# 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, 2 July 2020 commencing at 1.00pm**

| | | | |
|---|---|---|---|
| **Administration** | | | |
| | Welcome & Apologies | | 1.00pm |
| 1. | Conflict of Interest Register | | |
| 2. | Carried Forward / Action List Items | | |
| **Presentations** | | | |
| 3. | UN Convention on the Rights of Persons with Disabilities and the Canterbury District Health Board | Allison Nichols-Dunsmuir<br>*HIAP Advisor* | 1.10-1.40pm |
| 4. | COVID-19: Population Wellbeing Update | Sue Turner<br>*Public Health Manager*<br>Lucy Daeth<br>*Public Health Specialist* | 1.40-2.10pm |
| 5. | Future Operational Plan (Oral) | Evon Currie<br>*General Manager, C&PH*<br>Dr Ramon Pink<br>*Medical Officer of Health* | 2.10-2.30pm |
| **Reports for Noting** | | | |
| 6. | Transalpine Health Disability Action Plan | Jacqui Lunday-Johnstone<br>*Executive Director, Allied Health, Scientific & Technical* | 2.30-2.50pm |
| 7. | COVID-19: Issues and Actions Identified by Members of the Disability Steering Group | Kathy O'Neill<br>*Team Leader, Primary Care* | 2.50-3.10pm |
| **ESTIMATED FINISH TIME** | | | **3.10pm** |
| | Information Items<br>• Notes from Informal Meeting – 5 March 2020<br>• CPH&DSAC Terms of Reference<br>• Disability Steering Group Minutes - 28 February 2020<br>• 2020 Workplan | | |

**NEXT MEETING: Thursday, 3 September at 1.00pm**

# ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

## COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

Jo Kane (Chair
Aaron Keown (Deputy Chair)
Sally Buck
Catherine Chu
Naomi Marshall
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

David Meates – *Chief Executive*
Evon Currie – *General Manager, Community & Public Health*
Michael Frampton – *Chief People Officer*
Mary Gordon – *Executive Director of Nursing*
Carolyn Gullery – *Executive Director Planning, Funding & Decision Support*
Jacqui Lunday-Johnstone – *Executive Director of Allied Health, Scientific & Technical*
Hector Matthews – *Executive Director Maori & Pacific Health*
Sue Nightingale – *Chief Medical Officer*
Karalyn Van Deursen – *Executive Director of Communications*
Stella Ward – *Chief Digital Officer*
Justine White – *Executive Director Finance & Corporate Services*

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

# COMMITTEE ATTENDANCE SCHEDULE 2020

Canterbury District Health Board
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| NAME | 05/03/20 Informal Mtg | 07/05/20 Mtg Cancelled | 02/07/20 | 03/09/19 | 05/11/20 |
|---|---|---|---|---|---|
| Jo Kane (Chair) | √ | | | | |
| Aaron Keown (Deputy Chair) | # | | | | |
| Sally Buck | # | | | | |
| Catherine Chu | | * 16/04/2020 | | | |
| Naomi Marshall | √ | | | | |
| Gordon Boxall | | * 01/06/2020 | | | |
| Tom Callanan | √ | | | | |
| Wendy Dallas-Katoa | √ | ** 01/06/2020 | | | |
| Rochelle Faimalo | # | | | | |
| Dr Susan Foster Cohen | √ | ** 01/06/2020 | | | |
| Rawa Karetai | | * 01/06/2020 | | | |
| Yvonne Palmer | # | | | | |
| Michelle Turrall | | * 01/06/2020 | | | |
| Dr Olive Webb | # | | | | |
| Hans Wouters | # | ** 01/06/2020 | | | |
| Sir John Hansen (ex-officio) | √ | | | | |
| Gabrielle Huria (ex-officio) | # | | | | |

√ 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)*

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|---|---|
| **Jo Kane**<br>**Chair – CPH&DSAC**<br>Board Member | **Christchurch Resettlement Services** - Member<br>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.<br><br>**HurriKane Consulting** – Project Management Partner/Consultant<br>A private consultancy in management, communication and project management. Any conflicts of interest that arise will be disclosed/advised.<br><br>**Latimer Community Housing Trust** – Project Manager<br>Delivers social housing in Christchurch for the vulnerable and elderly in the community.<br><br>**NZ Royal Humane Society** – Director<br>Provides an awards system for acts of bravery in New Zealand. It is not anticipated any conflicts of interest will arise. |
| **Aaron Keown**<br>**Deputy Chair – CPH&DSAC**<br>Board Member | **Christchurch City Council** – Councillor and Community Board Member<br>Elected member and of the Fendalton/Waimairi/Harewood Community Board.<br><br>**Grouse Entertainment Limited** – Director/Shareholder |
| **Gordon Boxall** | **Akaroa Community Health Trust (*ACHT*)** – Chairperson and Trustee<br>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.<br><br>**Akaroa Health Limited** – Director<br>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.<br><br>**Pathways** – Director<br>National provider of mental health and wellbeing supports and services. It has contracts with CDHB.<br><br>**People First / Nga Tangata Tuatahi** – National Advisor<br>Volunteer role to support people with learning / intellectual disabilities to govern their own organisation.<br><br>**Weaving Threads Limited** – Owner / Director<br>Provides mentoring services to leaders in the disability sector and contracts with disability and mental health agencies. |

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| **Sally Buck**<br>Board Member | **Christchurch City Council (*CCC*)** – Community Board Member<br>Chair of the Central/Linwood/Heathcote Community Board which has delegated responsibilities from the CCC.<br><br>**Registered Resource Management Act Commissioner**<br>From time to time, sit on Resource Management Act panels for the CCC. Specific interests will be declared at the time.<br><br>**Rose Historic Chapel Trust** – Member<br>Charitable voluntary body managing the operation of the Rose Historic Chapel, a CCC owned facility. |
| **Tom Callanan** | **CCS Disability Action** – Services Manager, Canterbury<br>Service provider within disability sector in New Zealand, including advocacy and information sharing.<br><br>**Disability Sector System Transformation, Regional Leadership Group** – Member.<br><br>**Project Search Canterbury** – Steering Group Member<br>Representing CCS Disability Action as a partner. CDHB current host business.<br><br>**Southern Centre Charitable Trust** – Trustee and Treasurer<br>The Southern Centre Trust is a partnership with CCC of the Southern Centre, which was initially located in the Council-owned QEII Centre, and was relocated to the Pioneer Recreation and Sport Centre (also Council-owned) following the Canterbury earthquakes. Council is responsible for the day-to-day operation of the Southern Centre. The parties also intend to collaborate in respect of the anticipated Metro Centre, a water-based Multi-Sensory Environment to be constructed by Council by the end of 2022. |
| **Catherine Chu** | **Bank of New Zealand** – Private Banking Manager<br>Christchurch Partners Centre<br><br>**Christchurch City Council** – Councillor<br>Local Territorial Authority<br><br>**Keep Christchurch Beautiful** – Executive Member<br><br>**Riccarton Rotary Club** – Member<br><br>**The Canterbury Club** – Member |
| **Rochelle Faimalo** | **Canterbury Youth Workers Collective** – Committee Member<br><br>**Faimalo Limited** – Director & Shareholder<br><br>**Hurunui District Council** – Community Team Leader |
| **Rawa Karetai** | **To be advised.** |
| **Naomi Marshall**<br>Board Member | **Riccarton Clinic & After Hours** – Employee<br>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. |

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| **Yvonne Palmer** | **Age Concern Canterbury** – Project Coordinator<br>Staff member responsible for education courses and events.<br><br>**Canterbury Community Justice Panels** – Facilitator/Panel Member/ Member Steering Group<br><br>**Canterbury Justice of the Peace Association Incorporated** – Elected Councillor<br><br>**Safer Waimakariri Advisory Group** – Member<br><br>**Styx Living Laboratory Charitable Trust** – Trustee |
| **Michelle Turrall**<br>Manawhenua | **To be advised.** |
| **Dr Olive Webb** | **Canterbury Plains Water Trust** – Trustee<br>**Greater Canterbury Forum** - Member<br>**Private Consulting Business**<br>Sometimes works with CDHB patients and services.<br><br>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**<br>**Ex-Officio – CPH&DSAC**<br>Chair, CDHB | **Bone Marrow Cancer Trust** – Trustee<br><br>**Canterbury Clinical Network Alliance Leadership Team** - Chair<br><br>**Canterbury Clinical Network Oxford and Surrounding Area Health Services Development Group** - Member<br><br>**Canterbury Cricket Trust** - Member<br><br>**Christchurch Casino Charitable Trust** - Trustee<br><br>**Court of Appeal, Solomon Islands, Samoa and Vanuatu**<br><br>**Dot Kiwi** – Director and Shareholder<br><br>**Judicial Control Authority (*JCA*) for Racing** – Appeals Tribunal Member<br>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.<br><br>**Ministry Primary Industries, Costs Review Independent Panel**<br><br>**Rulings Panel Gas Industry Co Ltd**<br><br>**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**<br>**Ex-Officio – CPH&DSAC** | **Nitrates in Drinking Water Working Group** – Member<br>A discussion forum on nitrate contamination of drinking water. |

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|---|---|
| Deputy Chair, CDHB | **Pegasus Health Limited** – Sister is a Director<br>Primary Health Organisation (*PHO*).<br><br>**Rawa Hohepa Limited** – Director<br>Family property company<br><br>**Sumner Health Centre** – Daughter is a General Practitioner (*GP*)<br>Doctor's clinic.<br><br>**Te Runanga o Ngai Tahu** – General Manager<br>Tribal Entity.<br><br>**The Royal New Zealand College of GPs** – Sister is an "appointed independent Director" College of GPs. |

