

Canterbury

District Health Board
Te Poari Hauora o Waitaha

Minutes – 28 August 2020
Canterbury DHB Disability Steering Group (DSG)

Attendees by Zoom:

Grant Cleland (Chair), Jacqui Lunday Johnstone, Shane McInroe and Dan Cresswell (Meeting Assistant), Dave Nicholl, Sekisipia Tangi, Tyler Brummer, Thomas Callanan, Rāwā Karetai, Suia Tuula, Harpreet Kaur, Kathy O'Neill, Kay Boone, George Schwass, Paul Barclay, Allison Nichols-Dunsmuir, Jane Hughes, Simon Templeton, Rose Laing, Joyce Stokell, Lara Williams (Administrator).

Apologies: Mick O'Donnell, Catherine Swan, Elyse Gagnon (P&C represented by Tyler), Lemalu Lepou, Susan Wood, Waikura McGregor.

Speaker: Prudence Walker, National CEO, Disabled Persons Assembly (DPA)

	Agenda Item	Summary of Discussion	Action/Who
1.	Karakia Timatanga	Grant welcomed the group and Kathy 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 to be carried over to next meeting: Action point: George will follow up with another transport group for clarification on taxi availability during lockdown. Action point: Kathy to Connect Waikura with Nicole for Whanau Ora services. Action point: Kathy to contact Nicole to follow up on social work resources available in the community. Tom also has offered links. Action point: Terms of Reference. Kathy/Grant to discuss at next meeting. Action point: Workshop to be scheduled at next face to face meeting to discuss gaps between services and UN Convention.	
3.	Lessons Learned – COVID 19 Lockdown – Actions followed	Summary of paper given. Key needs/issues - accessible information, virtual consultations positive, relaxed purchasing guidelines from MOH positive, access to technology and credit cards hard for home shopping, lack of	

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	Our connection with national feedback and action	respite care, contact tracing for deaf needs to be more than phone calls.	
	In attendance. Prudence Walker. National CEO Disabled Persons Assembly	<p>Prudence confirmed DPA had identified the same issues at the national level.</p> <p>DPA involved in the first wave, part of Rāwā 's team in disability response team. Rāwā 's team response commended. Issues raised in this second wave show we are better prepared in system response to disability community.</p> <p>Communications have been improved in this latest wave, disability sector now included in messages. DPA members and social media positive feedback on height of QR posters. 130cm was initial MOH advice. Dr Ashley Bloomfield responded in daily standup to adjust to lower height. Feedback is this was first time disabled people have felt acknowledged in Covid response.</p> <p>Mask use – concerns about bus drivers awareness that some disabled people can't wear masks. Concerns they may be excluded from public transport. Daily standup has acknowledged that there will be situations when disabled can't wear masks. Now that mask use are becoming mainstream, this will help disabled community when social distancing isn't an option.</p> <p>CCS DA will link DSG into group run by Environment Canterbury regarding transport needs.</p> <p>Approved that Prudence can share paper with wider network to share Canterbury experience nationally.</p> <p>One single point of contact needed – Canterbury disabled community. Tom was contact. Grant confirmed this wasn't clear where queries should go across different agencies.</p> <p>Civil Defence has single point of contact, this could be a model to base DHB contact on. Kathy suggests DSS could be better to coordinate a network of contacts. Feedback from Rāwā is agencies involved are DPMC, all of government team, government agencies. Community teams have been invited in to get the feedback loop correct. Regional approach could be better to gauge on the ground issues.</p> <p>Info in accessible format. Government responsiveness is not where it's commitment is, gap still there. Our community needs this information so it is creating anxiety. Every part of</p>	<p>Action point:</p> <p>Tom to contact Kathy with link to group run by Environment Canterbury</p> <p>Action point:</p> <p>Prudence can use paper at national level</p>

