

Via Zoom CDHB:

Grant Cleland (Chair), Harpreet Kaur, Kathy O’Neill, Rose Laing, Paul Barclay, Dave Nicholl, Shane McInroe, Dan Cresswell (Meeting Assistant), Thomas Callanan, Catherine Swan, Helen Thorne, Janet Geddes, George Schwass, Mick O’Donnell, , Akira Le Fevre (P&C), Malu Tulia, Allison Nichols-Dunsmuir, Jane Hughes, Simon Templeton, Lara Williams (minutes)

Via Zoom WCDSG:

Mike Nolan (Chair), Jo Newton, Margaret Woollett, Imogen Squires, Jane George, Mai-lin van Mulligen, Rosie McGrath  
Ruth Jones, Disability Leadership Group. Victoria, Skillwise. Henrietta.

Apologies: Jacqui Lunday-Johnstone, Susan Wood, Sekisipia Tangi, Waikura McGregor, Rāwā Karetai, Joyce Stokell

	Agenda Item	Summary of Discussion
1.	Welcome, Karakia, Apologies received, Mihi	Apologies as above. Welcome to Mike, Jo, Margaret of WCDSG.
2.	Identifying and responding to the needs of disabled people during community transmission of Omicron	Questions and concerns presented by Ruth Jones, Disability Leadership Council (DLC)  <b>Action point:</b> Allison to circulate powerpoint presented in meeting <b>Action point –</b> Allison to send MSD welfare response to group

Ruth Jones, Chair, Disability Leadership Canterbury.

Paper written pre-Omicron **Appendix 1**. Capacity huge issue. Disabled whanau voice included in paper, we collect the voices and bring to you.

- Essential that information to disabled is what they need to hear, quickly delivered. Work at speed. Clear messaging. Clear as to what is going to happen to us.
- Crossover with Maori and Disabled. Support for disabled Māori is aligned with medical care
- Diversity
- Get resources out early to institutions, agencies. If we have carers into our homes and staff, how to we work with them.
- There is fear of going to hospital if they have Covid *and* that they can catch Covid.
- Summary point - Raise disability flag at every stage. This will help to get assistance and for the team to provide the best outcome.

- Maori households numbers could be 60 with workers coming in from their own household. Specific comms for disabled.
- Confidentiality– if person disabled can't speak on the phone how is everything captured.
- Messages to MOH – accessibility of the website, this information needs to go to Rāwā
- Disability voice needs to be extra loud to get concerns raised. These issues need to be elevated.

### Allison's key points.

MOH tracking vaccine rates of disabilities comparable to population. No gaps. If gaps these will be targeted. Ability to vaccinate people at home or medical help by specialists is available. Resources:

<https://covid19.govt.nz/prepare-and-stay-safe/be-prepared-for-covid-19/>

<https://covid19.govt.nz/assets/resources/posters/COVID-19-Readiness-Checklist.pdf>

Emphasis on care in the community. Home isolation and testing. There is a pathway if people get sick and need to go to hospital. There will be some existing MIQ facilities.

Covid Hub. Different entities in coordinated response. Hub is being formed on the west coast.

Better coordinating and response. General practice, planning & funding, allied health professionals, linking to different communities. Maori, Pasifika, CALD. As resources are allocated, all entities can share what the issues are. Covid health team will take phone calls and coordinate health and disability needs. Welfare will be led by MSD. MSD phone lines regarding food and welfare, income, paying bills, social welfare issues.

### Grant – key issues

- How do we ensure meets are met
- what happens if someone is at home and support
- what happens if at home and their caregiver gets sick
- Intersection with Māori, Pasifika and disability

### Primary Care response

Complementary to the Hub, CDHB will track with primary care, general practice is the core to our response. Primary care will receive immediately notification of positive case. Primary care will know disability needs. Hub will engage with primary care, nursing. If you are unenrolled, planning is in place for primary care to care for unenrolled patients. Rapid Antigen Testing – disabled community will receive rapid antigen testing.

GP consultations for regular checkups, is there a backup plan? You can opt for a phone consult or videoconference. All gps are used to doing phone consultations if consumers request.

Boosters will protect you from hospitalisation to 96%. This is your best protection.

