

Canterbury

District Health Board
Te Poari Hauora o Waitaha

Minutes – 7 December 2018
Canterbury DHB Disability Steering Group (DSG)

Attendees: Prudence Walker, Gordon Boxall (Chair), Allison Nichols-Dunsmuir, George Schwass, Paul Barclay, Kathryn Jones, Mick O'Donnell, Kathy O'Neill, Kay Boone, Sekisipia Tangi, Stella Ward, Jacqui Lunday Johnstone, Maureen Love, Ngaire Button, Catherine Swan, Dave Nicholl, Jane Hughes, Lara Williams (Administrator)

Guests: Wendy Dallas-Katoa, Ruth Jones, Waikura McGregor

Apologies: Simon Templeton, Mark Lewis (P&C represented by Maureen Love), Donna Hahn, Susan Wood

	Agenda Item	Summary of Discussion	Action/Who
1.	Karakia Timatanga	Wendy Dallas-Katoa gave karakia and welcome Waikura into the Group. Gordon acknowledged the importance of recognising protocols and getting the representation balance correct. Jacqui was also welcomed to the group as the new EMT representative.	
2.	Apologies to date, as above Previous minutes, matters arising and any conflicts of interest for today's agenda items	Minutes passed as correct.	
3.	Child services	How can DSG influence improvement, with emphasis on early intervention? There are delays with assessment which will affect their ability to benefit from early intervention model. Thanks given to Catherine for her presentation which showed the complexity of providers. Kathryn Jones has since followed up with Mana Ake	Action point – Jacqui, Kathy, Gordon to meet

		<p>programme in Planning and Funding. This is an exciting development for her organisation. Ensuring collaboration is crucial.</p> <p>The changing face of paediatrics in Canterbury with increase in Māori numbers, autism spectrum disorders, health and wellbeing of children with developmental needs.</p> <p>Catherine has given feedback to Jacinda Adern’s child, health and wellbeing strategy. Wishlist for a service able to fit family’s needs.</p> <p>Discussion that it’s not only about more resources, it’s about all agencies working together without barriers and apparently conflicting policies. Boundaries need to be looked at with services. Pressure is how diagnosis numbers are putting high pressure on their service. Services are already at high pressure level with no additional funding. In 2012 there were 250 referrals for OT now 470 per year. Referral patterns with sensory differences or ID, that’s where it’s growing. On top of this is mental health effects post-earthquake.</p> <p>People with anxiety and autism spectrum disorders, need to have disability diagnosis for care. The waitlist is being driven by need for ASD assessments which has a backlog of 80 people having waited at least a year. This means whanau can’t access respite until this is done.</p> <p>Kay – testing costs are a barrier. Psychometric testing is a therapeutic tool in finding supports they need. Kathryn, - presently psychiatrists don’t have ability to action these waiting lists. Request put to the group on advice on how to liaise with MoE and other agencies. Last teleconference they were told to wait another 6 months.</p> <p>Kathy – 360 health select questions to be answered by mid-January. There are 10</p>	
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		<p>or 11 around disability, disability included in questions for the first time. Kathy has given answers to Carolyn Gullery, e.g biggest impact currently, what's needed to happen right now and biggest issue relating to that. Early intervention is needed to get in the front of the problem. Yes it's about access to primary care but also early intervention, the first 1000 days is critical. Catherine has attended cabinet meeting with Prime Minister, with the opportunity to write down where they want NZ to be in ten years. Jacinda Adern is reading this feedback.</p> <p>Seki raised Pasifika and Maori, there is need to work together with the mainstream. Seki is here to represent Pasifika with the level they are at and integrating. There is a massive gap between the mainstream and Pasifika.</p> <p>Overview from Kathryn, all agencies can only stay with a family for a certain time, there isn't an overall continuity of care throughout a child's life.</p> <p>Jacqui acknowledged the conversation on need for agencies to work together. Jacqui reported there will be a Chief Allied Health Officer at Ministry of Health appointed in the future to encourage a cohesive approach.</p> <p>Jacqui's has direct equivalent experience from the UK of how critical early intervention is in supporting vulnerable families.</p> <p>Gordon asked community reps for any suggestions. Waikura emphasised to look for whanau ora navigators in the community and use them. Waikura's organisation can tap into pool funding to enable individual assessments. Look at us to see what whanau ora can provide. 33 navigators in Canterbury district.</p>	
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		<p>Catherine asked how do we get to the families who are isolated or overwhelmed with the system.</p> <p>Seki –school assessment happen, the family can't accept diagnosis. The school is trying to help develop but what can you do to help those families who don't want the support or delve through the support plan offered. Cultural difference.</p> <p>Prudence – how do we best support families in their lives, you have to seek out what's wrong, is it cultural, whanau dynamics?</p> <p>Kay added that with traumatic brain injury, there are families who haven't been able to access all that's available. Mana Ake is helping to develop pathways to pick up brain injuries and subsequent affects even months later. Resources are there for teaching staff. Kay's social workers work with these families.</p> <p>Discussion on difficulty to access ACC.</p> <p>Paul – we isolate the symptoms rather than looking at the child's overview. Key is early diagnosis. Appropriate diagnosis and resulting services flowing on from that.</p> <p>Prudence – how do you identify the needs? A broken leg is visible, explaining unseen factors you feel you have to communicate that so they understand and acknowledge that disability.</p> <p>There has been an education session for GPs about traumatic brain injury. This is part of the contract to nursing and pharmacy of 5 education sessions throughout the year.</p>	
		<p>Waikura gave feedback of difficulties with ACC and accessing funding for whanau who need it.</p> <ul style="list-style-type: none"> • Gordon asked for examples of good practice that could build the case of importance of early intervention. 	<p>Action point – Positive examples to be sent to Gordon</p>

