AGENDA

Canterbury District Health Board
Te Poari Hauora o Waitaha

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
to be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
Thursday, 1 July 2021 commencing at 1.00pm

Administration			
	Apologies		1.00pm
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 6 May 2021		
3.	Carried Forward / Action List Items		
Presentations			
4.	Public Health Update in Terms of the Health Reforms	Kerry Marshall *Public Health Manager* Dr Annabel Begg *Public Health Physician*	1.10-1.40pm
Reports for Noting			
5.	Community & Public Health Update Report	Kerry Marshall	1.40-1.50pm
6.	CDHB Workforce Update	Jo Domigan *Head of Equity, Recruitment & People Partnering*	1.50-2.00pm
ESTIMATED FINISH TIME			**2.00pm**
	Information Items: • Māori & Pacific Health Report: Questions & Answers • Disability Steering Group Minutes: 26 Mar 21 • 2021 Workplan		

NEXT MEETING: Thursday, 2 September 2021 at 1.00pm

ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

Aaron Keown (Chair)
Naomi Marshall (Deputy Chair)
Catherine Chu
Jo Kane
Fiona Pimm
Gordon Boxall
Tom Callanan
Rochelle Faimalo
Rawa Karetai
Yvonne Palmer
Michelle Turrall
Dr Olive Webb
Sir John Hansen (Ex-officio)
Gabrielle Huria (Ex-officio)

Executive Support

(as required as per agenda)

Dr Peter Bramley – *Chief Executive*
James Allison - *Chief Digital Officer*
David Green – *Acting Executive Director, Finance & Corporate Services*
Becky Hickmott – *Executive Director of Nursing*
Mary Johnston – *Chief People Officer*
Dr Jacqui Lunday-Johnstone – *Executive Director of Allied Health, Scientific & Technical*
Tracey Maisey – *Executive Director, Planning Funding & Decision Support*
Hector Matthews – *Executive Director Maori & Pacific Health*
Tanya McCall – *Interim Executive Director, Community & Public Health*
Dr Rob Ojala – *Executive Director, Infrastructure*
Dr Helen Skinner – *Chief Medical Officer*
Karalyn Van Deursen – *Executive Director of Communications*

Anna Craw – *Board Secretariat*
Kay Jenkins – *Executive Assistant, Governance Support*

COMMITTEE ATTENDANCE SCHEDULE 2021

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NAME	04/03/21	06/05/21	01/07/21	02/09/21	04/11/21
Aaron Keown (Chair)	√	√			
Naomi Marshall (Deputy Chair)	√	√			
Catherine Chu	√ (Zoom)	√			
Jo Kane	√ (Zoom)	√			
Fiona Pimm		* 17/06/21			
Gordon Boxall	#	√ (Zoom)			
Tom Callanan	√	√			
Rochelle Faimalo	√	√			
Rawa Karetai	√ (Zoom)	√ (Zoom)			
Yvonne Palmer	√	√			
Michelle Turrall	x	**x**			
Dr Olive Webb	√ (Zoom)	√ (Zoom)			
Sir John Hansen (ex-officio)	^ (Zoom)	**#**			
Gabrielle Huria (ex-officio)	**x**	**x**			

√ Attended
x Absent
Absent with apology
^ Attended part of meeting
~ Leave of absence
* Appointed effective
** No longer on the Committee effective

CONFLICTS OF INTEREST REGISTER COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE (*CPH&DSAC*)

Canterbury District Health Board
Te Poari Hauora ō Waitaha

(As disclosed on appointment to the Board/Committee and updated from time-to-time, as necessary)

Aaron Keown **Chair – CPH&DSAC** Board Member	**Christchurch City Council** – Councillor and Community Board Member Elected member and of the Fendalton/Waimairi/Harewood Community Board. **Christchurch City Council** – Chair of Disability Issues Group **Grouse Entertainment Limited** – Director/Shareholder
Naomi Marshall **Deputy Chair – CPH&DSAC** Board Member	**College of Nurses Aotearoa NZ** – Member **Riccarton Clinic & After Hours** – Employee Employed as a Nurse. Riccarton Clinic & After Hours provides general practice and after-hours care. It is part privately and PHO funded. The PHO receives funding from the CDHB.
Gordon Boxall	**Akaroa Community Health Trust (*ACHT*)** – Chairperson and Trustee A charity established to develop a new model of care that integrated local primary care services with aged care, respite and modern health services fit for the rural community. Its primary goal was to establish a new facility, in partnership with CDHB, to replace the hospital and unviable aged care home, post earthquakes. **Akaroa Health Limited** – Director Wholly owned charity which is the operating arm of ACHT. The new facility accommodates a GP practice, eight aged care beds and four flexi beds. It has contracts with CDHB. **Pathways** – Director National provider of mental health and wellbeing supports and services. It has contracts with CDHB. **People First / Nga Tangata Tuatahi** – National Advisor Volunteer role to support people with learning / intellectual disabilities to govern their own organisation. **Weaving Threads Limited** – Owner / Director Provides mentoring services to leaders in the disability sector and contracts with disability and mental health agencies.
Tom Callanan	**CCS Disability Action** – Services Manager, Canterbury Service provider within disability sector in New Zealand, including advocacy and information sharing. Receives funding for services from MoH and MSD. **Disability Sector System Transformation, Regional Leadership Group** – Member.

	Project Search Canterbury – Steering Group Member Representing CCS Disability Action as a partner. CDHB current host business. **Southern Centre Charitable Trust** – Trustee and Treasurer
Catherine Chu Board Member	**Christchurch City Council** – Councillor Local Territorial Authority **Riccarton Rotary Club** – Member **The Canterbury Club** – Member
Rochelle Faimalo	**Christchurch City Council** – Community Development Advisor **Faimalo Limited** – Director & Shareholder
Jo Kane Board Member	**Christchurch Resettlement Services** - Member Christchurch Resettlement Services provides a range of services to people from refugee and migrant backgrounds. It works alongside refugee communities in delivering services that aim to achieve positive resettlement outcomes. **HurriKane Consulting** – Project Management Partner/Consultant A private consultancy in management, communication and project management. Any conflicts of interest that arise will be disclosed/advised. **Latimer Community Housing Trust** – Project Manager Delivers social housing in Christchurch for the vulnerable and elderly in the community. **NZ Royal Humane Society** – Director Provides an awards system for acts of bravery in New Zealand. It is not anticipated any conflicts of interest will arise.
Rawa Karetai	**Christchurch Heroes** – Chair LGBTI inclusive sports trust. Five different sport codes. **Hui Takatapui** – Board Member Organising with Maori kaupapa LGBTI biannual conference. **Kahukura Pounamu** – Volunteer Organising Maori LGBTI events, networks and support for South Island. **ILGA Oceania** – Board Member and New Zealand Representative Support LGBTI civil society worldwide through advocacy and research projects, and give grassroot movements a voice within international organisations. **ILGA World** – Bisexual Steering Committee Chair and Board Member Support LGBTI civil society worldwide through advocacy and research projects, and give grassroot movements a voice within international organisations.

	Ministry of Health Disability Directorate – Principal Advisor Disability Network - Chair All of Ministry Communications - Director Alternative Formats and Accessible Communications All of Government Disability COVID-19 Response - Director Enabling Good Lives, Governance of the Disability Directorate, stakeholder engagement, strategy, change, leadership, communications, All of Government, and All of Ministry. **Qtopia** – Chair LGBTI youth organisation. Celebrate, educate and advocate for young LGBTI youth.
Yvonne Palmer	No interests to declare.
Fiona Pimm Board Member	**Careerforce Industry Training Organisation** – Chair Provides training to kaiawhina workforce in health and disability sector, social services sector and building contractors sector (cleaners). **Fiona Pimm Whānau Trustee Company Limited** – Director Private family trust. **Kia Tika Limited** – Director & Employee **NZ Blood and Organ Donation Services** – Board Member Statutory organisation responsible for national supply of all blood products and management of organ donation services. **NZ Council for Education Research** – Chair Statutory organisation responsible for independent research in the education sector. **NZ Parole Board** – Board Member Statutory organisation responsible for determining prisoners' readiness for release on Parole. **Restorative Elective Surgical Services** – Chair Joint venture project piloting ACC funded Escalated Care Pathways with a collective of clinicians and private hospitals. **Te Runanga o Arowhenua Incorporated Society** – Deputy Chair Governance entity for Arowhenua affiliated whānau. **Te Runanga o Ngāi Tahu** – Director Governance entity of Ngāi Tahu iwi. **Whai Rawa Fund Limited** – Chair Ngāi Tahu investment and savings scheme for tribal members.
Michelle Turrall Manawhenua	**Canterbury Clinical Network (CCN) Maori Caucus** – Member **Canterbury District Health Board** - daughter employed as registered nurse.

	Christchurch PHO Ltd – Director **Christchurch PHO Trust** – Trustee **Manawhenua ki Waitaha** – Board Member and Chair **Oranga Tamariki – Iwi and Maori** – Senior Advisor **Papakainga Hauora Komiti – Te Ngai Tuahuriri** – Co-Chair
Dr Olive Webb	**Canterbury Plains Water Trust** – Trustee **Greater Canterbury Forum** - Member **Private Consulting Business** Sometimes works with CDHB patients and services. Frequently involved in legal proceedings alleging breaches of human rights of people with disabilities in Ministry of Health and District Health Board services.
Sir John Hansen **Ex-Officio – CPH&DSAC** Chair, CDHB	**Bone Marrow Cancer Trust** – Trustee **Canterbury Cricket Trust** - Member **Christchurch Casino Charitable Trust** - Trustee **Court of Appeal, Solomon Islands, Samoa and Vanuatu** **Dot Kiwi** – Director and Shareholder **Judicial Control Authority (*JCA*) for Racing** – Appeals Tribunal Member The JCA is an independent statutory authority constituted under the Racing Act. The JCA ensures that judicial and appeal proceedings in thoroughbred and harness racing are heard and decided fairly, professionally, efficiently and in a consistent and cost effective manner. **Rulings Panel Gas Industry Co Ltd** **Sir John and Ann Hansen's Family Trust** – Ingrid Taylor sits as independent Trustee; and provides legal services to the Trust and to Sir John and Ann Hansen.
Gabrielle Huria **Ex-Officio – CPH&DSAC** Deputy Chair, CDHB	**Pegasus Health Limited** – Sister is a Director Primary Health Organisation (*PHO*). **Rawa Hohepa Limited** – Director Family property company **Sumner Health Centre** – Daughter is a General Practitioner (*GP*) Doctor's clinic. **Te Kura Taka Pini Limited** – General Manager **The Royal New Zealand College of GPs** – Sister is an "appointed independent Director" College of GPs.

	Upoko Rawiri Te Maire Tau of Ngai Tuahuriri - Husband

MINUTES

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
on Thursday, 6 May 2021 commencing at 1.00pm

PRESENT

Aaron Keown (Chair); Tom Callanan; Catherine Chu; Rochelle Faimalo; Jo Kane; Naomi Marshall; and Yvonne Palmer.