# CARRIED FORWARD/ACTION ITEMS

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## COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE
## CARRIED FORWARD / ACTION ITEMS / POSITION STATEMENTS
## AS AT 2 JULY 2020

| | DATE | ACTION | REFERRED TO | STATUS |
|---|---|---|---|---|
| 1. | 29 Aug 19 | CALD presentation on availability and accessibility of health information in the community. | Evon Currie | Scheduled for 3 September 2020. |
| 2. | 29 Aug 19 | The First 1,000 Days – update on development of South Island Plan. | Carolyn Gullery | Scheduled for 3 September 2020. |

## CDHB POSITION STATEMENTS

| STATEMENT | DATE ADOPTED | STATUS |
|---|---|---|
| Alcohol Position Statement | Jul 2012 | |
| Canterbury Water Management Strategy | Oct 2011 | |
| Fluoridation Position Statement | Jul 2003 | |
| 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 | |

NB: Position Statements may be accessed via Diligent's Resource Centre

# UN Convention on the Rights of Persons with Disabilities and the Canterbury District Health Board

Allison Nichols-Dunsmuir

Health in All Policies Advisor

Community and Public Health

Canterbury District Health Board
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# Outline

- The Convention
- The Convention and the CDHB
- Discussion

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# The Convention

- 2006-2008 UN adopts, NZ signs and ratifies
- Monitoring commences to check progress
- Third monitoring process underway now
- Nothing about us without us

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# The Convention

- A response to over 650 million disabled persons worldwide.
- Focus on human rights, redressing marginalisation
- Sets out the legal obligations on States to promote and protect the rights of persons with disabilities.
- It does not create new rights

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# The Convention

- 50 Articles
- Wide ranging, cover all aspects of determinants of health
- Examples articles for education, employment, justice, privacy, emergencies

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# Purpose of Convention (Article 1)

To promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity

Convention on the Rights of Persons with Disabilities

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# What is Disability?

The Convention does *not* explicitly define disability

- 'Disability is an **evolving** concept, and that disability results from the **interaction** between persons with impairments and attitudinal and environmental barriers

Convention on the Rights of Persons with Disabilities

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# What is Disability?

- 'Persons with disabilities **include** those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others'.

Convention on the Rights of Persons with Disabilities

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# The Convention and the CDHB

- Main (but not only) articles
- Health
- Habilitation/Rehabilitation
- Accessibility

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# Article 25 - Health

- Right to highest attainable standard of health without discrimination on the basis of disability.
- Same range, quality and standard of free or affordable health care and programmes
- Plus health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities

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# Article 25 - Health

- Ensure free and informed consent
- Ethical standards
- Increase awareness amongst health professionals of human rights, dignity, autonomy and needs of persons with disabilities

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# Article 26 – Habilitation and rehabilitation

- Strong programmes to maximise independence, full physical, mental, social & vocational ability, and full inclusion & participation in all aspects of life

- Increase awareness amongst health professionals of human rights, dignity, autonomy and needs of persons with disabilities

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# Article 26 Habilitation and rehabiliation

Begin at the earliest possible stage

Multidisciplinary assessment of individual needs & strengths

Training for professionals and staff

Assistive devices and technologie

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# Article 9 - Accessibility

- Enable people to live independently & participate fully in all aspects of life, including on an equal basis with others, to the physical environment, to transportation, to information, communications, information technology, facilities and services

- Must identify obstacles and barriers to accessibility in buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces

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# Article 9 - Accessibility

- Accessibility standards for public facilities and services
- Training and compliance monitoring of those standards
- Importance of accessible signage
- Communication assistance

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# NZ H&D sector

## Hierarchy for requirements and mandates

- International – UNCRPD +
- National – H&D Act, Strategies, Ministerial expectations, service strategies
- DHB Board and committees, Plans, service plans, policies, Health Disability Action Plan, ACWG

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# The Convention and the CDHB

- How do we embed the Convention into our planning, funding, service delivery and wider public health roles?

Convention on the Rights of Persons with Disabilities

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# The Convention and the CDHB

- How do we collect, analyse and make use of information to enable us to monitor how we are doing?
- How effective are our communications?
- Do we offer training, capacity building, awareness raising?
- How do our policies and procedures assist?
- How do we include disabled people in all stages of implementation?

Convention on the Rights of Persons with Disabilities

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# COVID-19 : Population wellbeing update

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**Dr. Lucy D'Aeth - Public Health Specialist**
**Sue Turner – Manager, All Right? Campaign**
Community and Public Health
Canterbury District Health Board

# National CDEM Plan Welfare sub-functions

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*(Welfare services support individuals, families and whānau, and communities in being ready for, responding to, and recovering from emergencies, which includes the following welfare services sub-functions:*

*(a) registration:*

*(b) needs assessment:*

*(c) inquiry:*

*(d) care and protection services for children and young people:*

***(e) psychosocial support: Led by Ministry of Health nationally and DHBs locally***

*(f) household goods and services:*

*(g) shelter and accommodation:*

*(h) financial assistance:*

*(i) animal welfare.*

https://www.civildefence.govt.nz/assets/Welfare-Services-in-an-Emergency/Welfare-Services-in-an-Emergency-Directors-Guideline.pdf

# National Psychosocial Plan

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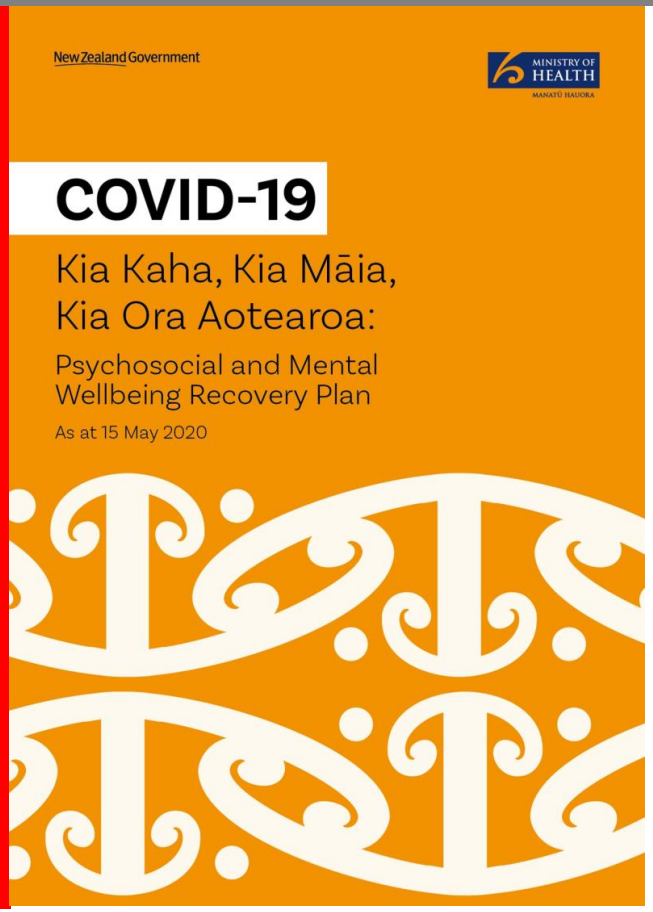


Psychosocial support

- focuses on ensuring that the mental and social wellbeing needs of whānau and communities are met, and **they are supported to recover, adapt and thrive despite challenges and disruption**.
- **spans a wide range of both mental health and social interventions:** from …clear information, basic needs and community connection… to delivering specialist mental health and addiction services
- The goal of the recovery framework is **to protect and enhance people's mental wellbeing so that they can adapt and thrive** after their lives have been disrupted by the COVID-19 pandemic

https://www.health.govt.nz/publication/covid-19-psychosocial-and-mental-wellbeing-recovery-plan

# COVID-19 Psychosocial and Mental Wellbeing Recovery Framework

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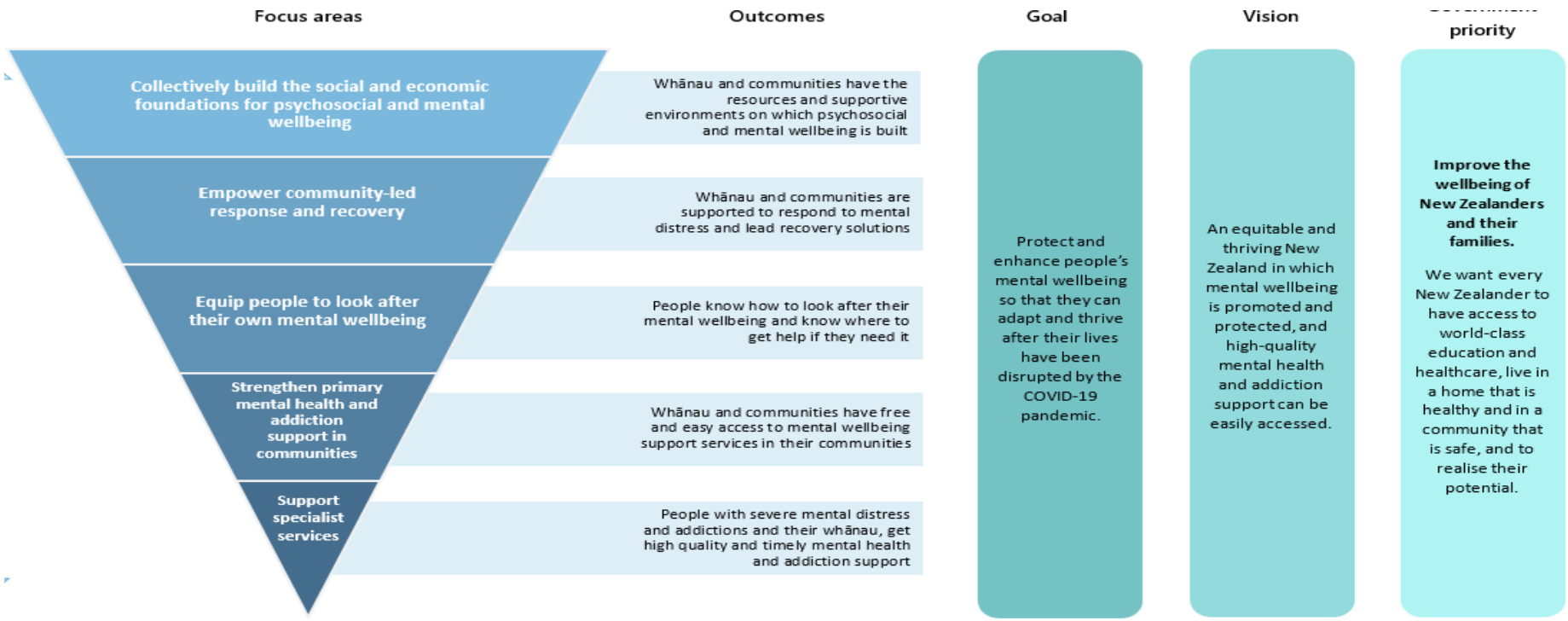

# Conditions for mental wellbeing

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- Safety
- Self –efficacy and community empowerment
- Sense of connection
- Calm
- Hope

"What matters … is not how individuals actually cope but rather how they perceive their capacities to cope and control outcomes. The perception that one is capable of managing the specific demands related to the disaster has been strongly predictive of good psychological outcomes."

