

# Canterbury

District Health Board

Te Poari Hauora o Waitaha

Minutes – Friday 3 May 2019

Canterbury DHB Disability Steering Group (DSG)

**Attendees:** Gordon Boxall (Chair), Sekisipia Tangi, Jacqui Lunday Johnstone, Allison Nichols-Dunsmuir, Maureen Love, Kay Boone, Susan Wood (by mobile), Waikura McGregor, Paul Barclay, Prudence Walker, Lara Williams (Administrator)

**Guests:** Project Search team - Linda Leishman Project Search tutor, Ricky Project Search intern Morgan Tait, Joshua Dickson, Marilyn McLeod and Marinda Matthew from People & Capability (P&C)

**Apologies:** Ngaire Button, Simon Templeton, Kathryn Jones, George Schwass, Kathy O’Neill, Catherine Swan, Mick O’Donnell, Dave Nicholl, Jane Hughes

	Agenda Item	Summary of Discussion	Action/Who
1	Karakia Timatanga	Karakia provided by Waikura. Karakia is attached, wording reflects the change of season.	
2	Apologies above Previous minutes, matters arising and any conflicts of interest for today’s agenda items	<p>February minutes passed as correct by email as confirmation was needed for them to go to DSAC. Action points from these minutes will be raised in May 24<sup>th</sup> meeting.</p> <p>There were no minutes for March as this meeting was cancelled.</p> <p>Today’s meeting is the April meeting, moved out one week.</p> <p>Gordon acknowledged the events of March 15. Our thoughts are with the victims, and recognition of the first responders and CDHB team, including DSG members George Schwass, Mick O’Donnell and Dave Nicholl to be honoured for their contribution.</p> <p>At the May meeting, DSG plans to discuss of the needs of the Muslim community with disabilities and how we respond to this. If members are aware of needs in the community, please contact Gordon.</p> <p>Interest register - Paul Barclay has been appointed to the Board of Laura Fergusson Trust.</p> <p>Prudence – Consulting on the Access Matters campaign.</p> <p>Prudence also mentioned her links with CCS Disability Action with regards to Disability Awareness Training discussion.</p>	<p><b>Action point –</b> Action points from February meeting to be on May 24<sup>th</sup> agenda.</p> <p><b>Action point –</b> Discussion on Muslim people and disability to be on May 24<sup>th</sup> agenda.</p>
3	Update on Project Search Engagement with at least one intern	<p>Linda Leishman provided an overview. Interns have completed six weeks The aim of Project Search is to develop skills that will enable ongoing success in the competitive workplace. Support continues after completion of the formal intern period. Planning is underway for second cohort to commence in early 2020.</p> <p>It was noted that loosening eligibility criteria beyond having ORRS status) could help ensure doubly-disadvantaged groups (including Māori and Pacific Island communities as well as other minority groups) can participate in Project Search.</p> <p>A Business Advisory Group is being established to advise on the skills that fit other large organisations, so these can be</p>	<p><b>Action point –</b> Allison will follow up with Linda on Burwood site accessibility issues.</p>

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		<p>integrated by CDHB Project Search and expanded in other sectors where appropriate.</p> <p>Dr Colin Gladstone and Erin Riehle have completed their third visit. Their next evaluation visit will be at the end of the year</p> <p>It is important for ongoing funding to be secured, and a funding proposal has gone to the Minister. This is especially important if the programme is to extend beyond ORRS funded school leavers, which is the hope.</p> <p>Stuart Lloyd-Harris has produced a 30 minute film as a teaching tool, including great feedback from interns. Stuart will be filming another section later in the year.</p> <p>There are a range of challenges in adapting a US model to the NZ context, including different skill requirements, Maori and Pacific cultural components.</p> <p>Ricky provided an update of his experience at Burwood. As a visually impaired person he has identified accessibility issues such as signage and need for a handrail. Ricky's skills trainer has worked with him to develop a 3d printer-produced a tool to help him align labels on envelopes. This, and other similar practical examples help focus on people's abilities and problem-solving skills that help barriers to be overcome.</p> <p>Interns have enjoyed their time at Burwood learning workplace relevant skills, while taking on significant responsibilities such as bussing each day (with one student having a 2 hour bus journey each way). Motivation is high and Burwood staff have been "nice and respectful."</p>	
4	Disability Awareness Training	<p>Susan Wood joined the meeting by phone  Josh Dickson is leading diversity initiatives in P&amp;C, including development of 'disability awareness' – one of the Health Disability Action Plan's priorities. This is starting with Managers, but recognises the importance of culture change and an overall framework as CDHB is large and complex.</p> <p>The meeting reminded P&amp;C colleagues of this being on the agenda for a long time with no apparent progress despite ongoing offers from community representatives to assist. There had also previously been an opportunity for CDHB to take a lead role in this area on behalf of all DHB's. The circulated status report prepared by CDHB for DSS indicated that no progress had been made which was very disappointing.</p> <p>It was noted that Auckland DHB had achieved an 'accessibility tick' – see <a href="https://www.adhb.health.nz/about-us/news-and-publications/latest-stories/auckland-dhb-achieves-the-rainbow-tick-and-the-accessibility-tick/">https://www.adhb.health.nz/about-us/news-and-publications/latest-stories/auckland-dhb-achieves-the-rainbow-tick-and-the-accessibility-tick/</a></p> <p>What is needed includes advice on:</p>	<p><b>Action point</b> –Any DSG members who have ideas or materials they think may be useful in CDHB Disability Awareness can send to Joshua.</p> <p><b>Action point</b> – Allison, Prudence and Paul to have a meeting with Joshua to support P&amp;C to get back on track.</p>