Attending via Zoom: Gordon Boxall; Rawa Karetai; and Olive Webb.

APOLOGIES

An apology for absence was received and accepted from Sir John Hansen (Ex-officio).
An apology for late arrival (1.35pm) and early departure (2.40pm) was received and accepted from Gordon Boxall.

EXECUTIVE SUPPORT

Evon Currie (General Manager, Community & Public Health); Ralph La Salle (Acting Executive Director, Planning Funding & Decision Support); Dr Jacqui Lunday-Johnstone (Director of Allied Health, Scientific & Technical); Kay Jenkins (Executive Assistant, Governance Support); and Anna Craw (Board Secretariat).

EXECUTIVE APOLOGIES

Apologies for absence were received from Dr Peter Bramley, Chief Executive; and Hector Matthews, Executive Director of Māori & Pacific Health.

IN ATTENDANCE

Full Meeting
Kathy O'Neill, Team Leader, Primary Care, Planning & Funding

Items 6 & 7
Grant Cleland, Chair, Disability Steering Group

Item 8
Janice Donaldson, Portfolio Manager, Māori Health, Planning & Funding

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
There were no additions/alterations to the interest register.

Declarations of Interest for Items on Today's Agenda
There were no declarations of interest for items on today's agenda.

Perceived Conflicts of Interest
There were no perceived conflicts of interest.

2. CONFIRMATION OF MINUTES

Resolution (03/21)
(Moved: Aaron Keown/Seconded: Yvonne Palmer – carried)

"That the minutes of the meeting of the Community & Public Health and Disability Support Advisory Committee held on 4 March 2021 be approved and adopted as a true and correct record."

3. CARRIED FORWARD / ACTION LIST ITEMS

Item 1: Lessons Learnt from the Audit of Outpatients Toilet Rooms. Dr Jacqui Lunday-Johnstone advised that an audit was undertaken following a complaint from a disability perspective. Work is underway with the Facilities team around remediation.

There was discussion around the design of the Waipapa showers.

Dr Lunday-Johnstone noted that the differential between code and what people actually need is problematic for us. The code is the minimum and it does not really meet either our expectations as a provider or those of the people who use our services. Dr Lunday-Johnstone commented that she has raised this issue with the Deputy Director General of Disability, reflecting that it would be very helpful if the Ministry of Health (*MoH*) could take a stronger line around the use of the Australasian standards for hospital settings, because they would be significantly closer to our aspirations to provide an environment that is actually fit for purpose. It is important to get the balance right.

Item 2: DSG Waipapa Visit. Dr Lunday-Johnstone provided an update on issues raised following DSG's Waipapa visit. She noted that some issues are easy fixes, while others are not (eg, shifting the location of a disability toilet). The Accessibility team is working with the Facilities team on these.

There was a query about signage and the reasons why it is not all a mix of Te Reo and English.

Ms Lunday-Johnstone undertook to provide a paper to the next meeting picking up on the various issues raised, as well as revisiting the outcomes of the visit to Waipapa.

Item 3: Covid-19 – Older Population Not Receiving Their Cares – Poor Communication. Raise with Canterbury Provider Network and Older Persons Health Team. Tom Callanan advised that he had raised this at the Canterbury Provider Network forum, noting there was not any significant feedback. He will continue to raise this at future meetings.

Kathy O'Neill, Team Leader, Primary Care, Planning & Funding, advised she took this up with Mardi Postil, Team Leader, Older Person's Health. Ms Postil provided feedback around the three community support providers that we have contracted with the CDHB to provide these home support services. The providers support 6,000 clients across the Canterbury region. While they endeavour to get to all scheduled appointments on time, there are some occasions where events happen out of their control (eg, a client being unwell, or they arrive and the client is injured), which then delays them in getting to their next appointment. However, if there are ongoing issues it is recommended that the person involved or their family make a complaint, as this then identifies if it is a systemic issue or an individual issue.

The carried forward action list was noted.

4. PUBLIC HEALTH ROLES / FUNCTIONS

Evon Currie, General Manager, Community & Public Health (*CPH*) provided a presentation on Public Health Roles and Functions. The presentation highlighted the following:

- Goal, Structure and Principles
- Core Public Health functions
- Key considerations, challenges and priorities
- CPH programmes
- Non-COVID priorities
- COVID programme
- COVID priorities
- Working in Partnership

In addition to the presentation, Ms Currie provided members with individual reading packs and spoke to the following:

- Community and Public Health 2020/21 Workplan
- Canterbury Wellbeing Index
- Broadly Speaking
- Collaborating for Health
- Healthscape
- All Right?

There was discussion around the All Right? campaign and the "Getting Through Together" campaign (which was created by the All Right? team). Ms Currie noted that the All Right? campaign was a health promotion response to the earthquakes. What it morphed to over time was being able to be used in different environments for different purposes. Inevitably, a decade later, it is not going to continue to be funded by the MoH, so All Right? will be ceasing. "Getting Through Together" – we need to look at what it means to try to continue that campaign with an incredibly reduced budget.

There was a query as to how positive programmes will be carried through to the new health system. Ms Currie noted that for the past decade CDHB has been involved in the South Island Public Health Partnership, working closely with Nelson/Marlborough and Southern DHBs. The three public health units work very closely together. The South Island Public Health Partnership has recognised as a strength that it is already a unified, South Island, public health provider – know each other, trust each other, and work well together. We have been given an opportunity to strengthen that and we want to make sure that our voice, about our experience and expertise, is part of the conversation that happens at a national level. Dr Daniel Williams, CDHB Public Health Specialist, is now pulling together the outline of the project that will be undertaken South Island wide to help form the kind of way public health services can be provided in the South Island. We are very active in this space.

Gordon Boxall joined the meeting at 1.35pm.

5. LIFE CURVE

Dr Lunday-Johnstone provided a presentation on LifeCurve: A Model of Accelerated Function Decline. The presentation highlighted the following:

- LifeCurve is an easy-to-use app for your phone.
- Measures how you are ageing by looking at your ability to do everyday tasks.
- Compares your ability to others your age.
- Gives useful advice and empowers you to age well.

In response to queries, Dr Lunday-Johnstone advised:

- You can choose whether your anonymised data is shared for research purposes or not.
- By using the app you get an individualised plan. Someone in a care home may need significantly more support, but this can be achieved through the care assistants.
- This is an age-related tool. It was not designed with disability in mind. We are trying to illustrate how a targeted intervention, particularly for people in their mid 50-60s, can prevent them from becoming on the life curve.

6. TRANSALPINE HEALTH DISABILITY ACTION PLAN 2020-2030

Ms O'Neill presented the refreshed plan on behalf of the Disability Steering Group (*DSG*). She advised that this is the work that DSG is wanting to undertake to build on the foundation that has been created from the original plan. DSG is very strong, with membership from all of the disabled persons organisations. It also remains strongly linked with the Enabling Good Lives and System Transformation Leadership Group.

Ms O'Neill advised of other gains since the original plan came into play. These include:

- Structures in place around the accessible built environment.
- Policy around adversity and inclusion for recruitment.
- Beginnings of a way of surveying staff to understand the mix of our staffing group, including disability.
- Project Search.
- Canvassing nationally on the patient satisfaction survey that comes out from the Safety and Quality Commission. This now includes questions around disability.

Ms O'Neill commented that the new plan continues to focus on the above areas. In addition, there has been feedback from disability community members and the Chair of DSG, strongly advocating for accessible information. We now have the signing of the Accessible Information Charter which will provide a platform for tackling a mass of opportunities that exist in this space.

The other area to highlight is work in partnership with other communities. For example, meeting with the Manawhenua Provider Network and having input into the Māori Improvement Health Plan from a disability perspective.

A member commented that there is an alignment being drawn with Māori and Pasifika health, and the health of people with disabilities. This may be seen as a natural alignment, as the health profiles and the number of issues faced are particularly similar. Concern was expressed that if the national development of a separate Māori Health Authority goes forward, then disability could once again slide into the middle. We need to be more deliberate in specifying the issues for people with disabilities and noting the alignment with Māori and Pasifika. Ms O'Neill

commented that the DSG is cognisant of those concerns. Grant Cleland, Chair, DSG, added that one of the ways is to ensure that the Disability Action Plan is at the forefront of what we see as key issues for the disability community and making sure that in the changes in health that they do not get lost. We must continue to advocate for action plans going forward; and for them to be clearly monitored.

A member congratulated those involved in this piece of work. A strong platform was laid in past times and the DSG has taken this work forward. It shows how important those foundations are to build on and adapt. Whatever happens structurally to the organisation going forward, this work is well set to continue.

In response to a query, Dr Lunday-Johnstone advised that Mr Cleland also Chairs the Accessibility Working Group, which she sits on along with a range of Facilities Team employees. The timing of things like audits etc are often problematic. For example, the Outpatient toilet – the audit of that part of the building was done before the building had been completed, so none of the work relevant to the complaint was actually looked at because it had not been done. There are issues and challenges around building in these elements around the considerations of accessibility etc – the environment, what would be appropriate and suitable for the needs of a whole variety of people, including disability specifically. We are building that into the processes that the Facilities Team use.

In response to a query, Ms O'Neill advised that there was a Pasifika action in the workplan, but it was linked to Lemalu Lepou Suia Tu'ulua who sadly passed away in March 2021. This section has since been removed as the action needs to be refreshed. Ms O'Neill further commented that a meeting was held in March with the Multi-Cultural Society with a follow-up arranged to go back to them to get what we need to focus on from their perspective. The plan is very much a living document. It was requested that commentary to this effect be added to the paper going to the Board's meeting on 20 April 2021.

Resolution (04/21)
(Moved: Jo Kane/Seconded: Yvonne Palmer – carried)

"The Committee recommends that the Board:

i. formally endorses the Transalpine Health Disability Action Plan 2020-2030; and
ii. notes the actions being undertaken in the Work Plan for 2020 – 2021."

7. DISABILITY STEERING GROUP UPDATE (ORAL)

Mr Cleland reintroduced himself, reminding members that he Chairs the DSG, as well as the Accessibility Working Group and the Accessible Information Working Group. Mr Cleland wished to acknowledge the recent passing of Lemalu Lepou Suia Tu'ulua.

Mr Cleland provided updates as follows:

- Development of the monitoring reporting is important, as this identifies what is seen as the key projects. Quarterly reporting is required.
- Conversations about data and information required by DSG in order to be able to determine the needs of the community and how staff are responding etc.
- Work around a disability alert.
- Tackling key issues at a systemic level.
- DSG's recent visit to Waipapa and being able to provide advice/feedback from a disability perspective.

- Dr Peter Bramley, Chief Executive, CDHB, signed the Accessible Information Charter this morning. This is critical. Information and communication access is as important, if not more important, to the disability community, but is often forgotten about.