(Norris et al., 2002)

"The universal experience of living through a great shock is the feeling of being completely powerless [...]. The best way to recover from helplessness turns out to be helping – having the right to be part of a communal recovery."

(Woolf, 2007)

https://www.centreformentalhealth.org.uk/sites/default/files/2020-05/CentreforMentalHealth_Briefing56_Trauma_MH_Coronavirus_2.pdf

# Pae Ora framework (incorporates waiora, whānau ora and mauri ora)

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**Values/Principles**

- Kotahitanga- alignment with purpose
- Te Kāinga- localised solutions (also recognises interdependence between individual and community)
- Manaakitanga- deep ethic of care for those effected
- Mana Orite- Equity

**Objectives: How individuals and communities will feel/know**

- Mana Tuku Iho (Identity and belonging)
- Mana Āheinga (Aspiration and Capacity)
- Mana Tauutuutu (Community belonging and Cohesion)
- Mana Whanake (Future prospects / resource)

# Local initiatives gone national!

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# Getting through together
# Whāia e tātou te pae tawhiti

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# Campaign objectives

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1. Recognition, validation and reassurance of psychological impacts (feeling heard/seen)
2. Maintaining a sense of agency (focusing on what we can control/influence – self-efficacy/determination)
3. Maintaining a sense of social connectedness (despite physical distancing)
4. Maintaining community and practicing kindness (maintaining social capital)
5. Collective responsibility/action (purpose and meaning during uncertain, troubling times)
6. Brokering optimism – fostering a sense of safety and hope

# Sparklers at home

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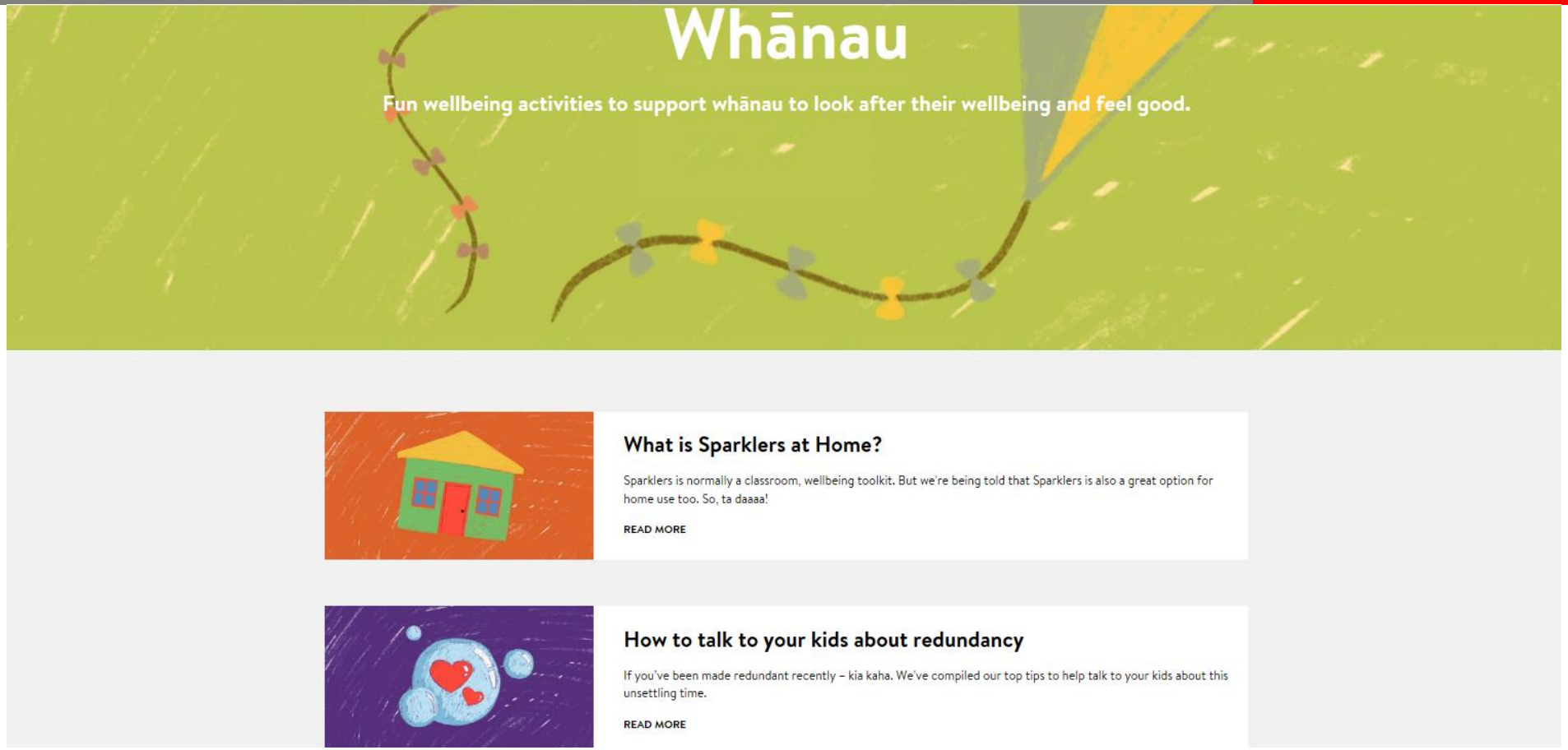

# Questions???

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# TRANSALPINE HEALTH DISABILITY ACTION PLAN

Canterbury District Health Board
Te Poari Hauora o Waitaha

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

**PREPARED BY:** **Kathy O'Neill, Team Leader, Planning & Funding**

**APPROVED BY:** **Jacquie LundayJohnstone, Executive Director, Allied Health, Scientific & Technical**

**DATE:** **2 July 2020**

| Report Status – For: | Decision ☐ | Noting ☑ | Information ☐ |
|---|---|---|---|

## 1. ORIGIN OF THE REPORT

This paper is to advise CPH&DSAC of the progress on refreshing the Transalpine Health Disability Action Plan (the *Action Plan*) and to provide an opportunity for feedback before the Plan is presented for endorsement by the Executive Management Team (*EMT*), the Alliance Leadership Team (*ALT*), and through CPH&DSAC to the Canterbury DHB Board.

Please note a parallel process is occurring with the West Coast health system.

## 2. RECOMMENDATION

That the Committee:

i. notes the progress to date on the Priority Actions for 2016 -2019 of the Transalpine Health Disability Action Plan 2016 – 2026; and
ii. provides points of feedback on the current draft of the Transalpine Health Disability Action Plan 2020 – 2030.

## 3. SUMMARY

Accompanying this paper and the refreshed Action Plan (Appendix 2), is a draft Work Plan (Appendix 3) which is being developed to identify what will be completed in the next 12 months against the 48 new and revised priorities actions. These actions have been identified following the consultation process with disabled people, their whanau and disability providers undertaken in the second half of 2019.

It is also requested that CPH&DSAC note the new members and Chair of the Disability Steering Group (*DSG*) (Appendix 1) which joined in January 2020 following a nomination and selection process led by the previous Chair, Gordon Boxall. The draft refresh of the Action Plan has been endorsed by DSG for wider feedback

## 4. DISCUSSION

### Building On The Current Plan

The 16 objectives of the Disability Action Plan are unchanged, and the high priority areas identified as the focus for the last three years remain, although the progress made to date will be built upon. These priority areas are as follows, with key areas of progress provided:

i. Employing More People With A Disability In The Canterbury DHB
   - In February 2019, the DHB had the first eight school leavers with intellectual disability commence a one year internship to provide work experience and grow essential skills

for permanent employment. The internship is a validated approach known as Project Search. While it is expected that some interns will remain in the DHB as employees, 80% of Project Search graduates go on to at least part-time employment. (While eight new interns started in February 2020 they choose suspend their attendance during levels 3 and 4 of the COVID19 response).

