testing anxiety</p>
		<p>Follow up on ECan email. Follow up needed about complaints of not getting mobility taxis during Lockdown.</p> <p>Difference in opinion of if issue lies with owner/drivers declining availability. ECan says taxis were available but wait times when ordering from Hospital showed otherwise.</p> <p>Paul also asked for advice for people who can't drive. What are their options if they have to wait in cars at testing stations?</p>	<p>Action point:</p> <p>George will followup with another transport group for clarification on taxi availability during lockdown</p>
4.	<p>Social Work and Counselling Service Neonatal Unit, Christchurch Hospital</p> <p>What are we doing for parents when a baby is identified as having a serious congenital issue?</p>	<p>Nicole Rosewarne presented. Brochure of services attached with minutes. 1 of 3 Social Workers at Chch Women's Neonatal Unit. 45-50 babies often in NICU.</p> <p>Referrals received from foetal medicine unit and also diagnosed at birth. Challenges are waitlists on counselling and gaps with criteria. Some may fit into palliative care counselling. Brief Intervention Counselling through GP is offered.</p> <p>Dads are often in NICU at night (after work) when Social Workers aren't on shift. Nicole's team follows up with phone calls.</p> <p>Discussion on defining their needs with BIC that is available.</p> <p>Suggestion for GPs to know about private providers that could be available.</p>	

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		<p>Discussion on cultural needs. Nicole confirmed they ask for consent before connecting with cultural groups. In follow up to this Waikura can offer advice on Whanau Ora services.</p> <p>Pasifika needs discussed. In the past there have been NICU babies, there aren't any families currently in the NICU.</p> <p><i>Wishlist, a psychologist in NICU. One FTE to help everyday families that might fall through the cracks.</i></p> <p>Discussion led to challenges with budgeted resources and Youth section in DAP. Community groups are available to link parents to parents. Is there an opportunity to bring these groups together? Kathy will link with Nicole with links and service for early intervention. Tom also offered links.</p> <p>Paul added sight is often picked up post-birth discharge. How can this be linked into Counselling services and referrals?</p> <p>Lemalu highlighted Pasifika may decline offers of help due to cultural needs. Pasifika providers are available to be included in the helping process. Kay confirmed there is a link to Etu Pasifika. Nicole is invited to this.</p> <p>Nicole confirmed all families are met with an Outreach Nurse on discharge, then Discharge Facilitators.</p>	<p>Action point:</p> <p>Connect Waikura with Nicole for Whanau Ora services.</p> <p>Action point:</p> <p>Kathy to contact Nicole to follow up on social work resources available in the community. Tom also has offered links.</p> <p>Action point:</p> <p>BIC hours from GPs for target counselling in Primary Health</p>
5.	At the request of DSAC - What is needed in the Action Plan (if anything) to ensure we have responses in place at the antenatal and newborn stages when someone diagnosed with a serious congenital issue.	<p>Grant spoke in Allison's place re UN Convention. In order to meet outcomes on health and education, DSAC have advocated a workshop between DSAC and DSG. Sir John Hanson, CDHB requires us to report on what we <i>don't</i> do well, over what our achievements are. What are our gaps? What we should be adding into our timeframe</p> <p>Action point to include this in our minutes as this is our reporting forum to DSAC.</p> <p>Rāwā requested a gap analysis between the plan and UN convention articles. Then prioritise the gaps to bring us up to spec. Collective knowledge is there, such as MSD is working on a document to help with supported decision making. Group requested this from Rāwā.</p> <p>Rāwā asked for staff to be encouraged to use MoH's App Awhina for latest clinical information.</p>	<p>Action points:</p> <p>Allison's UN Convention presentation to be circulated with minutes.</p> <p>Minutes to include gaps and additions to timeframe, for DSAC reporting</p> <p>Rawa to distribute MSD working document to group</p>

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6.	Review Terms of Reference – it does not reflect our current accountability practises or how we are going to monitor the Work Plan	<p>Need to be amended.</p> <p>Kathy raised meetings going to every two months. This increased timing between meetings would give capacity for more input from community members into work groups.</p> <ul style="list-style-type: none"> - Suggestion to break into Sub-Committees. - Concerns about longer time gap between meetings. - To prevent lag, we need to be clear about preparing key points as action points. 	<p>Action point:</p> <p>Kathy/Grant, to be discussed at next meeting or canvassed via email</p>
7.	Update on Refresh of Disability Action Plan	Trans Alpine Disability Action Plan update. Nomination paperwork is being prepared for formation of WCDHBSG.	
8.	Any other business	None	
9.	Anything that's different in a disabled person's life since we last met.	<p>Shane shared positive feedback on the "People First New Zealand" page. Positive feedback on Covid-19 testing experience.</p> <p>George updated about plans for new carpark area in Sales Yards. Will have shelters.</p>	
	Next Meeting	<p>28 August 2020, 32 Oxford Terrace, 2.11</p> <p>Face to face meeting.</p> <p>Zoom is available as a backup if you can't attend in person.</p> <p>If you need this link email Lara.</p>	