  There is a team that has been working on this since 2019. The team has put together some strategic objectives that relate to developing an Accessible Information Policy (the guiding document); the implementation plan relating to that; developing accessible information standards and requirements; and thinking about what the coordination needs to be going forward and the structure for that to ensure that the greatest value is gained from the Accessible Information Charter. A stock take is required of existing tools, as well as what staff require in terms of awareness and training. What will be critical going forward with implementation is making sure that staff know "why" this is so important and what the simple things are that can make communication and information more accessible.

  Mr Cleland commented that with the proposed changes to the health system, it is critical that this work does not get lost or derailed, because issues for the disability community will still be there.

The Chair thanked Mr Cleland for his attendance.

Gordon Boxall retired from the meeting at 2.40pm.

8. MAORI & PACIFIC HEALTH PROGRESS UPDATE

Janice Donaldson, Portfolio Manager, Māori Health, Planning & Funding, presented the report which was taken as read. The following points were highlighted:

- Immunisation. Because there has been so much positive attention paid to immunisation for children, we can see why and how this has been declining post COVID-19. There is a plan in place, COVID- 19 willing, for this to increase again. The performance in immunisation is an example in this DHB of when we monitor what is happening for Māori and Pacific health we can make improvements.
- Some other indicators on the dashboard languish year on year on year and we have to ask whether we are satisfied with that. These things are important.
- Oral health may change if we get fluoridation. This will make a huge difference to the oral health of the children in New Zealand. Currently, for the Māori and Pacific indicators, they languish and this has a life long impact on people. Things that start off as babies, as children, where a lot of these indicators focus and where we are not performing well, have a life course.

There was discussion on the following:

- If you keep doing the same, you will get the same result. There are ways of engaging people that have been shown to be successful that we can borrow from.
- Access to general practice is a big issue.
- The group less likely to pick up the smokefree message are Māori women who are pregnant. This has been a constant for 25 years or more.
- The number of Māori Health workers.
- Primary birthing units and the importance of a women friendly culture; accepting of women and their whānau.
- Resources and targets. Where will resources add the most value to improve the statistics.

The Māori & Pacific Health Progress Update report was noted.

9. COMMUNITY & PUBLIC HEALTH UPDATE

Ms Currie presented the report which was taken as read.

There was discussion and concern expressed about funding cuts to various campaigns (All Right?; The Getting Through Campaign). A member requested that this be highlighted to the Board.

There was a query around the ongoing prolonged implications of COVID-19. The Committee was advised that the term for this is Long COVID. Ralph La Salle, Acting Executive Director, Planning Funding & Decision Support, undertook to provide an update to the Board meeting on numbers and issues involved.

Mr Keown noted the pending retirement of Ms Currie. He acknowledged her significant contribution to health and the health of others. He thanked her for her leadership, her passion and belief in her work, and spoke of the loss that she will be to the DHB.

The Committee noted the Community & Public Health Update report.

10. PLANNING & FUNDING UPDATE

Mr La Salle, presented the report which was taken as read. There was no discussion.

The Planning & Funding Update report was noted.

INFORMATION ITEMS

The following information items were received:

- CCN Q2 2020/21
- Disability Steering Group Minutes: 22 January 2021
- 2021 Workplan

There being no further business the meeting concluded at 3.10pm.

Confirmed as a true and correct record:

_____ _____

Aaron Keown Date of approval
Chair

CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE
CARRIED FORWARD / ACTION ITEMS / POSITION STATEMENTS
AS AT 1 JULY 2021

	DATE	ACTION	REFERRED TO	STATUS
1.	06 May 2021	Facilities and Accessibility Issues – update on toilets/showers/signage/DSG Waipapa visit.	Dr Jacqui Lunday-Johnstone	Verbal Update
2.	20 May 2021 (Board)	Māori & Pacific Health Paper addressing questions raised in Board member's email of 18 May 2021.	Hector Matthews / Ralph La Salle / David Green	Today's Agenda – Information Item
3.	20 May 2021 (Board)	Advice to MoH Infrastructure Team to address building code standards which are to the detriment of the disability community.	Dr Jacqui Lunday-Johnstone	Verbal Update

CDHB POSITION STATEMENTS

STATEMENT	DATE ADOPTED	STATUS
Alcohol Position Statement	Jul 2012	
Canterbury Water Management Strategy	Oct 2011	
Community Water Fluoridation Position Statement	Mar 2021	
Gambling Position Statement	Nov 2006	
Housing, Home Heating and Air Quality	Apr 2012	
South Island Smokefree Position Statement	Nov 2012	
Unflued Gas Heaters Position Statement	Jul 2015	
Sugar-Sweetened Beverages Position Statement	Nov 2018	
Environmentally Sustainable Health Care: Position Statement	Sep 2019	

COMMUNITY AND PUBLIC HEALTH – UPDATE REPORT

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair & Members, Community & Public Health & Disability Support Advisory Committee**

PREPARED BY: **Community & Public Health**

APPROVED BY: **Evon Currie, General Manager, Population & Public Health**

DATE: **1 July 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is a standing agenda item, providing exception reporting against the Canterbury DHB's Strategic Directions and Key Priorities as set out in the District Annual Plan and the Core Directions.

2. RECOMMENDATION

That the Committee:

i. notes the Community and Public Health Update Report.

3. DISCUSSION

Supporting the Wellbeing of Managed Isolation and Quarantine Facility Workers in Canterbury

The Information Team at Community and Public Health was approached by the Canterbury Regional Isolation and Quarantine (*C-RIQ*) leadership who were concerned by incidents of stigma and discrimination being reported to them by staff working within the Canterbury Managed Isolation and Quarantine facilities (*MIQF*). In order to inform next steps by the C-RIQ leadership in supporting their workforce, a rapid literature review and a survey of Canterbury MIQF staff was undertaken in late 2020.

A report of the findings was prepared and shared with the C-RIQ leadership in February 2021. Consequently, the C-RIQ leadership has informed staff of the report findings and is in the process of implementing agreed next steps in support of all staff working in Canterbury MIQFs.

The report and its findings have attracted positive attention nationally. As a result, we have drafted a streamlined version of the survey for use by all DHBs who are employing health staff in New Zealand's MIQFs.

Supporting the COVID-19 Vaccination Roll Out

Community and Public Health continues in its support of the COVID vaccination programme. Supporting the essential lens of equity in vaccination, and ensuring equitable coverage for Māori and Pasifika, one of the key objectives for the COVID vaccination programme, remains an ongoing focus for public health.

A number of CPH staff have been seconded to the vaccination programme. The most recent staff member to be seconded is providing the programme with a disability sector perspective.

COVID-19 Response: Quarantine Free Travel

CPH staff continue to be involved in providing public health support and risk assessment at Christchurch International Airport. The recent disruption to quarantine free travel with Melbourne and the significant number of travellers required to test and isolate here in New Zealand after arrival highlights the extensive national and regional input required to respond to such events.

Supporting Returnees in Managed Isolation and Quarantine Facilities (*MIQFs*)

Community and Public Health's day to day involvement with the Christchurch MIQFs took a somewhat different turn recently when we were advised of a group of 51 passengers from Apia who had been diverted to Christchurch due to a lack of space in Auckland's MIFQs. This meant that many in this group were feeling isolated from their family and community supports in Auckland.

Community and Public Health contacted Tangata Atumotu Trust, a Pasifika Health and Social Services provider in Christchurch. We have an excellent working relationship with the Trust and as a result were able to activate an immediate response.

The Trust worked with the support of the local community to provide winter essentials including warmer layers, and home-cooked Samoan meals for all ex-Apia passengers.

A number of other needs among this group of returnees were identified by staff which were also addressed, with the support of Tangata Atumotu Trust.

Getting Through Together

Getting Through Together, an *All Right?* partnership with the Mental Health Foundation is, to our knowledge, the only population-level mental wellbeing promotion campaign in New Zealand. The initial contract for Getting Through Together began in April 2020, expanding the work of Canterbury's *All Right?* campaign at a national level in response to COVID-19.

The latest campaign, *Awhi mai, awhi atu* reminded people about the importance of manaakitanga and whanaungatanga (kindness and connection) and of the difference being kind and connecting with others can make to others and our own wellbeing, especially when times are tough. Based on our recent research through a nationally representative sample of the population, Getting Through Together has been highly effective:

- Awareness of the campaign is growing. 31% of NZers are aware of the campaign (a significant increase since February).
- Impacts of the campaign are growing, with significant increases in those reporting the campaign made them think more about their wellbeing (to 73%) and be more aware of how they are feeling (to 70%). This campaign in particular prompted 77% of NZers to remember to be there for others.
- Perceived value of the campaign is growing, with significant increases in those reporting the campaign to be valuable for their family, friends, and workmates (to 85%) and for them personally (to 78%). 90% report the campaign is valuable for the community.

The Ministry has proposed extending the campaign to the end of February 2022 but with drastically reduced spending, including the end of the *'All Right?'* contract, our dedicated Canterbury funding. We will be operating on about 70% of our current contract and 37% of our first Getting Through Together contract. We will also receive none of the money announced in 2019 to expand the campaign's 'Sparklers' resources nationally, although we completed this work in good faith.

We are determined to provide the same high-quality mental health promotion campaign people in Aotearoa deserve, although we have concerns about the campaign's reach and awareness on a limited budget and the capacity to deliver equitable results if the campaign is conducted mainly via social media.

Programme to Support Wāhine Māori

Te Hā– Waitaha Smokefree Support has been working on an incentivised stop smoking programme with the purpose of reaching and retaining our young wāhine Māori (18-30 years).

Smoking prevalence has been steadily declining across all populations over the past several years. However, prevalence among young wāhine Māori has not declined to the same degree as other groups. Current smokefree interventions have had limited effectiveness in reaching this priority group and so an innovative approach must be taken.

We have called our new 10-week programme He Puna Māreikura. The programme specifically targets young wāhine Māori in a way that is relatable, and acknowledges the many complexities and challenges faced by this group. The programme provides tailored smokefree support and monetary incentives for each enrolled young wāhine Māori who successfully reaches smokefree at four weeks (from the target quit date) and maintains smokefree status throughout the duration of the programme. The concept was piloted at the end of 2020 with 100% success.

The purpose of He Puna Māreikura is to address the disproportionate rate of smoking among this population in a setting that is run by Wāhine Māori for Wāhine Māori enhancing mana along the way.

Aims and objectives of the programme:

- Increase referrals & retention of young wāhine Māori into Te-Hā Waitaha Smokefree Support
- Increase successful quit attempts among young wāhine Māori
- Develop group clinics that specifically target and appeal to young wāhine Māori
- Reduce inequity in smoking rates for young wāhine Māori in Canterbury
- Reduce the disparities between Māori and non-Wāhine Māori smoking in pregnancy
- Lower the risks of smoking-related illness among Māori women
- Reduce tobacco exposure in pregnancy

Wāhine Māori have the highest smoking prevalence of any group in NZ with just under one third daily smokers. Lung cancer is the leading cause of mortality for Wāhine Māori, and they are more than four times as likely to die of lung cancer compared to non-Māori.