- The Canterbury DHB held a cross sector employment forum to identify approaches and opportunities on how to employ more people in the DHB on 5 July 2019. Key themes and opportunities identified from the forum are being collated and an action plan specifically related to achieving employment of a diverse workforce in the Canterbury DHB will be developed.
- A policy on Diversity, Inclusion and Belonging has been approved. This policy establishes the expectations for the DHB, provides a toolkit for employing managers on practises to reduce barriers for employing people from diverse backgrounds, and human resource processes which will support improved attraction, recruitment and retention of staff with diverse needs.

ii. Disability Awareness Training for Staff

- An on-line training module on disability awareness is available to health system staff on HealthLearn and there have been 1,423 staff complete the module to date. This is far below the target being sought and the Canterbury DHB Annual Plan for 2019/20 includes the following actions:
  - *Engage subject matter experts to develop disability training modules, building on the e-learning work completed in 2017/18.*
  - *Engage with the DHB Disability Steering Group and Māori and Pacific leads to ensure content is consumer focused and culturally appropriate.*
  - *Track uptake and feedback on modules as a means of evaluation and to identify improvements.*
- A video library is being developed that shares the experiences people with a disability and their families have had in our health system. This video will be shared with staff to support learning, at orientations, and as a component of other training modules.
- A toolkit for hiring managers is in development to ensure processes address unintentional bias.

iii. Accessible Buildings And Facilities

- The Canterbury DHB has signed the Canterbury Accessibility Charter to support the DHB to be accountable to the community for improving its built environment, making the commitment to take a universal design approach which will better achieve accessibility for everyone.
- The Canterbury DHB has formed an Accessibility Charter Working Group to integrate accessibility into business as usual. This includes better collation of information about accessibility issues and improving project managers consideration of accessibility throughout design and build projects. It is also important to use accessibility audits as standard practice as well as the expertise of people with lived experience of disability. This frequently requires building above Building Code, which is challenging when the Canterbury DHB does not have control of managing the build.

iv. Improving Communication

- A Communication Plan has been developed to facilitate regular communication and engagement with the disability sector, with key documents such as "Well Now" used to disseminate disability related information.
- The DHB website was reviewed for accessibility and has been re-designed based on recommendations.
- Access to New Zealand Sign Language interpreters for people with a hearing impairment has been included in an overarching policy for interpreter services. A

working subgroup of the Population Health and Access SLA has been formed to review the current provision across all the health system including primary care; it is anticipated this will result in recommendations to ensure improved access to interpreters.

- A paper has been considered and supported by CPH&DSAC on the adoption of the national guideline on accessible information "Leading the Way in Accessible Information". Adopting this approach commits the DHB to setting targets on only circulating accessible information that uses accepted formats and language. A Working Group has formed and a paper is in draft ready to be submitted to EMT for approval.

v. Measuring Disabled Peoples Experience Of Health Services

- The Quality and Patient Safety Team, with the support of the Disability Steering Group, successfully lobbied the Health Safety and Quality Commission to include the Washington Short Questionnaire (which is the approved structured questions on whether someone identifies as being a disabled person) in all the national Patient Satisfaction Surveys. This feedback is now flowing and a report is being developed by the Quality and Patient Safety Team for DSG, and CPH&DSAC as appropriate.

If further information on progress is required a full summary report is available on request.

## The Refreshed Plan

In addition to the new and refreshed Priority Actions for 2020 to 2023 the timeframe of the Plan has been revised for the 10 year period from 2020 – 2030 rather than 2016 -2026 as there have been a number of wider changes that have required a more extensive re-write than just amending the priority actions. This has included the publishing of the new New Zealand Disability Strategy 2016 – 2026 and required the strategic objections of the Canterbury and West Coast Disability Action Plan to be aligned with the eight strategic objectives of the national document.

While it has been agreed that the Plan aligns with the principles of Enabling Good Lives (identified and approved by disabled people) and of whanauora, the manawhenua and disability community members of DSG required that this be made more explicit and a table has been added to meet this.

The progress to date and the process of refreshing the Plan has also been added into the forward of the Plan.

The 12 month Work Plan is a necessary addition to the previous Action Plan and identifies the lead DSG members responsible for ensuring the next steps are progressed and within an identified timeframe. This section is being worked through at the time of writing this paper and is subject to further amendment before the Plans final sign off. It is important to note that the West Coast will continue to have the same Transalpine Disability Action Plan as Canterbury, but their Advisory Committee and Alliance Leadership Team have approved the development of a West Coast Disability Steering Group who will develop and implement their own Work Plan. At that point Canterbury will separate out the Canterbury and West Coast actions and there will be two separate Work Plans although there will still be some shared priority actions due to the transalpine coverage of some Divisions charged with implementing actions specific to their scope of work (eg. People and Capability, Quality and Patient Safety). The timeframe for this to occur is a new West Coast Steering Group will be formed by November 2020 and the Work Plan developed for the West Coast by April 2021.

The membership of DSG is also required to be refreshed at the same time as the refresh of the priority actions of the Action Plan. A review of the original membership was conducted with the following recommendations made:

- Strengthen Maori and Pacific influence by increasing members from one to two members for both.

- Seek greater diversity from disability community members (eg. mental health, CALD members).
- Increase connection with Disabled Peoples Organisations (nationally recognised as being the voice of disabled people).
- Maintain existing range of membership.

The recruitment process has successfully met all of these recommended breadth of membership perspectives and has increased the disability community membership from six to 11 and we have now also achieved the new Chair, Grant Cleland, who brings a background of experience of working in leadership roles in the disability sector as well as having his own lived experience of disability.

### Proposed Impact

The refreshed Action Plan incorporates actions that will improve the experience of the health system for disabled people and their whanau. The following areas have been added or strengthened in direct response to what disabled people have said they want addressed. There is an increased emphasis on primary care settings compared to feedback received in 2015/16.

- Ensure the system has the capacity and focus to intervene early and is appropriate to individual needs.
- Reduce the need for disabled people to have to repeat their story through increased shared records and plans.
- Increase disabled peoples self-determination by giving them more control of their information, through patient portals and knowing what is being communicated about them.
- Employ more disabled people with a target of having the health workforce more reflective of the population, including employing more Maori and Pacific people.
- In the most part, the way we communicate with disabled people and their whanau has not improved over the last few years. There is an increased level of priority for 2020/21 with the formation of a Working Group and the aim to commit the DHBs to the national Accessible Information Charter which commits the organisations to communicating in the five required formats.
- Add specific age-related priority actions, as the highest proportion of the population with a disability is older people but there has previously been very little specifically in the Action Plan for them.
- Intellectually disabled people have the poorest health outcomes. This needs to be added to the Plan.
- There needs to be a person or place that can navigate the very complex health and disability system.

The Canterbury Alliance Leadership were presented the refreshed Action Plan and Work Plan for feedback at their meeting on 15 June 2020. Their response was very positive and the Canterbury Clinical Network Programme Office are offering their support to progress the actions across the system. To support this, members of their Programme Office are joining the Accessible Information Working Group and other options are being explored at a meeting with the Programmes Executive Director in early July.

### Concerns, Risks & Mitigation

The previous version of the Action Plan had 42 priority actions which were seen as too many to effectively progress. While most of the priority actions have had work under taken to progress to achieve the strategic objective not all made substantial gains. The risk is that with an increase to 48 priority actions it is unrealistic to expect all of these to be progressed. A number of strategies are being put in place to increase the opportunities for improvements to be made. The Work Plan is a key component of this along with the increased number and expertise within the DSG membership who will in turn take on lead responsibilities for progressing the actions. Also, the foundation laid in

the first phase of the Action Plan has now created a platform for accelerated progress compared to the first version of the Action Plan.

### Implementation and Evaluation

The Work Plan has been developed to provide increased structure to implementation of the Action Plan for the next 12 months. Evaluation will be through the DSG and will use a number of mechanisms including achieving the timeframes in the Work Plan, comparing against baseline data where possible and regular engagement with the disability community as described in the priority actions.

## 5. CONCLUSION

### Immediate Next Steps

- Complete Work Plan 20 June 2020.
- Send Refreshed Action Plan to Medical Illustration for formatting and graphics that are culturally appropriate.
- Follow a process of endorsement by Maori and Pacific health manawhenua and advisory groups, ALT, and the DHB leadership and governance processes.

## 6. APPENDICES

Appendix 1: Canterbury DHB Disability Steering Group (DSG) Members
Appendix 2: Canterbury & West Coast Health Disability Action Plan 2020 – 2030
Appendix 3: Priority actions 2020 – 2023 with next steps planned for 2020 - 2021

**APPENDIX 1**

## Canterbury DHB Disability Steering Group (DSG) Members

| Name | Role /Perspective |
|---|---|
| Jacqui Lunday Johnstone | Canterbury DHB Executive Sponsor – Executive Director of Allied Health, Scientific and Technical |
| Grant Cleland | DSG Chair, Lived Experience of Disability, Private Consultant on Disability Issues, Previous CEO of Workbridge |
| Kathy O'Neill | Disability Lead , Team Leader Primary Care, Planning and Funding Canterbury DHB |
| Waikura Tau-McGregor | Manawhenua, Whanau Ora navigator-Hei Whakapiki Mauri |
| Rāwā Mahu Karetai | Currently seconded as All of Government Communications Director - COVID-19 Disability Response, Disability Directorate MOH, from usual role of System Transformation Lead Disability Directorate Strategy, Policy and Performance.<br>Manawhenua, Lived experience of disability and LGBTQ community |
| Sekisipia Tangi | Pacific Community member |
| Lemalu Lepou Tuulua | Pacific Community member, Works for Vaka Tautua (only Disability Funded Provider in the South Island) Member of Canterbury System Transformation Leadership Group |
| Joyce Stokell | Deaf, General Manager Canterbury Branch Deaf Aotearoa (Disabled Peoples Organisation) Family member |
| Paul Barclay | Blind, Employed in Employment support for Blind Foundation (Disabled Persons Organisation) |
| Thomas Callanan | Lived experience of disability, Employed CCS Disability Action (Disabled Persons Organisation) Member Canterbury DHB Disability Support Advisory Committee to the Board, Chair Disability Provider Network, Member of Canterbury System Transformation Leadership Group |
| Harpreet Kaur | Mental health, CALD community, contracted by MSD to engage with Ethnic Communities |
| Shane McInroe | Learning Disability, People First, Member of Canterbury System Transformation Leadership Group and the National |
| Simon Templeton | CEO Age Concern, Board member of CCS Disability Action Canterbury and West Coast |
| Rose Laing | Canterbury Clinical Network, Primary Care |

| | |
|---|---|
| George Schwass | Senior Operations Manager Christchurch Hospital Campus, CDHB |
| Dave Nicholl | Service Manger General Medicine, Clinical Pharmacology and Dermatology CDHB |
| Catherine Swan | Medical Specialist, Community Paediatric Services, CDHB |
| Jane Hughes | Clinical Director, Intellectually Disabled Persons Health, Specialist Mental Health CDHB |
| Allison Nichols Dunsmuir | Health in All Policies, Community and Public Health. Family member CDHB |
| Maureen Love | Strategic HR Business Partner, People and Capability CDHB |
| Tyler Brummer | Programme Manager Diversity Inclusion and Belonging People and Capability CDHB |
| Susan Wood | Director Quality and Patient Safety CDHB |
| Mick O'Donnell | Communications Team Leader CDHB |