### Concerns raised

- Response needs to be responsive to the speed of things changing.
- Home shopping. Where is their support?
- Welfare package of supplies will be sent, with pulse oximeter will be included. 3 x a day
- Phone screening. Disabled people may answer yes to questions, not a true reflection.
- Allison assured specific questions will be asked to get a wide reflection of true summary of each case.
- Deaf - first lockdown showed examples of deaf being contacted by phone. Are their strategies in place so impairments won't come into play again? It's in place for first contact call, best form of communication. Eg diabetes will **trigger** to all those involved in the response

- Sight impaired & older person's - packs that go to people 18 point font for low vision. Plain English.
- That households needs are communicated. Eg if 1 person gets sick, the whole household's needs are noted.
- The largest focus is on the most vulnerable, those with health risks.
- How can people's resource needs be included if they're already with agencies, how can those agencies help the hub? Hub is computerised for sharing information.
- Role of existing agencies such as shared care plans. Role of providers
- WCDSG, low vision support groups here on West Coast ready to help.
- Disability providers key point - Keep doing what you're doing, but do it safely.
- Redeployment planned by CDHB. Disability sector need to ensure their service continuity.

**Action point – grant to write up key points to Allison**

### **RATs**

Concern with entry point with confirmed testing. Substantial timeframe with RAT result to general practice for PCR testing. Risk of general practice with spread and time to get into support network. Is there a quick way for RAT to enter the system. How long is MIQ going to last? Pulse oxymeters for low vision. Kathy – testing strategy has been announced today. RAT will be the priority over PCR when in phase 3. MIQ - Issues and demand on system Executive Management Team meeting held yesterday. Home visits? Nurses stay outside home. Eg skillwise use online for support packages. Could these networks be used? Key point – providers can start this themselves, rather than centralised.

**Action point: Provider care group meeting to be called, Allison will join this meeting.**

**Meeting closed at 1pm. Next meeting 25<sup>th</sup> March 2022.**

## Appendix 1

### Notes for the DSAC Meeting – 4<sup>th</sup> of November 2021

Thank you for the opportunity to speak to you today in my role as CDHB Chair of the Disability Steering Group

#### How the COVID vaccination rollout is progressing for the disability community:

- Firstly I want to thank Allison and other DHB staff for the amazing job that they have done with the roll out of the vaccinations within the disability community – I know these staff have gone the extra mile with this work.
- Allison has been regularly reporting to the DSG and getting feedback from community members about this rollout and overall I would say that people have been really impressed with the response and there has been a willingness to hear and respond to feedback, major issues raised.
- With my own vaccination experience I was very impressed with the efficiency of the process and also the professionalism of all staff in relation to meeting my disability related needs.
- Things impacting on the rollout to the disability community have included the lack of data about disabled people in the health system and this in particular making it difficult to find or contact people who are not associated with services, people being able to receive information in a format that they can access, fear about how the vaccine will impact on their disability, etc.
- As we thought from the start the successful roll in the disability community involved trust and meeting disability-related need - home/service visits.
- Feedback from community reps:

Simon - Generally going very well for older people. The next phase that we need is the 'in home' option for vaccination for those the greatest level of disability. This is for those over 65 who can't get out and about to the walk in centres.

Rawa – how we reach IF/EGL youth and family funded people.

Paul:

I haven't heard of any specific issues particularly now that there are more sites. Getting to the limited sites in the early days was an issue. Multiple GP and Pharmacy options also good for this community. Booking a vaccine is not an issue due to the site being fully accessible to screen-reading software.

Still issues with accessing QR codes when entering premises. They are often difficult to find.

There is also concern at the accessibility of the Vaccine Passports - concern in terms of downloading them and also then quickly showing them on phones to access premises and services. A number of blind people still have old mobile phones.

Waikura:

Transport for some, Whānau stopping other Whānau members with disability to choose to have a vaccine, funding agencies re support for Whānau to have home vaccines where needed, mis-information still a problem, roll out wasn't designed for everybody

#### Progress with the Health and Disability Action Plan

No doubt Covid has had impact on progress with the disability action plan

Should not be seen as a criticism of Kathy, Allison and Jacque – done an amazing job keeping things moving forward despite Covid responsibility

Hard for staff to make progress around other jobs – committees also haven't been able to meet as frequently.

Progress:

- Work Plan for the accessibility charter
- CDHB Emergency Control Centre
- W/C DSG
- P & C around clinical staff training – Capital Coast
- Regular monitoring
- Monitoring patient experience
- Other staff taking responsibilities

Left wondering if it time to have dedicated staff if we want to make more progress like Capital Coast DHB and other smaller DHBs.

**Grant Cleland**  
**CDHB DSG**