14–15-year-old kōhine have the largest inequity among daily smokers with kōhine smoking at 8.5 times the rate of non-Māori. This inequity continues into pregnancy. In Canterbury in 2019, wāhine Māori were three times more likely to smoke at first registration with a Lead Maternity Carer than Pasifika women and almost five times more likely than Pākehā women. Smoking in pregnancy has significant negative impacts including an increased risk of preterm birth, low birth weight, underdevelopment of organs, birth defects, learning and behavioural difficulties and developmental delays. It is also the leading cause of Sudden Unexplained Death in Infancy.

In April 2021 a DHB-led improvement project plan for sustainability funding application was tabled. This has given us the opportunity to be more innovative with the project and explore how else we can improve and enhance the delivery of the programme from a holistic perspective for the benefit of our Māori women, ensuring the provision of a programme that will address equity.

Malie le Loto Project

This project is a CPH collaboration with the University of Otago through Pegasus Health with the aim of helping Pasifika families live healthier lives. CPH's Pasifika health promoter is supporting and promoting the initiative in the community to increase wellbeing through healthy living. As part of the 12-week project, groups are given free health checks at the beginning and the end to measure change. They participate in four lifestyle education sessions to increase health literacy and understanding. The sessions also involve cooking and food sampling. Each week participants receive a box of fruit and vegetables (with recipes) to encourage uptake of these and facilitate healthy choices.

Building Financial Capability

CPH's Pasifika health promoter, in collaboration with Tangata Atumotu Trust, has secured funding from the Ministry for Pacific Peoples for 'Building Financial Capability' in the Pasifika Community. This is a very welcome move by the Ministry in recognising and giving priority to this urgent need in our community. We anticipate many positive outcomes over time as a result of this initiative.

Transfer of Drinking Water Regulatory Functions

The drinking water regulatory function currently sitting with Public Health Units will transfer to Taumata Arowai, the new drinking water regulator in November this year.

In September 2019, the government agreed to create a new water services regulator to administer and enforce the new drinking water regulatory system. The impending transfer of drinking water functions from PHUs to a stand-alone authority has meant that since September 2019, there has been no training offered for new Drinking Water Assessors (*DWAs*). This has meant that as DWAs leave PHUs, they have been unable to be replaced.

Since the government's announcement, CPH's Christchurch office has had over half of its DWA workforce resign to take up positions with other entities. CPH has therefore been in discussions with the Ministry of Health about the impact of the resignations on drinking water service delivery. The outcome of these discussions is that the Ministry of Health has agreed that CPH will only carry out identified high priority drinking water activities. The prioritisation of drinking water activities is based on a public health risk assessment and includes responding to transgressions/incidents, registration activities, annual compliance and Water Safety Plan activities.

CPH has also changed its model of drinking water service delivery from one where individual DWAs were responsible for assigned local authorities to one where all drinking water work comes into a single point of contact and is then assigned to a DWA.

Broadly Speaking: About Health And Its Determinants

Our Broadly Speaking training programme continues to be popular and is heavily booked. The four courses scheduled in Christchurch this year have been booked out in advance with waitlists in place. The course, developed in-house and delivered by Community and Public Health for six years, continues to attract a wide range of participants from local and regional council, NGOs, Primary Care and across the wider CDHB workforce. The course challenges participants to take a new way of thinking back to their workplaces and we find they become advocates of the course – many participants report having received a recommendation to attend the course from someone they know, or work with. We have also delivered courses for our West Coast and South Canterbury neighbours.

Over the past few years other PHUs have shown a strong interest in Broadly Speaking, often sending participants to Christchurch. This year we have had the opportunity to work with Tauranga DHB to roll out a train the trainer model (this was deferred a year due to COVID). Two of our CPH team visited Tauranga in May to deliver the course to members of the DHB including clinical staff, the Māori health manager, Board members and members of the Public Health Unit. Staff from Hawkes Bay and Waikato DHBs also attended. Four attendees had been identified as future presenters and attended specifically to deliver the course using a 'train the trainer' model. The feedback immediately following the course was very positive and recognised the need for local stories and experiences to be used in future courses. CPH staff will visit again in July to co-facilitate with Tauranga DHB staff.

CDHB WORKFORCE UPDATE

Canterbury District Health Board
Te Poari Hauora o Waitaha

TO: **Chair & Members, Community & Public Health & Disability Support Advisory Committee**

SOURCE: **People & Capability**

APPROVED BY: **Mary Johnston, Chief People Officer**

DATE: **1 July 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

In 2017 we launched our *People Strategy 2017-2022*, which reflects our commitment to putting people at the heart of all we do. This report provides an update on the People Strategy and the Disability Action Plan priorities for People and Capability for 2020/2023.

2. RECOMMENDATION

That the Committee:

i. notes the Canterbury Workforce Update.

3. DISCUSSION

As part of the Disability Action Plan, People and Capability (*P&C*) has responsibility for actions under two of the objectives:

- be an equal opportunity employer; and
- increase staff disability awareness, knowledge and skills.

Diversity, Inclusion and Belonging

Our People Strategy is about putting our people at the heart of all we do, and this includes embracing diversity of thought so everyone feels they have real purpose and value and are part of shaping the future. This means having a diverse workforce and an inclusive culture where everyone is respected, treated equitably, valued and has the opportunity to grow.

Recent Progress

- We are continuing to collect disability status based on a definition in line with the Washington Group question recommendations. 8,934 of our people have completed the disability question, of which 350 (3.9%) have identified as living with a disability. Previous reporting methods recorded only 20 people as identifying as living with a disability, demonstrating a marked improvement on how we understand the diversity of our people.
- The Accessibility Information Working Group (*AIWG*) continues to meet every four weeks. With the signing of the Ministry of Social Development's Accessibility Charter the DHB's are now committed to improving the accessibility of information for our community and our workforce. P&C are supporting these initiatives by updating all learning content and the helmleaders.org website to become accessible, plus influencing the South Island wide

learning management system, HealthLearn for updates. You can see the wider commitments from the AIWG in Appendix 1.

- We are currently consulting with unions and the wider organisation on a new recruitment policy. The new policy will allow us to be more intentional when recruiting for diversity and where inequity is identified, develop and implement affirmative action initiatives.
- A diversity survey, developed in partnership with the University of Canterbury and focused on disability, was sent out to CDHB staff in September 2020 and was open for three weeks. The results of the survey were used to develop a report aimed to inform our learning and development activity and help us prioritise initiatives accordingly. The report is attached as Appendix 2.

Project SEARCH Programme

In December 2020, our 2nd cohort of interns graduated from Project SEARCH. We have attached the graduation celebration booklet as Appendix 3.

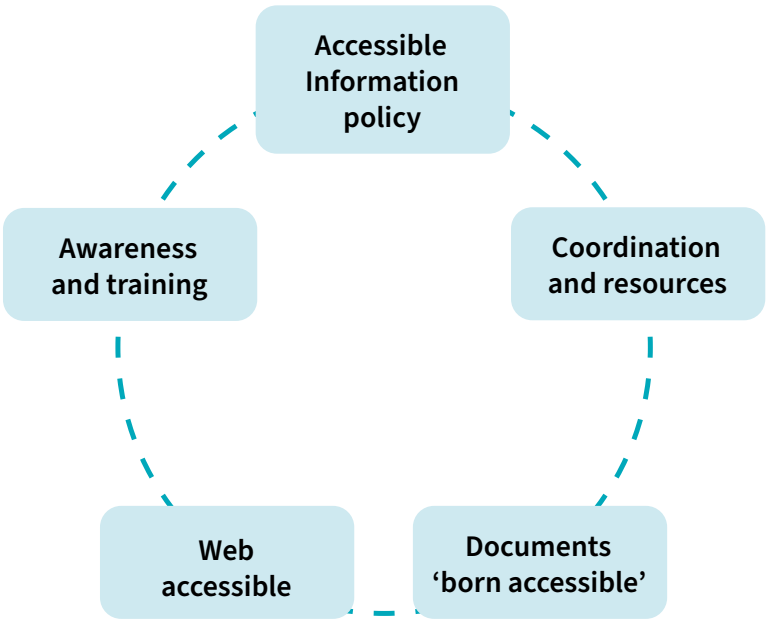
The third year of the programme is ongoing, with the seven interns having started their 2nd internship rotation two weeks ago. On 23 June 2021, the interns will be helping host an open house to give the opportunity to prospective schools, parents and young people to ask questions about the program.

4. APPENDICES

Appendix 1: Making accessible information real graphic
Appendix 2: Diversity & Inclusion Survey 2020 report.
Appendix 3: Project Search 2020 Graduation Celebration Booklet

Making Accessible Information Real

The Canterbury DHB Approach



Accessible Information policy	Develop an overall guiding document that describes purpose, policy, applicability, roles and responsibilities, definitions, and how progress will be assessed and reported
	Determine the explicit accessible information standards and requirements, e.g., plain language, Easy Read, captioning, NZSL
Coordination and resources	Agree detail and resourcing of coordination structure and reporting
	Complete stocktake of existing tools; identify and fill gaps
	Report progress on policy implementation as planned
Awareness and training	Complete stocktake of information processes and people
	Develop and implement plan to increase staff awareness of accessible information standards and requirements
	Support staff to implement accessible information standards and requirements, including a 'train the trainer' approach
Web accessible	Develop and implement plan to upgrade Canterbury DHB-controlled websites to meet the required accessibility standards
Documents 'born accessible'	Develop and implement plan to meet born accessible standards when producing written, electronic and video information
	Use the 'Born accessible' approach as the foundation for specific accessible information initiatives – alternative formats – as per the policy

Diversity and Inclusion Survey

Prepared by: Joana Kuntz, Shalini Pandaram, and Oliver D'Souza

School of Psychology, Speech and Hearing

1. Overview

The CDHB's People and Capability team and the University of Canterbury's SPSH partnered to conduct a Diversity and Inclusion (D&I) survey. The survey fits with the CDHB's strategic aim to ensure that its workforce is increasingly responsive to the needs of a diverse community.

The survey assesses employees' perspectives to inform two distinct D&I projects: 1) employee views of diversity management practices and climate, and 2) managerial views of reasonable accommodation and toward hiring people with disabilities. This report outlines the design of the two projects, their main results, and evidence-based recommendations. *For detailed information about the research, both dissertations can be accessed through the UC website*.