# CANTERBURY AND WEST COAST HEALTH DISABILITY ACTION PLAN

## 2020 - 2030

***A plan for improving the health system for disabled people and their family/whanau***

***Phase 2***

***Includes Priority Actions for 2020 - 2023***

Canterbury District Health Board
Te Poari Hauora ō Waitaha

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

1

*Figure 1*

## Contents

# Implementing and refreshing our Disability Action Plan 2016 - 2026

The Canterbury and West Coast Health System Disability Action Plan (the Plan) was launched in July 2016. It was developed after wide consultation with the disability community, including disabled people, their families/whānau, providers of disability services and our Alliance partners from across the health system. The Plan is being implemented with the ongoing engagement of all these key stakeholders using existing processes, and through developing new ways of working together.

The Canterbury DHB Disability Steering Group (DSG) provides a way to deliver outcomes against the identified priority actions. In Canterbury, the DSG now has 22 staff and community members, and includes links with the Canterbury Clinical Network. On the West Coast, the Alliance Leadership Team and the Board's Disability Support Advisory Committee provide governance. The Divisions with transalpine responsibilities e.g. People and Capability, Communications and Quality Safety and Risk, are leading the implementation. It is important to note that the within the updated priority actions there is a plan to include the development of a West Coast Disability Steering Group to support the implementation on the West Coast.

Progress has been made towards the original 16 Priority Actions of the Plan especially in key areas such as:

- highlighting the importance of addressing issues of accessibility
- employing more disabled people in the DHB
- capturing disabled peoples experience of the health system
- having user friendly information through a re-designed web site
- and establishing a foundation for the on-going engagement with the disability community

To revisit the Plan for 2020 -2030 the original priority actions have been reviewed and have been amended or removed as appropriate. New priority actions have been added to incorporate feedback from forums held in August 2019 with the disability community including people with lived experience and that received from other key stakeholder groups. This information is summarized in Appendix A.

We also updated the core documents which influence our obligations (Appendix B). The importance of the United Nations Convention on the Rights of Persons with Disability (UNCRPD) was consistently referred to in the consultation forums, and these remain the

underlying core principles (Appendix C).

For the purposes of this Plan, disability is defined according to the UNCRPD. It describes disability as resulting 'from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others' (UN General Assembly 2007).

This definition distinguishes the impairment or health condition from the restrictions on participation in society (e.g. unemployment due to discriminatory recruitment practices). These restrictions are not an inevitable consequence of the impairment; they are a result of unfair and avoidable barriers which results in many of the differences in health status between disabled people and people without a disability. Using this definition the Plan is applicable to all disabled people regardless of age or the type of impairment.

This Plan supports the position taken in the New Zealand Disability Strategy 2016 – 2026. 'For some of us, the term 'disabled people' is a source of pride, identity and recognition that disabling barriers exist within society and not with us as individuals. For others, the term 'people with disability' has the same meaning and is important to those who want to be recognised as a person before their disability'.

This document uses the term disabled people. We do recognize the importance of listening to how disabled people refer to themselves e.g. People First prefer disabled people and people from the Deaf community often identify as Deaf first rather than disabled.

The principles of partnership, participation and protection have been central to the development of the strategic objectives and priority actions in this Plan. These principles are consistent with the Treaty of Waitangi and demonstrate our commitment to working with Māori as treaty partners. This is especially important because Māori have higher rates of disability and poorer health outcomes than non-Māori. While there is a specific objective to achieve equitable outcomes for Māori within the Plan, each of the identified priority actions will have identified actions that are inclusive and culturally appropriate. In addition Phase 2 of the Plan links the strategic objectives to the principles of Whānau ora and Enabling Good Lives as a recognition of the need to move away from a medical model of seeking transformational change to adopting a principled approach that empowers disabled people and whanau.

The Plan is structured around the eight strategic outcomes in the 2016 -2026 NZ Disability Strategy. As District Health Boards, we emphasise the Health and Wellbeing strategic outcome, but also have a wider role, consistent with our Position Statement. This statement is to inform our population and other agencies of the prevailing organisational view on key issues for disabled people.

The Canterbury DHB Disability Steering Group the West Coast and Canterbury Alliance Leadership Teams and the Advisory Committees to the DHB Boards have the responsibility

and the role for ensuring the Plan is implemented consistent with the priorities identified by disabled people and their family/whanau, the following systemic priorities will be assessed by all members of these groups, but is a particular role of the disability community members on these groups, and their networks, as the priority actions are progressed:

- disabled people will have input into design of new or transformed services and processes ('nothing about us without us')
- appropriate communication methods are developed and used to inform and engage the disability community at key points of the implementation process
- the rights of disabled people to have increasing choice and control over the services they receive.

In addition to this, the groups are committed to improving all aspects of the health system and with the governance of the District Health Boards Advisory Committees, we will apply a 'disability in all policies' approach as we endeavor to achieve the inclusion of disability related issues in all aspects of the system as business as usual approach.

Progress on achieving the stated objectives and priority actions in this Plan will be reported back at regular intervals to the disability community through forums, electronic information and written communication.

The key partners in the Canterbury and West Coast health system would like to thank the disability community members who have contributed, and will continue to provide input, in the development, implementation and refresh of the Plan. Without your input there can be no transformational change at the level and degree we need to make our health system truly inclusive and achieve equitable outcomes for all.

# Position Statement

### *Promoting the health and wellbeing of disabled people*

### *Purpose*

This position statement summarises our commitment to actions aimed at improving the lives of disabled people in Canterbury and on the West Coast. It will be used in making governance, planning, funding, and operational decisions. The Plan reflects this position statement and provides details of how it will be implemented.

### *Key points*

We recognise that a significant proportion of the New Zealand population experience impairments, which may result in disability and disadvantage. In addition, the population is aging which will increase the number of people experiencing

impairment. Accessibility and inclusion are rights to be protected. They are also catalysts for new ideas and innovation that can lead to better services and outcomes.

***We make the following commitments to disabled people, their families and whānau, to:***

1. Collect their feedback about the services we deliver
2. Understand their perspectives and needs
3. Deliver appropriate specialist, general and public health services, in a way that suits them
4. Uphold the rights of disabled people, and counter stigmaand discrimination
5. Equip and upskill staff to meet their needs.

***We will also incorporate the perspectives and needs of disabled people when we:***

1. Employ disabled people
2. Design and build our facilities
3. Contract other organisations to deliver services
4. Partner with our communities to improve population healthand wellbeing.
5. Monitor and report on how well we are doing, and plan for improvements.

# Alignment with Core Principles and Philosophies

The philosophies of whānau ora and Enabling Good Lives (EGL) are compatible with each other, with a mutual emphasis on building whānau capacity, collective leadership, whānau planning and kaitūhono. The whānau ora outcome goals[1] and EGL principles[2] are outlined in the following table and are shown to be aligned with the UNCRPD Articles and the strategic objectives of this Action Plan:

| Whanau Ora outcome goals | Enabling Good Lives principles | UNCRPD Articles | Transalpine Health Disability Action Plan 2020 -2030 |
|---|---|---|---|
| Whānau are self-managing | Self-determination | Self-direction<br>Clauses N and O in the Preamble | Improve Health Literacy<br>Improve access to personal information |
| Whānau are living healthy lifestyles | Beginning Early | Health, Article 25<br>Habitation, Article 26 | Offer appropriate treatments<br>Monitor Quality |
| Whānau are participating fully in society | Person Centred | Awareness raising<br>Article 8 | Implement a Pasifika disability plan |

[1] https://www.tpk.govt.nz/docs/tpk-wo-outcomesframework-aug2016.pdf

[2] A fuller explanation about the EGL principles can be found on the EGL website http://www.enablinggoodlives.co.nz/about-egl/egl-approach/principles/

| | | | |
|---|---|---|---|
| | | Living independently and being involved in the community<br>Article 19<br>General obligations – human rights and fundamental freedoms | Develop better approaches for refugee, migrant and culturally and linguistically diverse groups |
| Whānau are confidently participating in Te Ao Māori | Ordinary life outcomes | Participation in cultural life, recreation, leisure and sport<br>Article 30 | Work towards equitable health outcomes for Māori |
| Whānau are economically secure and successfully involved in wealth creation | Mainstream first | Work and employment<br>Article 27<br>Adequate standard of living and social protection<br>Article 28 | Be an equal opportunity employer |
| Whānau are cohesive, resilient and nurturing | Mana enhancing | Article 17 Liberty of movement and nationality<br>Article 18 Respect for home and family<br>Article 23 Protecting the integrity of the person | Provide accessible information and communication<br>Increase staff disability awareness, knowledge and skills<br>Develop leadership of people with disabilities who have arole in the health system |
| Whānau are responsible stewards of their living and natural environment | Easy to use | Accessibility<br>Article 9 | Integrate services for people of all ages with a disability<br>Services and facilities are designed and built to be fully accessible |
| | Relationship building | Living independently and being involved in the community<br>Article 19 | Implement the plan in partnership |

# Vision

The Canterbury and West Coast vision for disabled people is of a society that highly values every life and continually enhances their full participationin a responsive and inclusive health system that supports them to reach their full potential by achieving equitable outcomes for all.