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		<ul style="list-style-type: none"> <li>• Direction/aims for framework</li> <li>• What behaviours need to change?</li> <li>• What resources already exist?</li> </ul>	
5	Occupational Health Service.	<p>Jacqui Lunday Johnstone left the meeting Marilyn and Marinda presented on the newly established Tō Tātou Ora [Our Health] work streams which will guide the transformation of the Canterbury DHB Occupational Health service, systems and processes which will result in better support to our people to <i>be and stay well</i>. The Wellbeing team's work is based on issues identified in the 2016 wellbeing survey. Research shows that if people aren't well mentally or physically, this is not best practice for patients. Increased staff wellbeing and welfare leads to reduced sick leave and better care for patients. Occupational Health is one stream of the work to make improvements.</p> <p>Points from the discussion:</p> <ul style="list-style-type: none"> <li>• No mention was made of disabled people in the presentation.</li> <li>• The links between Occupational Health and disability have not been identified as yet. The CDHB, through its Health Disability Action Plan, has an aim to increase the number of staff with disabilities, so DSG recommends an increased disability focus from an Occupational Health (and wider P&amp;C) perspective.</li> <li>• The DSG has a clear aim to improve equity for people with disabilities; their disadvantage in health, economic and social measures are well documented. Addressing this requires focused steps to be taken. The DSG recommends that P&amp;C consider an approach beyond treating everyone equally, and members are available to advise on specific issues and areas where improvements could be made.</li> <li>• DSG raised the question of whether there is a gap for disabled people who are not sick, as this service is set up with an illness/injury focus. Example, understanding and developing 'accommodations' for disabled people – where does this fit?</li> <li>• DSG asked how might P&amp;C integrate the unique and valuable role of people with lived experience of impairment in carrying out its work? E.g. could there a member of the Occupational Health Advisory Group who has personal experience of disability? The discussion identified this as an area where DSG and P&amp;C differ. Kathy O'Neill is on one of the groups; DSG's view is that while this is good, it is not lived experience representation.</li> <li>• It was noted that P&amp;C is developing a diversity and wellbeing policy. This may assist to apply a 'disability lens' to more of their work.</li> </ul>	<p><b>Action Point:</b> Presentation to be included with minutes.</p>

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6	General Business	<p>Accessibility Charter Working Group update from Allison. Focus is on EMT approval of implementation plan and update to DSAC. Main work relates to incorporating accessibility into policies, procedures, project management (development of guidelines). Project managers are tasked with building this into their work. There are issues around DHB access to technical advice – either contracted or staff – either one would need funding.</p> <p>Feedback was positive from the group on the Mobility Parking online live time map developed by Matt and shared by Mick. The map can be seen at <a href="http://www.cdhb.health.nz/mobilityparking">www.cdhb.health.nz/mobilityparking</a></p> <p>Not discussed due to time constraints:</p> <ul style="list-style-type: none"> <li>- Annual Plan Report to MOH update – attached to agenda</li> <li>- Health and Disability Review Submission</li> <li>- Website feedback</li> <li>- Given our priorities who would we like to hear from/timetable in?</li> <li>- Questions raised by Ngaire in advance of her presentation</li> <li>-Anything that's different in a disabled person's life since we last met?</li> </ul>	<p><b>Action Point:</b></p> <p>Allison will make some suggestions to Matt on the map</p> <p><b>Action Point:</b></p> <p>DSG members who have suggestions on who they would like to hear from can let Gordon know.</p>
	Next Meeting	<p><b>Next meeting Friday 24<sup>th</sup> May 2019</b></p> <p><b>11am-1pm</b></p> <p><b>32 Oxford Terrace</b></p>	