1.1. Project 1: Diversity management practices and climate

The aim of Project 1 was to assess employee preferences for diversity management practices, their views on diversity ideologies (i.e., multiculturalism, colour-blindness, and interculturalism), and whether these preferences and views are congruent with what they experience at the CDHB. The degree of congruence/discrepancy between preferred and experienced diversity management climate and practices was then measured against levels of job engagement and sense of belonging. Each survey participant rated diversity climate, practices, and ideology items based on what they would ideally encounter in the organisation, and then rated the same items worded from the standpoint of their experience as employees. The analyses compared results between NZ European and Māori and Pacific Island groups.

The variables included in the survey are as follows:

- *Diversity Climate* (6 items)
- *Diversity Mission and Values* (5 items)
- *Equal Opportunity Recruitment and Selection* (6 items)
- *Diversity Training* (4 items)
- *Diversity Advocacy* (6 items)
- *Diversity Ideology: Multiculturalism, Colour-blindness, and Interculturalism* (16 items)
- *Sense of Belonging* (18 items)
- *Job Engagement* (9 items)

1.2. Project 2: Managerial attitudes toward hiring people with disabilities

The aim of Project 2 was to ascertain how managers at the CDHB view the quality and availability of reasonable accommodation provided to employees with disability, and whether they find it challenging to support employees with disability through reasonable accommodation. These perceptions were measured against managerial attitudes towards hiring persons with disability (PWD). The variables included in the survey are as follows:

- *Attitudes towards Hiring People with Disability* (9 items)
- *Reasonable Accommodation Available in the Organisation*
  - *Organisation makes changes to the work environment* (6 items)
  - *Availability of information about reasonable accommodation* (4 items)
  - *Availability of equipment and changes to job design* (4 items)
- *Ease of Implementation of Reasonable Accommodation by Managers*
  - *Managerial provision of flexible work arrangements* (5 items)
  - *Managerial provision of job-related support for PWD* (3 items)

2. Methodology and Participants

- A survey draft was evaluated and edited by the organisation's Strategic Engagement Team, the Māori Workforce Development Steering Group (Te Komiti Whakarite), and the Disability Steering Group.

- The final version of the surveys was administered online, made available through internal communications and on an internal platform that was accessible to all employees. The results were saved to an external UC server.

2.1. Project 1 Participants

A total of 1,289 employees agreed to participate in the study. After removing responses from participants who completed less than 70% of the, survey, the final sample was 771.

Ethnicity – New Zealand European (61.1%); Other European (13.1%); Māori and Pacific Islanders (9%); Asian (e.g., Chinese) (4.4%); Indian (2.1%); Other (1% African, 0.7% Latin American, 0.6% Middle Eastern)

Gender – Females (578), males (142), non-binary (2), gender-neutral (2), transgender (1), gender-fluid (1), agender (1)

Age – From 20 to 74 (M = 46.48; SD = 12.88).

2.2. Project 2 Participants

An estimated 650 potential participants were invited to complete the survey, and 279 accessed the link. After removing responses from participants who completed less than 70% of the, survey, the final sample was162. Participants who did not report any demographic information totaled 69 (34%).

Among the remaining 66%:

Ethnicity – New Zealand European (71.3%); Other European (19.4%); Māori and Pacific Islanders (7.7%); Asian (e.g., Chinese) (1.6%)

Gender – Females (99), males (31), gender diverse (4)

Age – From 32 to 74 years (*M* = 53.27, *SD* = 8.87).

Definitions of Disability Provided

Disability is defined as any self-perceived limitation in activity resulting from a long-term condition (lasting or expected to last 6 months or more) and not completely eliminated by an assistive device. (Disability Survey: 2013, Statistics New Zealand).

A Physical Disability refers to a long-term impairment resulting in a limitation of an individual's physical functioning – e.g. neurological conditions (multiple sclerosis); neuromuscular disorders (polio, muscular dystrophy); brain dysfunction (traumatic brain injury, cerebrovascular accident); spinal cord dysfunction (spinal cord injury, spina bifida); sensory disabilities (blindness, deafness); arthritic & orthopedic conditions; and other physical conditions.

An Invisible or Hidden Disability refers to disabilities that are not immediately apparent to an onlooker, but can sometimes or always limit daily activities – e.g. chronic conditions that significantly impair daily functioning (debilitating pain, fatigue, learning disabilities etc.); visual and/or auditory impaired individuals who do not wear spectacles/hearing aids and other invisible impairments.

Approval for these projects was granted from the Human Ethics Committee at the University of Canterbury (Ref: HEC 2019/10/BL), the Ngāi Tahu Consultation and Engagement Group, and by the Health and Disabilities Ethics Committee (RO# 20051)

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3. Results

3.1. Project 1

3.1.1. Contrast between preferred and experienced D&I practices and ideology

- New Zealand European participants showed significantly *higher means for their preference* for diversity-friendly practices, along with colourblind and interculturalism ideologies, compared to the diversity ideologies and practices observed in the workplace.

- Māori and Pacific Island participants also showed significantly *higher means for their preference* for diversity-friendly practices and all diversity ideologies, compared to the diversity ideologies and practices observed in the workplace. This was the only group for whom preferred levels of multiculturalism were not reflected in the organisation.

- Asian participants showed significantly *higher means for their preference* for diversity-friendly practices, along with colourblind and interculturalism ideologies, compared to the diversity ideologies and practices observed in the workplace.

3.1.2. Between-group differences in preferred and observed D&I practices and ideology

- Māori and Pacific Island participants rated preferred HRM diversity practices and endorsement of multiculturalism significantly higher than New Zealand European participants. However, New Zealand European respondents rated observed diversity advocacy and equal opportunity recruitment as significantly lower.

- Māori and Pacific Island participants also rated preferred HRM diversity practices and endorsement of interculturalism significantly higher than the Asian participants.

- NZ European participants rated *sense of belonging* higher than the Māori and Pacific Island and Asian participants. Conversely, Māori and Pacific Island and Asian participants showed no differences in their levels of *engagement and sense of belonging*.

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3.1.3. Impact of expectations around D&I practices and climate on employee engagement and sense of belonging *(NZ European and Māori/Pacific Island)*

- Diversity climate – In both groups, the *highest scores in engagement and sense of belonging were obtained when greater preference for a diversity-friendly climate matched the strong diversity climate observed in the organisation*. Among the Māori/Pacific Island participants, the lowest levels of engagement and belonging were found at greater discrepancy between preferred and observed diversity climate (i.e., high preference with low experience in the organisation, and low preference with high experience in the organisation)

- Diversity-focused mission and values – For both groups, and irrespective of preferred levels, the *lowest levels of belonging* were found when participants provided low ratings for observed diversity-focused mission and values, and vice-versa. In the Māori/Pacific Island group, the *lowest levels of engagement* were associated with the discrepancy between high preference for diversity-focused mission and values, and low experience of this practice in the organisation (i.e., failing to meet expectations).

- Equal opportunity recruitment – For the Māori/Pacific Island group, *greater discrepancy* between ideal and observed equal opportunity recruitment was associated with the *lowest levels of job engagement and sense of belonging*. In the NZ European group, discrepancy did not seem to affect these outcomes, and only congruence between ideal and observed equal opportunity recruitment accounted for higher levels of engagement and belonging.

- Diversity training – In both groups, *higher levels of engagement and belonging* were obtained when *preferred diversity training matched the organisational provision*. For the Māori/Pacific Island group, *greater discrepancy* between preferred and available diversity training was associated with the *lowest levels of job engagement and belonging.*

- Diversity advocacy – In the Māori/Pacific Island group, the lowest levels of engagement and belonging happened when there was a mismatch between preferred and observed diversity advocacy, particularly when preferred levels exceeded advocacy experienced in the organisation.

3.2. Project 2

- Managerial attitudes toward hiring PWD were influenced by the availability of reasonable accommodation (particularly information around policies and procedures) to a modest extent.

- The *greatest contributor to managerial hiring attitudes* was the perception of *ease of reasonable accommodation implementation* on their end. Specifically, the more managers found the provision of *flexibility and support* for employees with disability challenging or impractical, the more negative their attitudes toward hiring PWD.

    - *Flexibility* as reasonable accommodation oversaw by the manager encompasses provisions such as: additional time off to receive medical treatment, flexible working hours, additional sick leave, and offering employees with disability the discretion to exchange/share work duties with a coworker.

    - *Support* as reasonable accommodation oversaw by the manager entails the provision of additional supervisory support, adjusting training materials and delivery to be accessible to employees with disability, and assisting employees with disability to set daily or weekly work goals.

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4. Implications and Recommendations

4.1. Project 1.

- Participants across the groups surveyed – New Zealand European, Māori and Pacific Island, and Asian – indicated that *the CDHB is yet to meet expectations around its diversity management practices and climate*. These aspirations of a diversity-friendly and inclusive environment are especially heightened among *Māori and Pacific Island employees*.

- Engagement and sense of belonging seemed to be affected not only by failure to meet ideal standards of a diversity-friendly and inclusive workplace, but in some instances also by showing low concerns for managing diversity, regardless of employee preferences. This indicates that, even when employees do not express a need for diversity-friendly practices, they still *favour an organisation that espouses diversity and inclusiveness*.

- The employees across the groups surveyed agree that the organisation should improve its diversity management practices and climate, yet they differ significantly in their views of what constitutes ideal diversity management (see 3.1.2. and 3.1.3.).

- The survey results highlighted that the impact of experiencing discrepancy between preferred and observed diversity management practices and climate on engagement and belonging was especially pronounced among *Māori and Pacific Island employees.* This finding suggests the need to develop diversity and inclusion practices that best address the needs and expectations of this employee group, to ensure inclusiveness.

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4.2. Project 2.

- Managers' perception of challenging/taxing reasonable accommodation implementation was associated with negative attitudes toward hiring PWD. This suggests that managers may view their *responsibility for supporting reasonable accommodation as encroaching on an already heavy workload*.

- Improvements to reasonable accommodation provision (by the organisation) and oversight (by the managers) may require additional or improved organisational support and resources. This resourcing effort could target, in the first instance, the more frequently relied upon and effective forms of reasonable accommodation oversaw by direct managers:

  - Schedule modifications – Flexible work hours, modified schedules, or part-time/reduced work schedule, and inclusive leave policies to accommodate impediments to full-time employment.
  - Communication – Managers assess effective modes of communication for PWD and adjust the environment to ensure seamless two-way communication.
  - Inclusive recruitment and hiring – Managers target barriers that impede PWD from applying and participating in the recruitment process, and encourage applications from PWD (e.g., explicit equal opportunity job advertisements, training hiring managers on appropriate interviewing techniques)
  - Partnerships – Establish peer networks with vocational rehab agencies, employers and/or recruiters experienced with employing PWDs. These partnerships supply employers with knowledge, solutions, and resources to implement reasonable accommodation effectively.
  - D&I culture and climate – Clear and consistent diversity and inclusion messages about meanings of disability and performance exemplars among PWD go a long way in changing attitudes, dispelling misconceptions and stereotypes, and building a supportive and inclusive climate.