This plan is now aligned with the Outcomes in the New Zealand Disability Strategy 2016 - 2026 – by attaching the strategic objective and associated priority actions to each of the eight headings is described as in the Strategy.

# Outcomes, strategic focus, and priority actions

## 1. Education (NZ Disability Strategy 2016-2026)

We get an excellent education and achieve our potential throughout our lives.

### *Our Strategic focus - Improve health literacy*

Improve access to health information in a form that works for disabled people. This includes access to their personal health information. Support is provided when required so that the individual/family/whānau can use information to manage their own health, share in decision making, provide informed consent, and make choices and decisions that are right for them and their family/whānau. Disabled people contribute to their own health outcomes as they and their family/whānau receive the information and support which enables them to participate and influence at all levels of society.

### *Priority Actions*

With the involvement of disabled people and their family/ whānau and further explore the potential for electronic shared plans as the repository for information that disabled people want communicated about how best to support them when they are accessing a health ordisability service.

1. In Canterbury this includes expanding the current shared plan pilot at New Brighton Health Centre and New Zealand Care to other large residential disability providers. Evaluate the potential effectiveness of this with the disability community.

2. In the West Coast work with the Co-ordinated Care Team of the Canterbury Clinical network to explore these opportunities on the West Coast

## 2 Employment and economic security (NZ Disability Strategy)

We have security in our economic situation and can achieve our full potential

### *Our Strategic Focus  Be an equal opportunity employer*

Disabled people experience equitable workplace opportunities. The health system supports access, equity and inclusion for those living with impairments, their family/whānau, carers and staff.

### *Priority actions*

3. Increase the numbers of disabled people being employed and supported in their role within the Canterbury and West Coast health system.

4. Develop and implement an appropriate quality tool for current employees who identify as having a disability, that can inform and identify opportunities to improve staff wellbeing.

5. Work with Work and Income NZ and the Ministry of Social Development in achieving employment of people with disabilities

6. Develop and implement affirmative action initiatives that will result in more people with disabilities being employed in the Canterbury and West Coast health system. We will work towards achieving a percentage people employed in the workforce as having a disability that is reflective of the districts population e.g. 24% as identified in the 2013 NZ Disability Survey.

7. Explore and implement ways to engage staff living with disabilities to help identify and inform how Canterbury and the West Coast DHBs can continuously support their wellbeing at work.

8. Utilise updated workforce data to track progress

9. Explore the development, with support from external agencies, of pathways that support people living with disabilities into leadership positions.

10. Undertake an environmental scan of a pilot site within our workplace to assess inclusivity and subtle messages in our environment - with a focus on accessibility.

## 3 Health and wellbeing (NZ Disability Strategy)

We have the highest attainable standards of health and wellbeing

### *Our Strategic Focus- Integrate services for people of all ages with a disability*

Disabled people and their family/whānau/carers are listened to carefully by health professionals and their opinions are valued and respected. Individuals are included in plans that may affect them and encouraged to make suggestions or voice any concerns by highly responsive staff.

### *Priority Actions*

11. Work with disabled people and their family/whānau/carers to identify opportunities for achieving an integrated and co-ordinated approach between cross government services and local providers, so that infants/children and youth with impairments and adults with a disability, including those with age related conditions, can live

lives to their full potential.

12. Ensure Funded Family Care is implemented equitably across the Canterbury and West Coast health system.

13. Integration of the Mental Health, Pediatric and Child Development Services through a Health Pathways approach as developed in full engagement of these clinical services, the Child and Youth Workstream and Canterbury Initiative. Note that the pathway needs to ensure it has inclusive and equitable responses for those on the autism spectrum. Canterbury Initiative is to explore the applicability of using the same approach on the West Coast.

14. Remain engaged with the Enabling Good Lives System Transformation Canterbury Leadership Group and keep key stakeholders in the health system informed of developments and implications of implementation. Ensure that the West Coast health system is informed of key developments.

15. Implement the recommendations of the Transition Plan for children with complex needs who have been supported long term in the Paediatric Services, when they move to Primary Care as their health home and/or Adult Specialist Services. (Canterbury only)

### *Our Strategic Focus – Offer appropriate treatment*

Offer interventions with individuals and their family/whānau which are evidence based best practice and that these restorative, recovery focused approaches will result in disabled people living lives to their full potential.

### *Priority Actions*

16. Explore opportunities and identify how to support a timely responsefor

disabled people and their families/whānau who require

- Aids to daily living
- Housing modifications
- Driving assessments

17. The geographical equity across NZ of the provision of hearing aids will be explored and options considered.

18. Work with Specialist Mental Health Services and the disability sector to identify how to build capacity and capability across the system in an evidence-informed way for those accessing the Intellectually Disabled Persons Health inpatient services. Explore what is needed to ensure progress can be made based on the Enabling Good Lives 'Try, Learn, Adjust' approach

19. Work with Primary Care and General Practice to adapt the Mental Health Equally Well approach to be able to be implemented for those with an intellectual disability and other disabilities at highest risk of poor health outcomes.

### *Our Strategic Focus – Implement a Pasifika disability plan*

Work with Pasifika people, their families and Pasifika providers to action the Ministry of Health National Pasifika Disability Plan Fai Ora 2016 – 2021, – Pacific Health Action Plan (currently under development) and the Canterbury Pasifika Strategy (currently under development) will also be used as a core document to inform the work required.

### *Priority Actions*

20. As part of the development of a longer-term collective strategy for improving Pasifika health ensure each part of the co-design process is inclusive of those with lived experience of disability and their whānau, the core national documents and that their needs are captured in the Canterbury strategy. Ensure that all the actions of this Plan is inclusive of that strategy.

### *Our Strategic Focus – Develop better approaches for refugee, migrant and culturallyand linguistically diverse groups*

Work with disabled people and their families who are from different refugee, migrant and other culturally and linguistically diverse groups to identify and implement responsive processes and practices. This includes information being appropriately translated and an awareness by staff of how disability is viewed from different cultural perspectives.

### *Priority Actions*

21. Engage with key service providers, established groups and the CALD communities to explore opportunities for including the needs of CALD disabled people in the way we communicate. Use these local Canterbury and West Coast networks to establish communication processes to disseminate health and disability-related information and advice to CALD communities.

### *Our Strategic focus - Monitor quality*

Develop and use a range of new and existing quality measures for specific groups and services that we provide for disabled people, and develop systems and processes to respond to unmet needs e.g. consumer survey.

### *Priority actions*

22. Develop measures and identify data sources that will provide baseline information about disabled people who are accessing the health system. Using the Health System Outcomes Framework for each strategic goal, use data analysis to understand the

population and evaluate progress towards improving health outcomes for disabled people.

23. The quality of life for disabled people while in Canterbury and West Coast long term treatment facilities is measured and monitored and that actions occur to address any identified areas of improvement quality actions occur.

24. Regular reporting occurs to the Disability Steering Group on the analysis of the Patient Experience Surveys response from people identified as having a disability. Where possible this information will be used to target quality initiatives that will improve the experience of the health system for disabled people.

## 4 Rights protection and justice (NZ Disability Strategy)

Our rights are protected, we feel safe, understood and are treated fairly and equitably by the justice system

### *Work towards equitable health outcomes for Māori*

Work with Māori disabled people, whānau and the Kaupapa Māori providers to progress the aspirations of Māori people as specified in He Korowai Oranga, Māori Health Strategy. Apply our Māori Health Framework to all the objectives of this action plan in order to achieve equitable population outcomes for Māori with a disability and their whānau.

### *Priority Actions*

25. All the priority actions of this plan are to include culturally appropriate actions tāngata whaikaha* and their whānau, and that this promotes and supports whānau ora and rangatiritanga.

26. Equity is a key consideration in planning and carrying out all priority actions, including making use of the Health Equity Assessment Tool where indicated.

27. As part of the development of a longer-term collective strategy for improving Māori health ensure each part of the co-design process is inclusive of those and tāngata whaikaha their whānau and that their needs are captured in the strategy. Conversely that the actions of this Plan is inclusive of the strategy.

**( tāngata whaikaha is a strength based description that, as defined by Maaka means ' striving for enlightenment/striving for enablement)*

## 5 Accessibility (NZ Disability Strategy)

We access all places, services and information with ease and dignity

### *Our strategic focus - Services and facilities are designed and built to be fully accessible*

Services and facilities will be developed and reviewed in consultation with disabled people

and full accessibility will be enhanced when these two components work together to ensure disabled people experience an inclusive health system that is built to deliver waiora/healthy environments.

### *Priority Actions*

28. The Canterbury DHB Accessibility Working Group scope is expanded to include the West Coast DHB. And includes engagement with the West Coast Accessibility Coalition and the implementation of the West Coast Accessibility Strategy.

29. Technical accessibility experts will be engaged at key stages of the design and or rebuild, and involve disabled people to remove physical barriers.

30. Information will be sought about accessibility of our services and facilities from patients, family/whānau, and staff. The information gathered will be used to plan services and facilities improvements

### *Our strategic focus – Provide accessible information and communication*

Promote and provide communication methods that improve access and engagement with disabled people e.g. use of plain language and Easy Read, ensuring all computer systems and websites are fully accessible to those who use adaptive technology. Expand the use of sign language.

### *Priority Actions*

31. Establish Executive Management and Board approval for the national Accessible Information Charter endorsed by all the Public Sector Directors General.