		<p>Group asked for examples of good examples, in order to move this forward. Could DSAC assist to help?</p> <ul style="list-style-type: none"> • Ngaire asked can we write to someone such as the Police Integrated safety response group. What can we do to advocate change? • Kathy – we could write a letter of concern to EMT with Catherine/Kathryn’s support. We need to acknowledge that this is a wider problem rather than P&F funding. P&F Leadership Team to be aware when next funding stream from DSS. Politically the time is right. Let’s take this timing opportunity. 	<p>Action point -</p> <p>Police Integrated Safety Response Group invitation to setup meeting.</p>
		<p>Gordon summarised the group’s understanding of overwhelming lack of resource for families and children.</p> <p>How do we tactically get to this? Gordon suggested to work with EMT to get the best outcome. Gordon will report back at January meeting.</p>	<p>Action point – Jacqui, Kathy and Gordon to meet to decide on strategy. Gordon to report back in January.</p>
4.	a) System transformation	<p>Catherine updated the group that currently kids without diagnosis, in the current system, can’t access services but children under 8 will be able to apply for independent facilitation.in the mid-central prototype.</p> <p>System transformation was rolled out in mid-Central in October, Canterbury is likely to be next. A Canterbury Leadership has been set up which consists of 3 organisation reps, 3 family reps, 6 disabled people. Kathy represents CDHB interests.. The group is kept apprised of mid-central issues and the ongoing local work with school-leavers..</p> <p>Waikura and Ruth sit on a system transformation working group for Māori, looking at accountability under treaty framework. Funding paper has been sent to the Minister, looking at Māori and Pasifika especially, and including all other groups. Prudence asked how this fits in with regional leadership group.</p>	<p>Action point – Gordon and Catherine to follow up on funding discussion.</p>

		Gordon and Ruth also part of some work in mid-central to identify what providers need to build their capacity and capability in order to be able to create new ways of supporting disabled people live the life of their choice.	
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4	b) Accessibility sub-committee verbal report	<ul style="list-style-type: none"> Meeting today. There is an aim to present the Charter implementation plan to EMT in the new year. 	
4	c) Communications update	<ul style="list-style-type: none"> Disability pride week and international day of disability has been promoted. 	
4	d) Project Search update	<ul style="list-style-type: none"> Update from Linda Leishman, school leavers identified for project search this year. Questions from Linda, Kathy will follow up. Request for funding for filming has been made. Kathy replied this sits with P&C that disability awareness training occurs for staff. Canterbury will lead the development of this for DHBs. Prudence said Stella has met with Mark. Meeting hasn't happened, how does this followup happen? Discussion followed that this needs to happen as DHB is committed to this. Disability awareness will show support. 	<p>Action point – Kathy will follow up with Linda on her questions</p> <p>Action point – Meeting with Kathy, Prudence and Mark to move training ahead</p>
5.	General Business	Nothing added	
6.	Anything that's different in a disabled person's life since we last met?	Nothing added	
	Next Meeting	<p>Next meeting Friday 28 January 2019</p> <p>9:00 – 11:00</p> <p>Location tbc</p>	

ITEMS FOR NEXT MEETING

- System transformation update