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Canterbury DHB
Project | SEARCH

Welcome

Project Search Class of 2020

Graduation

Wednesday 2nd December – Graduation

Welcome by Ruru Hona

Waiata - *Te Aroha* [led by interns]

Opening by Paul Lamb, Acting Canterbury DHB Chief People Officer

Overview of the year by Linda Leishman, Project SEARCH Tutor| Skills Trainers and Intern reflections

Thank you to Managers and Mentors by Sally Nicholas, Former Operations Manager, Burwood

Presentation to interns by Elyse Gagnon, Business Liaison and Andrew Brant, Acting Canterbury DHB Chief Executive

Acknowledgments by Linda Leishman

Closing by Tom Callanan, Canterbury DHB Disability Steering Committee

Refreshments | Karakia by Ruru Hona

Waiata - Te Aroha

Te aroha
Te whakapono
Me te rangimarie
Tatou tatou e

Sajal Shavika

Hi I'm Sajal Shavika.
I'm here to talk about my successes and what I'm proud of.

I am proud of coming to work by bus and working for 4 hours and seeing what work life looks like. I have given 100 percent.

I think my communication has got better because in the afternoon at the bus interchange I can get a drink and cake using my device. I am proud of that.

I am motivated to get a job in Administration doing data entry.

Thank you

Harrison Stevens

I've had a fantastic year.

I like people telling me I'm awesome.

I've learnt work is hard.

You have to be independent and have a good attitude.

I've really enjoyed meeting new friends at

Project SEARCH.

I'm proud of making the hospital windows clean.

I think that would make a perfect job for me.

Thank you

Liam Harris

I have mixed emotions about coming to the end of the year but I am excited about going from Project SEARCH to work.

I have learnt so many new work skills, like painting, how to prune bushes, operating a till and dealing with difficult customers.

I didn't realise I could work in such a busy place with lots of different people and like it so much. I also didn't expect that I would like all my internships but I have.

There's a lot of different jobs that I didn't realise existed.

Jobs I would like to be doing next year are window cleaning and customer service.

Thank you for coming to our Graduation.

Tyrone Henry

I am grateful to my mentors for teaching me new skills and showing me how to do the right things at work.

Even when I feel nervous or worried, I can still learn how to do things on my own and achieve my goals.

I have more confidence to try things.

I didn't expect that I would like making beds and doing the linen but I do!

I think that a good job for me would be in a hospital.

Thank you to my mentors and Erin.

Kingsley Yorke

I have felt energetic through the year and I am very motivated to get a job.

It's been great to show people that I am a fun guy who works hard and shows lots of initiative.

I have learnt the difference between work and school and what doing actual work is like.

It's been good to try different things that I wouldn't have known I liked until I tried them.

I've gained more confidence in myself with biking to work everyday and talking to people I don't know.

I found out I don't like working in heat but I've learnt how to work around it.

We have been able to show others that we can work hard and learn skills to take to jobs we are interested in.

I will be looking for a full-time job in customer service.

I would like to say thank you to Demarnia and my mentors in different departments.

Michael Davies

It has been an awesome year.

I have been able to talk about my feelings. I've felt happy that I can listen to my boss and do what they say.

I have learnt what is appropriate at work and how to work together as a team. I can ask for help if I need it.

I have a belief in my ability to do things independently. I am confident to give lots of things a go.

I know I can focus when I am busy and have work to do. Getting one on one support from Demarnia has made me happy and helped me achieve where I am now.

I have worked under pressure and that made me step up more. I will miss being here at Burwood but I will go into a different work environment and know it's ok.

Thank you everyone.

Lee Barry

I feel inspired to come to work and get the chance to work with so many different people.

I've had a go at lots of different jobs and I kept going when some of them were hard. I showed my resilience.

I have enjoyed working in lots of different departments. I have practised my typing, filing and phone calling skills.

I didn't know I would like working in the mailroom but I did!

I wasn't sure I would be good at working in a team because I haven't done it before but it was fun.

I'm feeling a bit sad about leaving Project SEARCH. I will miss my mentors but I'm looking forward to working with Lisa on my job searching next year.

I would like to work in a hospital mailroom.

Thank you.

Logan Moloney

I am happy that I have been helping people in the Hospital.

I have learnt that I like working in a small team and I am good at doing admin work and cleaning windows. I didn't know that before.

I liked working with my mentors.
I can get to work on time now.

I know I don't like rubbish but I do like helping people.

I like it when people tell me nice work and my dad says Good Man.
It makes me proud.

I want to get a job where I can still help people and use my strength and physio skills.


Thank You for your support
kia mihi ki nga tangata katoa

Māori and Pacific Health Report

Questions from Jo Kane, CPHAC/DSAC June 2021

Māori Dashboard

Red areas [target not met, performance declining]

Target	What is happening

Breastfeeding: babies exclusively/fully breastfed at LMC discharge	CDHB is actively working on implementation of National Breastfeeding strategy; Maternity strategy; Baby Friendly Hospital Initiative. Breastfeeding figures for Māori continue to be less than desired.
	
	Services [Te Puawaitanga and Waitaha PHO]:
	• Mama 2 Mama peer support: Training mothers to become qualified Breastfeeding Peer Support Counsellors.
	• Facilitating Peer Support Counsellors to participate in a range of activities such as:
	  o Delivering Mama 2 Mama Peer Support groups
	  o Supporting mothers on a one on one basis for non-complex breastfeeding issues.
	• Opportunities for trained Peer Support Counsellors to keep up to date with their breastfeeding knowledge
	• Links between services and with Lead Maternity Carer services
	
	Pregnancy & Parenting Education Services [Plunket, Te Puawaitanga, Te Tai o Marokura] are contracted by CDHB; Breastfeeding is a specific emphasis
	
	• Well Child Tamariki Ora services contracted by [Te Puawaitanga (~ 720 new baby cases p.a.) , Te Tai o Marokura (~45 new baby cases p.a.) strongly support and promote breastfeeding and immunisation
	
	Lead Maternity Carer ante and post-natal services: Breastfeeding is a specific emphasis
	
	This target fluctuates from time to time but over time varies very little and is similar in every DHB. It has never hit the target over many decades because it is closely linked to the economic driver of mothers needing to return work and the social driver not to be “attached” or dependent on baby.

Target	What is happening
Immunisation: eight month old children fully vaccinated	• 2% drop to 87% against 95% target Q3 2020/21 (to 31 March 2021), CDHB still one of strongest performers in NZ. Drop in GP and CDHB attention over COVID lockdown and diversion to COVID-vaccination set up: hoping to get back on track with primary care and outreach follow up efforts This is an area of caution nationally as the vaccination workforce shifts to support COVID-19 vaccine roll out.
Mental Health: rate of Community Treatment Orders	• 265 at Q3 2020/21 cf 252 and 263 in Q1 and Q2 • Has been increase in SMHS presentations, particularly Māori • Regular engagement between SMHS and Māori community MH&A providers to share care • The national target is 185 • The actual national number is 314 • 24.8% of people under the MH Act are Maori • This is three times the rate of non-Maori • It is similar to the admission rates for Maori (24%) • Our admission rate is below the national rate of 39% • Te Korowai Atawhai (Maori MH Team) are reconfiguring to better meet the needs of Maori service users • There is regular engagement between SMHS and Māori community MH&A providers to provide a seamless system of care. This is a target which fluctuates from time to time and the change from Q2 to Q3 is small. However this is likely linked to the increasing number of presentations at SMHS and that increase is reflected at ED and is also occurring nationally.
Engagement, population enrolled with a PHO	• Consistent gap for Māori. Ethnicity data collection encouraged • Presentations by Māori at Emergency Department particularly from Eastern suburbs and younger cohort 15-35 years [Equity data set for ED presentations in development]. Potentially suggest barriers to accessing primary care; these age cohorts hard to engage in primary care. Also drop in availability of general practice appointments may be having an impact • Note recent publication (April 2021) The enrolment gap: who is not enrolling with primary health organisations in Aotearoa New Zealand and what are the implications? An exploration of 2015–2019 administrative data, Maite Irurzun-Lopez, Mona Jeffreys & Jacqueline Cumming International Journal for Equity in Health). About 6% of the population was not enrolled in 2019. There are persistent differences across socio-demographic groups as well as geographically. Māori have lower enrolment rates than New Zealand European/Other groups. Young people (15–24 years) are the least likely to be enrolled.

<table>
<tr><th>Target</th><th>What is happening</th></tr>
<tr><td></td><td>
Table 1: Percentage of population enrolled in a PHO, per ethnicity groups and DHBs, 2019.
<table>
<tr><th>DHB OF DOMICILE</th><th>MĀORI</th><th>PACIFIC</th><th>NZ EUROPEAN/OTHER</th><th>TOTAL</th></tr>
<tr><td>Auckland</td><td>74%</td><td>98%</td><td>82%</td><td>83%</td></tr>
<tr><td>Bay of Plenty</td><td>98%</td><td>88%</td><td>100%</td><td>100%</td></tr>
<tr><td>Canterbury</td><td>86%</td><td>108%</td><td>93%</td><td>93%</td></tr>
</table>
</td></tr>
<tr><td>Are there areas that we are doing well that could maximise the point of contact to address the synergies of the first 1000 days of a Child’s life</td><td>• Maternity, Child Health data available via Power BI – being used for planning and monitoring
• First 1000 Days needs to be key priority for effort and investment: room for improvement in investment; dedicated team now in place + CCN C&Y workstream + SI CH SLA; co-design processes, community connectors</td></tr>
<tr><td>What is the communications plan specifically targeting the best way to engage with Māori and Pacifica on these areas -vis marae, via specific Māori health provider contracts, churches</td><td>No specific communications plan – focus on community engagement and provider networks, expertise for both Māori and Pacific

More than 95% of our investment is with “mainstream” services and providers. We should not insist that equity resides with Māori and Pacific providers unless we are prepared to shift investment from mainstream to these providers. The tolerance for failure, to meet equity, for our mainstream services is long-term and pervasive because we keep our gaze on Māori and Pacific providers. Our focus needs to be on where we invest.</td></tr>
<tr><td>Has Manawhenua ki Waitaha looked or advised the best way forward to front foot targets not being met - that they are improving is not good enough - we have to do better and what is our plan to address</td><td>Yes, they are engaged in all pieces of work</td></tr>
<tr><td>Early intervention delivered via primary care is crucial - what partnering with PHO is being</td><td>• PHOs are integrally engaged in all pieces of work
• Registration with GP and enrolment with PHO is critical to achieve and ensure no barriers to presentation. Note GPs with books closed [reported to Board April 2021 workshop]</td></tr>
</table>