32. Establish an Accessible Transalpine Information Working Group accountable to the implementation groups, to identify and progress actions necessary to meet the objectives of the Accessible Information Charter (endorsed by all Public Service Chief Executives).
33. Upskill DHB Communications Team members in producing easy read documents and as a priority have this Plan made available in Easy Read format.

## 6 Attitudes (NZ Disability Strategy)

We are treated with dignity and respect

### *Our strategic focus - Increase staff disability responsiveness, knowledge and skills*

Develop and implement orientation and training packages that enhance disability responsiveness of all staff, in partnership with the disability sector e.g. disabled people, their family/whānau/carers, disability training providers and disability services. The wellbeing of disabled people is improved and protected by recognising the importance of

their cultural identity. Healthpractitioners understand the contribution of the social determinants of health.

### *Priority Actions*

34. Support the development of an employee network group for staff living with disabilities to create a sense of community and amplify voices range of employee networks

35. Work with Talent, Leadership and Capability and professional leaders to identify relevant education programmes that are already developed and offered by disability-focused workforce development organisations e.g. Te Pou.

36. Work with the Talent, Leadership and Capability, professional leaders and people with lived experience to progress the development of targeted responsiveness trainings

37. Deliver and evaluate a targeted disability equity training programme including telling stories of our workforce who live with disabilities

38. Review and update the Corporate Orientation Package

39. Work with the Maori and Pacific Reference Group who are providing guidance to People and Capability on building a diverse workforce that in turn increases systems capability to meet the diverse needs of our community.

## 7 Choice and control (NZ Disability Strategy)

We have choice and control over our lives

### *Strategic focus – Improve access to personal information*

### *Priority Actions*

40. Enable disabled people to have increased autonomy in making decisions that relate to their own health by developing processes that enhance communication e.g. access to their medical records through patient portals. Disabled people will be given support to do this if they are unable to do this on their own.

## 8 Leadership (NZ Disability Strategy)

We have great opportunities to demonstrate our leadership

### *Strategic focus – Develop leadership of people with disabilities who have a role in the health system*

### *Priority Actions*

41. Identify and support opportunities for leadership development and training for

disabled people within the health system. This includes further development of peer support as a model of care for people with long term conditions.

42. Engage workforce development training providers from the disability sector to identify opportunities to support disabled people and their family/whānau who are providing a voice for disabled people within the health system. This will include exploring options for appropriate leadership training e.g. Be Leadership

### *Our Strategic Focus - Implement the plan in partnership*

The collective issues that emerge from disabled people' lived experience of the health system are actively sought and used to influence the current and future Canterbury and West Coast health system.

### *Priority actions*

43. Work with the Canterbury and West Coast Consumer Councils to ensure a network of disability-focused consumer groups who are empowered to actively engage with health service providers and be partners in health service improvement and redesign. This network will support the implementation and evaluation of the Canterbury and West Coast Health Disability Action Plan.

44. A West Coast DHB Disability Leaders Working Group is formed consisting of Transalpine Divisional Leads and members for the Consumer Council who identify as having lived experience of disability or as a family/whānau member. The purpose of the group is to progress the priority actions where their division holds the responsibility. The West Coast DHB Disability Leaders Working Group is accountable to the West Coast Alliance Leadership Team. (West Coast only)

45. Monitor progress against the priority actions to be undertaken annually, a report written and endorsed by the responsible implementation groups and communicated to the sector as a key part of the communication plan.

46. The priority actions will be refreshed at a minimum of 3 yearly through engagement with the health system and the disability sector and input from the disabled people, family/whānau and the wider disability sector.

### *Our strategic focus - Promote the health, wellbeing and inclusion of people of all ages and abilities*

Actively promote and influence at all levels of society, to address stigma and discrimination, increase universal design for public spaces, and advocate for a fully inclusive society.

### *Priority actions*

47. Community and Public Health for both DHBs continues to co-ordinate submissions on

behalf of Canterbury and West Coast DHBs. They will use the Plan's underpinning principles to inform their submissions.

48. The Canterbury and West Coast health system hosts, in partnership with the DPOs, a bi-annual forum to show case developments and initiatives to improve the experience of the health system for disabled people and their family/ whānau.

## *APPENDICES*

# Appendices

## APPENDIX A

## CORE DOCUMENTS

***The core documents referenced in the development of this Plan include:***

- New Zealand Disability Strategy 2016 - 2026
- New Zealand Disability Action Plan 2019 - 2023
- He Korowai Oranga, Māori Health Strategy
- Whāia Te Ao Mārama: The Māori Disability Action Plan for Disability Support Service 2018 - 2022
- Faiva Ora National Pasifika Disability Plan 2016 - 2021
- Ala Mo'ui: Pathway to Pacific Health and Wellbeing –(currently being updated)
- United Nations Convention on the Rights of Persons with Disability (ratified by New Zealand 2007)
- Second Report of Independent Monitoring Mechanism of theConvention of the Rights of Disabilities, August 2014
- United Nations Convention on the Rights of the Child (ratified by New Zealand 2008)
- Human Rights Act 1993

## APPENDIX B

## GUIDING PRINCIPLES OF THE CONVENTION

***There are eight guiding principles that underpin the Convention:***

1. Respect for inherent dignity and individual autonomy, including the freedom to make one's own choices and be independent
2. Non-discrimination
3. Full and effective participation and inclusion in society
4. Respect for difference and acceptance of persons with disabilities as part of a diverse population
5. Equality of opportunity
6. Accessibility
7. Equality between men and women
8. Respect for the evolving capacities of children with disabilities, and respect for the right of children with disabilities to preserve their identities.

## APPENDIX C

Key themes from the 2019 consultation

1. The importance building capacity and services to intervene early.
   - Child Development Service is under-resourced, and is especially hard for those with Autism Spectrum Disorder to access. Autism and ADHD repeatedly came up as under-resourced.
   - There are not enough psychology services, there are gaps in key roles, services need to be integrated and have co-ordinated approaches between agencies.
   - Transition of child to adult secondary care services needs to improve, and needs to include the transfer from specialist to general practice care

2. There is not enough about learning(intellectual) disability in the Plan. It seems to be more weighted to physical or sensory disability.

3. Disabled people are still expressing their frustration about re-telling their story and what they need when accessing health services. Disabled people want their voice involved in treatment. When described in the forums it was agreed that HealthOne as the electronic shared health record between
   General Practice and Secondary Care, on its own, doesn't seem to be changing the experience of disabled people and their family/whanau of the health system. Electronic Shared Plans were suggested as a suitable electronic alternative to Health Passport and attendees at the forums saw this as an opportunity that would be crucial to improving experience of health services.

4. A recurring theme is people wanting to have control of their information. This is seen as a key to their self determination. People wanted access to their records through patient portal. They also want to know what is being communicated about them.

5. There was significantly more feedback about General Practice this time compared to the first consultation round in 2015. Specifically, frustration was expressed about cost, not getting timely appointments, GP rooms poorly equipped and often no accessible toilets etc. There were questions about why appointments have to be at the Practice rooms - what about skype or zoom appointments? This was seen as working well for people where physically getting to appointments is challenging or there is a lack of accessibility at the facility.

6. While employing more disabled people in the DHB was still a high priority people communicated what disabled people wanted to see happen is slightly differently this time. People wanted the workforce to reflect the community. Feedback included employing more Maori and Pacific people – 'whanau just know what is needed'. This

approach is seen as improving awareness, enhancing equity and shifting the culture of health services to being more responsive and inclusive of diversity more generally.

7. Disabled people repeatedly stated that effective communication at every level was essential in engaging with them and their family/whānau. It was highlighted that the Canterbury DHB is still not using plain language or Easy Read. Deaf Aotearoa also gave useful feedback about having TV's with captions and the increasing the use of technology such as iPads.

8. Every forum raised the challenge of finding what they needed in a complex system. Suggestions were made that a person or a place where they could go to assist them to navigate them to what they needed was necessary. People said that they often don't even know what's out there or what to ask for. Specific suggestions is for a central place that people could go to, within the health system for disability information and/or a dedicated role that could provide advice to people and staff. Alliance type structures between health, disability and social services was seen as crucial in unlocking services and stopping people bouncing from service to service.

9. Issues with getting transport to appointments and parking came up every forum.

10. There is a lack of confidence that new builds were getting people with lived experience of having a disability involved in planning layout and fit out early enough or at all. This was a theme on the West Coast and Canterbury.

11. General feedback that access to equipment had improved but there could still be unacceptable delays.

12. Older People make up the highest proportion of the population with a disability but the current Plan does not seem to recognize this.