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		<p>the system can play their part in improving their comms to disabled. Pegasus are proactive.</p> <p>Internet access is a barrier for health consultations. Equity in Telehealth is needed. Systems need flexibility. Issues are device, technology literacy, data connection, videoconferencing uses lots of data. Internet is listed as an essential service, how is the government supporting this?</p> <p>Shane complemented this that internet usage is a human right to ensure inclusiveness.</p>	
	Level 2 issues currently:	<p>Shane reported people having difficulty with old phones. Placement of posters for blind people, too high up. Consistently inside a door is best.</p> <p>Concern with places of worship, numbers at public functions in Level 2. Harpreet needed to call several people to confirm. Feedback is anxiety in the community at level 2.</p>	
4.	<p>Work Plan Priorities</p> <p>Using Grants summary as a guide what are DSG's priorities from the Plan for next 6 - 12months</p>	<p>Work plan priorities emailed to group prior to meeting.</p> <ol style="list-style-type: none"> a. Working Group for Accessible Information Charter - key information in alternate formats e.g. NZ Sign Language, Easy Read, Braille, Audio, Large Print. b. Integrating disability responsiveness training into staff diversity training. c. Increase the numbers of disabled staff employed by the CDHB, surveying and developing a network of existing disabled staff to identify their support needs. d. Expanding the current New Brighton Shared Plan pilot. Rosie noted that Shared Care Planning has been positive during Covid lockdown. A large number of acute care plans have been prepared. HealthOne team, NGOs, Primary Care working together on shared records. e. Improve transition from inpatient services for people with intellectual disability and adapt the Mental Health Equally Well approach for this group. f. Work with disabled people, family/whānau/carers and key partners to achieve a more integrated & coordinated approach to improve early intervention services: <ul style="list-style-type: none"> • Funded Family Care implemented equitably. • Health Pathways Approach between different health services – Cauty/WC. • Thinking about the needs of at risk groups e.g. those with Autism. 	<p>Action point:</p> <p>Priority points agreed on.</p> <p>Kathy/Grant to discuss how progress with these priorities will be monitored.</p> <p>Discuss at upcoming meetings.</p>

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		<p>g. Thinking about how to implement Enabling Good Lives across the system.</p> <p>h. Implement the recommendations of the Transition Plan for children with complex needs when they move to Primary care.</p> <p>i. Form a West Coast DHB Disability Steering Group. Kathy noted nominations open, first meeting will be in December.</p> <p>j. Other priorities:</p> <ul style="list-style-type: none"> • Maori, Pasifika and CALD lens over all actions. • Identify base data and the DSG monitor patient experiences (Quality and Safety team) • Implement the Three Pillars approach to accessible and inclusive design in building projects. • Timely response: Living aids, housing modifications, driving assessments. • Review provision of hearing aids. • The DSG monitors priority actions annually. 	
5.	Hospital Shuttle Changes	<p>Feedback on poster sent from Mick on www.cdhb.health.nz/parking Looks fine. Issue is in CDHB web info on Mobility Parking. CDHB info needs to say that there <u>are</u> mobility car parks in Deans Ave, but shuttle cannot carry wheelchairs. Most people who have permits are not wheelchair users and Deans Ave is good option.</p>	<p>Action point:</p> <p>Feedback to Mick on Deans Ave carpark</p>
6.	Articles of UN Convention and Assessment of CDHB against the Articles.	<p>Update on Workshop planned for next face to face meeting</p>	<p>Action point:</p> <p>Kathy to schedule Workshop</p>
7.	Update on Accessibility Working Group	<p>EMT have approved the accessibility charter paper. Allison will circulate one page summary to DSG.</p> <p>EMT are committed to prioritising audits and lived experience in the creation of new buildings so that we will deliver on physically accessible health services.</p>	<p>Action point:</p> <p>Allison to circulate one page summary to DSG</p>
8.	Latest Proof of Refreshed Disability Action Plan with more culturally appropriate imaging –	<p>Culturally approved images, feedback invited to Kathy. Rāwā and Waikura will be consulted. Kathy is meeting with GM Maori West Coast in September.</p> <p>Harpeet updated Indian community being consulted.</p>	<p>Action point:</p> <p>Feedback to Kathy asap.</p>

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9.	Future meetings	Feedback positive about alternating full DSG meetings, so DSG members can be part of subcommittees and projects.	Action point Kathy to send working groups and schedule, Lara will distribute
10.	Any other business	Deaf appointments at hospital. Joyce reported she has learned of situations where there is no interpreter provided despite booking and file stating interpreter is required, no confirmation from interpreter booking team, no text number to confirm on booking letters. If deaf people don't have internet, they rely on text messages. CDHB has sign language policy/guidelines so issues need to be followed up. Suggestion from Hospital Free text number essential Photos of interpreters on website so they can recognise them.	Action point Dave Nicholl to provide interpreter bookings contact to Lara for Joyce
	National accessibility legislation	Grant updated Government commitment to develop accessibility legislation. Access Alliance is leading advocacy.	
11.	Anything that's different in a disabled person's life since we last met.	Tom met with Project Search new interns at Burwood. MSD have put out RFP to build links with young disabled people. Acknowledgement given to CDHB team for their professionalism during what must have been a difficult time for staff.	
	Next Meeting	25 September 2020 Once the Covid 19 Level has been confirmed we will decide if this will be a Face to Face or Zoom Meeting	