Target	What is happening
done -what are the impediments	
Are access/affordability still an issue - if so what are we doing?	• HQSC Atlas of HealthCare Variation Health Quality & Safety Commission | Atlas of Healthcare Variation (hqsc.govt.nz) For availability Canterbury was relatively better than elsewhere: '*Was there ever a time when you wanted healthcare from a GP or nurse but you couldn't get it?*', 13.2% of Canterbury respondents answered yes (23.1% for Canterbury's Māori respondents), versus 15.4% for all-of-NZ (21.6% for Māori). For cost Canterbury was poorer *'In the last 12 months was there a time when you did not visit a GP or nurse because of cost?*' 21.9% of Canterbury respondents said yes (36.0% for Māori) versus 17% (25%) for all-of-NZ.
Is perception a problem?	Please clarify question
Should this DHB be incentivising or looking at the environmental issues and addressing the barriers e.g. transport and providing workable solutions	• Important work happening in secondary care in trialling Equity toolkit (firstly with Urology via Drs Melissa Kerdemelidis and Maira Patu] and Child Health secondary care effort with Emma Rolleston Māori Health Worker, Dr Clare Doocey Clinical Lead and Charge Nurses to identify how to improve responsiveness to Māori • Māori providers, Whānau Ora navigators (funded via Te Pūtahitanga) and Partnership Community Workers, as well as some other community providers are available to assist Whānau with transport to appointments The environmental issues of income, employment, housing, education and not within the control of the health system. Transport is an area we can have some impact on but this is limited and must compete for resources alongside other clinical services.
Are we working /partnering working enough with Māori leaders, influential young Māori leaders, wāhine with stories , etc	• Te Matau a Māui Evaluation Series 2020: Māori providers evaluating services • Recommendation to P&F about creating greater visibility of work being done in Māori communities • MMR Vaccination campaign: champions, Kawa, Māori channels; Influenza immunisation Māori outreach programme • COVID-19 Māori channels, champions
Regarding the new cervical screening rollout -when , where, how -but my main question is how will we get wāhine to return their smears - what could we do to the obvious impediments , getting the homebased test sent back in – e.g. a set day at the marae	The MOH consultation on the **revised HPV primary screening clinical pathway,** which includes the option of self-testing, is now open. We encourage you to provide your feedback. The document can be viewed and your electronic feedback submitted here: https://consult.health.govt.nz/nsu/hpv-primary-screening-self-testing/ In 2015, the Ministry undertook a public consultation on the proposed clinical pathway in preparation for implementing HPV primary screening. Following on from this, the National Cervical Screening Programme (NCSP) is now undertaking a further public consultation on an amendment to the pathway which includes the option of self-testing. The consultation seeks feedback from NCSP stakeholders, professional bodies and advocacy groups on the changes.

Target	What is happening
to return your smears - what work will underpin this project, There is much publicity at the moment on this issue and we need to capitalise on this but also ensure the publicity addresses the long term solutions. Are there areas that Pacifica is doing well that we could leverage or learn from	The outcomes of the consultation will inform the next phase of planning for HPV primary screening. This includes defining the detailed IT requirements to inform the build of the NCSP component of the National Screening Solution. This is a key step in preparation for the programme change to support the implementation of HPV primary screening by July 2023. Recent Māori pilot showed strong engagement with Māori women: the Smear your Mea campaign has been hugely influential as is current high profile example with Minister Kiri Allen ScreenSouth has been doing some excellent work in this area since taking over the contract, and complementing its Breastscreening activity. They are also highly engaged with Pacific women Current Canterbury participation rates are [MOH]: Cervical screening (target 60%): Other 75.5%; Māori 64.3%; Pacific 68.1% Breastscreening (target 60%): Other 77.3%; Māori 69.3%; Pacific 66.4% Bowel Screening (target 60%, at 6 months): Overall 60%; Māori 51.5%; Pacific 35.5% (both improving); 25 cancers found, 2 Māori. Most at Stages 1-2, 3 palliative. FIT positivity rate higher for Māori men (national trend; MOH aware) Equity Advisory Group has strong Māori and Pacific membership; Dame Aroha Reriti-Crofts Champion; seeking Pacific champion; all pre-reach focus has been on general practice (evidence says highly influential) and priority populations. Outreach programme starting. Four key messages: Keep a healthy bowel; Participate in the programme if 60-74; If family history see your GP for referral to Familial Registry • If symptomatic see your GP for referral for colonoscopy

Māori Equity Report

Question	What is happening
Percentage of respondents who couldn't pick up a prescription because of cost - Why is Canterbury the highest; What are the barriers; How can we address this; What can we learn from other comparable DHB?	8.0% of all Canterbury people responding to the 2019 national primary care patient experience survey answered yes to the question: '*Has cost stopped you from picking up a prescription'*. This is the same as for responses across all of NZ. Amongst Māori respondents in Canterbury, 20.7% answered yes to this question, slightly higher than the national rate at 18.2%. People can pay up to $5 at the pharmacy on picking up a prescription item, and may be charged more for any additional services they require, e.g. dose-packing of their regular medicines, home delivery.

	The Ministry and DHBs assist people with the cost of prescriptions through: • exempting prescriptions for children under 14 from the $5 co-payment, and from any after-hours fee which pharmacies at urgent care centres may charge • the pharmaceutical subsidy scheme, which exempts a family from the $5 co-payment once they have paid for 20 prescription items after 1 February each year. Some people are also eligible for assistance from Work and Income NZ with affording prescriptions costs. Some pharmacies will offer special payment arrangements for people who they know to be struggling to afford co-payments. Some pharmacies voluntarily forgo collecting the prescription co-payment. There are options for free prescriptions (no co-payment) including Countdown and Chemist Warehouse, however we are very poor at communicating this to people and we meet huge resistance from Pharmacies that don't offer this.
Percentage of respondence who couldn't visit a GP or nurse because of cost - same questions as above	Refer previous section
Ambulatory sensitive hospitalisation - we already know that this is declining for us so what can we learn from other DHBs	We monitor this which is a proxy measure for primary care access and care. Our PHOs and the CCN look carefully at other services in NZ and learning is an ongoing issue. We want ambulatory sensitive hospitalisations to decline because we can infer that primary access and care is improving.
How often will these Equity indicators be reported to the DHB and how can we incorporate this information into our reports that specifically looks at equity issues Are there other indicators that could be used?	These equity indicators are always available at the link below. They are useful snapshots to view but it's more helpful to report these over a longer time (perhaps bi-annually or annually) and look a trends. Inequity has occurred over almost two centuries of policy and it's only been in the last decade or less that policy has looked to meaningfully and authentically address inequity. Equity must also confront where we invest the vast majority of funding and services, which are in hospitals, PHOs (primary care, GP, pharmacies), Aged Residential Care,NGO providers. It is in these investments and services that we have a high tolerance of failure to achieve equity. Health Quality & Safety Commission | Atlas of Healthcare Variation (hqsc.govt.nz), A window on the quality of Aotearoa New Zealand's health care 2019 | He matapihi ki te kounga o ngā manaakitanga ā-hauora o Aotearoa

	2019 (hqsc.govt.nz): Available online through these links. The Equity Explorer provides information on how health and health care varies between groups of people, and between DHB areas of Aotearoa New Zealand (NZ). **Domains** **Asthma**: This gives clinicians, patients and providers an overview of asthma prevalence, admission rates and medicine use by district health board (DHB). **Bowel cancer**: The bowel cancer Atlas domain presents access, quality and outcome indicators across DHBs and Regional Cancer Network regions for people diagnosed with bowel cancer (adenocarcinoma of the colon or rectum). **Cancer:**This domain provides an overview of the crude and age-standardised incidence rates both overall and for the five most common cancers in New Zealand, by DHB. **Cardiovascular disease**: This shows the use of secondary prevention medicines in New Zealand residents hospitalised with an ischaemic cardiovascular disease event between 2000 and 2010. **Community use of antibiotics**: This domain shows community dispensing of antibiotics for 2017 across all DHBs **Contraceptive use by women:** The domain presents indicators showing available data on each contraceptive method. **Demography**: This shows life expectancy and other basic demographic data around age structure, ethnicity and deprivation. **Diabetes** This shows information by DHB for diabetes care, from identification (prevalence) and pharmaceutical management through to hospital admissions for complications. **Falls** This gives clinicians, patients and providers an overview on the prevalence of falls in people aged 50 and over, including those treated in the community and in hospital. **Gout** This presents information on gout by DHB including gout prevalence, prevalence by ethnicity, and compares treatment. **Health service access**: This domain uses information reported by patients about their experience with health services and builds on what we already know from the national primary care patient experience survey (2018). **Infection and antibiotic use following major surgery**: This shows variation in infections and antibiotic use following major surgery, by DHB. **Lung cancer**: Gives clinicians, patients and providers an overview of the diagnosis and treatment of lung cancer in New Zealand, by DHB and regional cancer network. **Maternity**: Shows variation in medical procedures and complications associated with birth **Mental health in primary care**: Highlights regional and demographic variation in the use of certain psychotropic medicines, with the goal of prompting debate and raising questions about why differences exist. **Mental health key performance indicators**: Presents a small selection of continuity indicators from the Key Performance Indicator Framework for New Zealand Mental Health and Addiction Services report.

	Opioids: Gives clinicians, patients and providers an overview on the use of opioids, grouped into strong and weak, and also morphine and oxycodone separately, by DHB **Patient deterioration**: focuses on patients who deteriorate to the point that admission to an intensive care unit is required **Polypharmacy in older people:** Shows rates of dispensing of medicines in people aged 65 and over. **Surgical procedures**: Shows surgical intervention rates for tonsillectomy and ventilation tube (grommet) insertion. **Trauma**: Shows variation in the performance of trauma services across New Zealand. **Well Child/Tamariki Ora:** Shows how early childhood health services work for children and their families.
What specific programme does this DHB have that will address the anomalies in equity	Māori Health Snapshot, due for completion end June 2021 17/6/2021 Board workshop will identify CDHB activity to address equity
Is there any work being done For Māori by Māori that could help this DHB Is funding of program/pilots/projects/contacts an issue If so what can we do to ensure funding is provided and not a barrier or excuse for non delivery?	Māori Health providers are very active in their communities. Growth pathway and equitable funding are issues that need to be addressed to meet Whakamaua expectations. In a DHB with significant deficit, it is difficult to see how a DHB could increase its investment in by Māori for Māori unless it is prepared to reduce its investment of other services and use this for Kaupapa Māori services. Traditionally DHBs have not done this because they are met with huge resistance from all directions.

Canterbury District Health Board
Te Poari Hauora o Waitaha

Minutes – 26 March 2021
Canterbury DHB Disability Steering Group (DSG)

Attendees:
Grant Cleland (Chair), Harpreet Kaur, Kathy O'Neill, Allison Nichols-Dunsmuir, Rose Laing (Zoom), Paul Barclay, Susan Wood, Kay Boone, George Schwass, Elyse Gagnon, Waikura McGregor, Dave Nicholl, Allison Nichols-Dunsmuir

Apologies: Shane McInroe, Dan Cresswell (Meeting Assistant), Thomas Callanan, Jacqui Lunday Johnstone, Mick O'Donnell, Sekisipia Tangi, Rāwā Karetai, Joyce Stokell, Jane Hughes, Catherine Swan, Simon Templeton
Also In Attendance: Lara Williams (minutes)

Item	Action points	Responsibility	Due
3.	Moved to July agenda: UN Convention	Admin	23/07/2021
4.	**Progress on Finalising DAP** Disability Responsiveness Training for Clinical Staff Allison/Kay to ask Te Pou to speak Kay to confirm if Rich McKinley can speak, confirm and send to Kathy. Elyse to source Nurse Educators, to include Education Units Kathy O'Neill and P&C to meet and report back Finishing Monitoring Template Kay to complete the measures (next stage) and completion dates Complete measures (next stage) and completion dates Kay to speak to Nikky	 Allison/Kay Elyse Susan/Kathy/Elyse Kay Catherine, Jane, Kay Kay	28/05/2021
5.	**UN Convention Update** This is an ongoing project with the aim to report back to DSAC by the end of 2021. Possibly workshop at the July DSG meeting. Susan offered to support this.	Allison	23/07/2021
6.	**Accessibility Charter** Invite guests for signing papers	Kathy/Mick & Comms team	28/05/2021
7.	**Waipapa tour** Susan to forward adverse events to Allison Action point: key points to go to facilities team. 1) disability needs identified by tour 2) mobility parking outside Waipapa 3) guidance from volunteers	 Susan Allison/George to Rob Ojala	28/05/21
8.	**Review of DSG meetings and workplan** Carried forward to May meeting	Admin	Ongoing
9	**Inpatient experience satisfaction survey** Action point: Allison and Susan to meet to determine patient experience survey information/questions to be circulated to the DSG for May meeting	Susan	28/05/21

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10.	**Meeting with John Wilkinson re SI PICS and Disability data capture** Move Kathy's update to May meeting	Kathy	28/05/2021
	Multicultural Council meeting Kathy to look at feedback from Multicultural Society and include some actions for the DAP monitoring template. Some relate to the accessibility charter	Kathy	23/07/2021
	Disability reference group for the CDHB Emergency Control Centre (ECC) Jane Lodge is looking for DSG and other reps to form a disability reference group for the CDHB Emergency Control Centre (ECC). Kathy will also mention at the Providers Forum. Discuss at the May DSG meeting.	Kathy/Grant	28/05/2021

	Agenda Item	**Summary of Discussion**
1.	Karakia Timatanga	Grant welcomed the group and provided a karakia.
2.	Conflicts of Interest	Group reminded to email Lara with updates on interest register.
3.	Apologies/November Meeting Minutes & Actions	Apologies given. January minutes approved. Remembrance given to Lemalu Lepou Suia Tu'ulua. Lemalu's service attended by members. Review of Actions from January meeting: **Action points completed or on today's agenda:** • UN Convention – Carry forward to July meeting (May agenda full)
4.	Progress with finalising DAP and template for monitoring the plan	• Feedback on document. Paper for EMT is with Jacqui. <u>Disability Responsiveness Training for Clinical Staff</u> • Grant asked what P&C are doing in relation disability responsiveness for clinical staff as this is a key issue for the disability community that the DSG have been raising for some time. • Elyse reported on points completed by P&C. • P&C support Clinical Educators however P&C aren't responsible for training. Discussion on a forum to reach Clinical Educators. • CAFS have funding module on HealthLearn, this is in development in next year. Te Pou could speak on competency framework to develop this module. • Susan offered Patient Experience Survey results could start conversation.

	Agenda Item	Summary of Discussion
		• Paul offered experience with sight impaired community to reach Clinical Educators. **Action point: Allison/Kay to ask Te Pou to speak** **Action point: Kay to confirm if Rich McKinley can speak, confirm and send to Kathy.** **Action point: Elyse to source Nurse Educators, to include Education Units** **Action point: Kathy O'Neill and P&C to meet and report back** <u>Finishing Monitoring Template</u> • Grant also said that many of the actions in the P & C section have already been completed and wondered what their future actions would be • He also mentioned that with the draft template that had been circulated some measures and completion dates still needed to be included including: a. Integration of the Mental Health, Paediatric and Child Development Services through a Health Pathways approach. b. Implement recommendations of the Transition Plan for children with complex needs, when they move to Primary Care. c. Work with Specialist Mental Health Services and the disability sector to identify how to build capacity and capability across the system those accessing the Intellectually Disabled Persons Health inpatient services. • It was agreed to have these completed for the May meeting so the monitoring template is can be completed. • Kay updated on Integration of the Mental Health, Paediatric and Child Development Services through a Health Pathways approach. **Action point:** • **Kay Boone to complete the measures (next stage) and completion dates** • Implement recommendations of the Transition Plan for children with complex needs, when they move to Primary Care. **Action point: complete the measures (next stage) and completion dates, Catherine Swan, Jane Hughes, Kay Boone** Transition Group on hold. Nikky Scott is contact. **Action point: Kay to speak to Nikky** Building capability framework. Bruce Penny has sent Kathy update. **Action point: Kathy to contact Bruce to update HealthPathways** **Action point: Kathy to circulate updated plan.**
5.	UN Convention update  DSGAllisonMarch2021.pptx	This is an ongoing project with the aim to report back to DSAC by the end of 2021. Possibly workshop at the July DSG meeting. Susan offered to support this.

	Agenda Item	Summary of Discussion
6.	Accessibility Charter – event in May/Group to develop a policy to promote accessible information	Charter will be signed at May meeting. Papers are with Kathy. **Action point: Kathy/Mick to invite guests, Comms to cover Charter signing**
7.	Feedback from DSG tour of Waipapa building	Thanks to Dave Nicholl for hosting tour. Feedback: Needs to be easier getting to Waipapa and ease of finding lifts to ensure dignity. Handrails have previously been identified, Terry Walker, Maintenance Manager is aware. Quality is also aware of adverse events with handrails. Allison and Susan will compare events as now is the time to identify with Tower 3 being planned. Joyce identified on the visit there is no closed captioning on TVs. Volunteers can guide disabled patients to Waipapa, volunteers return to Chch Hospital. Patients can contact volunteers for guidance back. **Action point: Susan to forward adverse events to Allison** **Action point: key pints to go to facilities team. 1) disability needs identified by tour 2) mobility parking outside Waipapa 3) guidance from volunteers** **There is a paper going to EMT facilities team.**
8.	Review of DSG meetings and workplan to enhance our progress with implementing DAP	Carried forward to May meeting.
9.	Inpatient experience satisfaction survey	Susan presented survey, disabled people's findings. For more details contact Susan. Allison asked if more questions can be added and/or dropped. Request for Covid and Bed Boards questions to be added. Request for filters by disability. **Action point: Allison and Susan to meet to determine patient experience survey information/questions to be circulated to the DSG for May meeting**
10.	Other general business	• Housekeeping – keep "Covid response" as a standing action point in General Business. • Meeting with John Wilkinson re SI PICS and Disability data capture **Action point: Move update to May meeting** • Liaison with Environment Canterbury – update from Tom. Carina from Greater Chch Transport Group has updated TOR. She will ensure new contact there Ros Service has Tom's contact details for DSG. Discussion on membership numbers and ensuring we have a good coverage. GCTG have met to workshop the new rti system (Tom missed that meeting) and the bus colours. Not sure when the next actual formal meeting is. Ecan are still working out what they need in terms of PTAG.

	Agenda Item	Summary of Discussion
		• Interpreters Guidelines Shona McMillan, Jane Cartwright/Allison have met. Shona will work through best practice document guidelines. Guidelines highlight strategic networks that we can link into. • Multicultural Council meeting. Savinder from MC is meeting with Harpreet to follow up these key points: a. Accessible information and communication access for migrant communities a. Lack of interpreter usage b. Medical staff ignoring people because they can't speak the language c. Need to raise awareness of equipment and other options d. Transport for some to and from hospital e. Personal support with cooking and feeding f. Help with physical mobility issues g. Links to other groups – NASWC, social services – navigator h. Fast track operations difficult because can't afford operations i. People with mental illness with cultural issues need support from people from their community – need to be boundaries around privacy – use interpreters? j. Shame of disability – some cultures see disability negatively – families blocking access to services. Education required to get over stigma. k. Also great examples where great support provided eg. Mosque shooting l. Community literacy – lack of access to computers m. Religious/cultural faith (understandings) n. Kathy acknowledged the gratitude from MC towards CDHB **Action point: Kathy to look at feedback from Multicultural Society and include some actions for the DAP monitoring template. Some relate to the accessibility charter** • Jane Lodge is looking for DSG and other reps to form a disability reference group for the CDHB Emergency Control Centre (ECC). Kathy will also mention at the Providers Forum.
11.	Anything that's different in a disabled person's life since we last met.	Health Minister Andrew Little's Health Summary speech published today. Disability sector acknowledged. **Meeting closed at 1pm. Next meeting 28 May 2021.**

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WORKPLAN FOR CPH&DSAC 2021 *(WORKING DOCUMENT)*

	4 March 2021	6 May 2021	1 July 2021	2 September 2021	4 November 2021
Standing Items	Interest Register Confirmation of Minutes	Interest Register Confirmation of Minutes	Interest Register Confirmation of Minutes	Interest Register Confirmation of Minutes	Interest Register Confirmation of Minutes
Standard Monitoring Reports	Community and Public Health Update Report Planning and Funding Update Report – Q2	Community and Public Health Update Report Planning and Funding Update Report – Q3 Maori & Pacific Health Progress Report	Community and Public Health Update Report	Community and Public Health Update Report Planning and Funding Update Report – Q4	Community and Public Health Update Report Planning and Funding Update Report – Q1 Maori & Pacific Health Progress Report
Planned Items	Community Water Fluoridation Position Statement COVID-19 Update CDHB Pacific Health Strategy – Implementation Plan – Targets & Indicators	Disability Steering Group Update Transalpine Health Disability Action Plan 2020-2030 Public Health Roles / Functions Life Curve	CDHB Workforce Update Public Health Update	Community & Public Health Update – Disability Sector	Disability Steering Group Update Transalpine Health Disability Action Plan Canterbury Accessibility Charter – Accessibility Working Group Update Accessible Information Charter
Governance and Secretariat Issues	Draft 2021 Workplan				
Information only items	Remembering a Pacific Community Hero CPH 6 Month Report to MoH CCN Q1 2020/21 Disability Steering Group Minutes	CCN Q2 2020/21 Disability Steering Group Minutes 2021 Workplan	Māori & Pacific Health Report: Questions & Answers Disability Steering Group Minutes 2021 Workplan	CCN Q4 2020/21 Disability Steering Group Minutes CPH End of Year Report to MoH 2021 Workplan	Disability Steering Group Minutes 2022 Meeting Schedule 2021 Workplan