Canterbury District Health Board
Te Poari Hauora o Waitaha

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

## PRIORITY ACTIONS 2020 – 2023 with Next Steps Planned for 2020 -2021

**KEY**

| |
|---|
| Will be progressed in 20/21 as a priority. |
| Will be progressed after 20/21 or as opportunities emerge. |

| OUR OBJECTIVES | PRIORITY ACTIONS | OUTCOME | LEAD RESPONSIBILITY | NEXT STEPS 20/21 (with Timeframe ) |
|---|---|---|---|---|
| **1. Education (NZ Disability Strategy)** | | | | |
| ***Improve health literacy*** | 1. In Canterbury this includes expanding the current shared plan pilot at New Brighton Health Centre and New Zealand Care to other large residential disability providers. Evaluate the potential effectiveness of this with the disability community. | Increased planned care and decreased acute care | Canterbury Clinical Network – Rose Laing | **Identified key benefits and challenges from the pilot with New Brighton Medical Centre and NZ Care. To expand to another large disability provider. Brackenridge has been approached. Completed December 2020** |
| | 2. In the West Coast work with the Co-ordinated Care Team of the Canterbury Clinical network to explore these opportunities on the West Coast | Increased planned care and decreased acute care | Canterbury Clinical Network – Rose Laing | **Met with West Coast PHO who indicated support for GP generated plans. Meeting with Health of Older People scheduled in June 2020 with Shared Plan clinical lead. Actions to be identified by September 2020** |
| **2 Employment and economic security (NZ Disability Strategy)** | | | | |
| ***Be an equal opportunity employer*** | 3. Increase the numbers of disabled people being employed and supported in their role within the Canterbury and West Coast health system and utilise updated data to track progress. | Improved environments supports health and wellbeing (Understanding health status and determinants) | People and Capability – Tyler Brummer | **Finalising data collection to enable monthly reporting will begin quarter 20/21.** |
| | 4. Develop and implement an appropriate survey for current employees who identify as having a disability, that can inform and identify opportunities to improve staff wellbeing. | | | **A recommended format for the survey will be submitted to EMT by Quarter 2 – if approved this will be rolled out in 20/21** |
| | 5. Work with Work and Income NZ and the Ministry of Social Development in achieving employment of people with disabilities | | | **Planning for a programme commenced with MSD and Be Accessible in 2019/2020. Other opportunities will be investigated with Work and Income as they arise** |
| | 6. Develop and implement affirmative action initiatives that will result in more people with disabilities being employed in the Canterbury and West Coast health system. We will work towards achieving a percentage people employed in the workforce as having a disability that is reflective of the districts population e.g. 24% as identified in the 2013 NZ Disability Survey. | | | **In planning – the Recruitment Policy enabling affirmative action has been approved by EMT in principle with staff consultation the next step.** |

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| | 7. Explore and implement ways to engage staff living with disabilities to help identify and inform how Canterbury and the West Coast DHBs can continuously support their wellbeing at work | | | **Deferred to after 20/21 to enable exploration to be completed for implementation after 20/2** |
| | 8. Explore the development, with support from external agencies, of pathways that support people living with disabilities into leadership positions. | | | **Deferred until after 20/21** |
| | 9. j | | | **In Planning with the University of Canterbury. Will complete this first phase in 20/21** |
| ***3 Health and wellbeing (NZ Disability Strategy)*** | | | | |
| *Integrate services for people of all ages with a disability* | 10. Work with disabled people and their family/whānau/carers to identify opportunities for achieving an integrated and co-ordinated approach between cross government services and local providers, so that infants/children and youth with impairments and adults with a disability, including those with age related conditions, can live lives to their full potential. | Increased planned care and decreased acute care<br><br>Decreased wait times | **Planning and Funding Canterbury Clinical Network -Kathy O'Neill** | **Not prioritised for 2020/21** |
| | 11. Ensure Funded Family Care is implemented equitably across the Canterbury and West Coast health system. | Decreased Institutionalisation Rates | **Planning and Funding – Kathy O'Neill** | **OPH Team and Disability Lead of P&F are working together to understand the interface between DSS and DHB implementation of FFC and ensure Needs Assessment is applying the new policy equitably for their populations.** |
| | 12. Integration of the Mental Health, Paediatric and Child Development Services through a Health Pathways approach as developed in full engagement of these clinical services, the Child and Youth Workstream and Canterbury Initiative. Note that the pathway needs to ensure it has inclusive and equitable responses for those on the autism spectrum. Canterbury Initiative is to explore the applicability of using the same approach on the West Coast. | Increased planned care and decreased acute care<br><br>Decreased wait times | **Canterbury Initiative, Mental Health, Paediatric and Child Development Services – Catherine Swan, , Kay Boone** | **A pathway for children with developmental concerns including autism spectrum is in development involving Mana Ake, Leading Lights, and HealthInfo to guide children and whanau before involvement with the health system. The Community HealthPathway is in review. Mental Health, Paediatric and Child Development Services are building close working relationships. The Planned Care team will explore the use of equitable referral and queuing systems being trialled in other clinical areas. This approach should be applicable on the West Coast but will confirm this with West Coast once developed October 2020.** |
| | 13. Remain engaged with the Enabling Good Lives System Transformation Canterbury Leadership Group and keep key stakeholders in the health system informed of developments and implications of implementation. Ensure that the West Coast health system is informed of key developments. | Improved environments support health and wellbeing | **Disability Steering Group – Kathy O'Neill, Rawa Karetai** | **Updated report provided to DSG, ALT and the Advisory Committees to the DHBs October 2020 and June 2021.** |
| | 14. Implement the recommendations of the Transition Plan for children with complex needs who have been supported long term in the Paediatric Services, when they move to Primary Care as their health home and/or Adult Specialist Services. (Canterbury only) | Increased planned care and decreased acute care | **Mental Health, Paediatric and Child Development Services – Catherine Swan, , Kay Boone** | **(Canterbury) Attendance at monthly planning meetings to continue. New virtual ways of working in General Practice and Specialist services need to be explored and implemented as they offer the potential for warm handovers.**<br><br>**(West Coast) Plans to be progressed within the Child and Youth Work Stream as identified for FY20/21. This is aligned with the rural early years work.** |

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| *Offer appropriate treatment* | 15. Explore opportunities and identify how to support a timely response for disabled people and their families/whānau who require<br>• Aids to daily living<br>• Housing modifications<br>• Driving assessments | Improved environments support health and wellbeing | **Community Allied Health Team – Jacqui Lunday Johnstone** | **An allied health lead has been identified in Canterbury and the West Coast who will explore how to appropriately support improved access and response times for disabled people to these daily living aids. Review and amend Allied Health Ways in line with identified improvements. Completed March 2021** |
| | 16. The geographical equity across NZ of the provision of hearing aids will be explored and options considered. | Delayed/avoided burden of disease and long term conditions<br>(Access to improved Care) | **Canterbury Initiative and Planning and Funding – Kathy O'Neill** | **An options paper will be presented to Planning and Funding based on the findings of the exploration. Next steps will be reliant on the recommendations made as a result of the options paper. Completed by March 2020** |
| | 17. Work with Specialist Mental Health Services and the disability sector to identify how to build capacity and capability across the system in an evidence-informed way for those accessing the Intellectually Disabled Persons Health (IDPH)inpatient services. Explore what is needed to ensure progress can be made based on the Enabling Good Lives 'Try, Learn, Adjust' approach | Decreased Institutionalisation Rates | **Specialist Mental Health – Jane Hughes** | **(Canterbury) A intersectoral meeting is to be scheduled between IDPH, Disability Needs Assessment and local Disability Support Services and a couple of large disability residential providers. The purpose of the meeting is to explore local opportunities to assist the transition out of the inpatient service. It is expected this will result in some key actions to be identified and progressed. Meeting Completed September 2020**<br>**West Coast Specific Actions not identified for 2020** |
| | 18. Work with Primary Care and General Practice to adapt the Mental Health Equally Well approach to be able to be implemented for those with an intellectual disability and other disabilities at highest risk of poor health outcomes. | Delayed/avoided burden of disease and long term conditions | **Planning and Funding, Canterbury Clinical Network- Kathy O'Neill Dr Rose Laing** | **Specific Actions not identified for 2020** |
| *Implement a Pasifika disability plan* | 19. As part of the development of a longer-term collective strategy for improving Pasifika health ensure each part of the co-design process is inclusive of those with lived experience of disability and their whānau, the core national documents and that their needs are captured in the Canterbury strategy. Ensure that all the actions of this Plan is inclusive of that strategy. | Delayed/avoided burden of disease and long term conditions | **DSG Leads - Lelamu Lepou Tuulua, Sekisipia Tangi.**<br>**West Coast - Planning and Funding Pasifika Transalpine Portfolio Lead** | **Identified need to integrate fragmented health and disability sector. Planning and Funding Pasifika Transalpine Portfolio Lead to map existing providers and key contacts for the formation of a Pasifika network. June 2021** |

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| *Develop better approaches for refugee, migrant and culturallyand linguistically diverse groups* | 20. Engage with key service providers, established groups and the CALD communities to explore opportunities for including the needs of CALD disabled people in the way we communicate. Use these local Canterbury and West Coast networks to establish communication processes to disseminate health and disability-related information and advice to CALD communities. | Delayed/avoided burden of disease and long term conditions | **CALD Advisory Group – Harpret Kaur** | **CALD member on Canterbury DSG is linking with ethnic collectives and forums starting with the Canterbury Multi Cultural Council. This is to determine the priority areas for disabled people in these communities and identify a core set of goals to be actioned for CALD disabled people and their families.<br>(West Coast is to be developed prior to submitting for approval)** |
| *Monitor quality* | 21. Work with Decision Support to develop measures and identify data sources that will provide baseline information about disabled people who are accessing the health system. Using the Health System Outcomes Framework for each strategic goal, use data analysis to understand the population and evaluate progress towards improving health outcomes for disabled people. (These processes are inclusive of the actions specified for Māori and Pasifika in 7.1 and 8.1 of this plan). | No wasted resource (Right care, in the right place, at the right time, delivered by the right person)<br>Improved environments support health and wellbeing | **Planning and Funding/Decision Support – Kathy O'Neill** | **Previous work to develop a data dashboard be refreshed and available data sources that have emerged in addition to previous sources. Completed May 2021** |
| | 22. The quality of life for disabled people while in Canterbury and West Coast long term treatment facilities is measured and monitored and that actions occur to address any identified areas of improvement quality actions occur. (includes Inpatient Units of Intellectually Disabled Persons Health, SMHS, Spinal Unit and Kahurangi on the West Coast | Improved environments support health and wellbeing | **Quality and Patient Safety – Susan Wood** | **Quality and Patient Safety will undertake a stocktake of quality processes that are in already place, recommend additional processes if any gaps are identified and seek endorsement of quality monitoring programme for EMT and inform governance bodies. Completed March 2021** |
| | 23. Regular reporting occurs to the Disability Steering Group on the analysis of the Patient Experience Surveys response from people identified as having a disability. Where possible this information will be used to target quality initiatives that will improve the experience of the health system for disabled people. | Improved environments support health and wellbeing | **Quality and Patient Safety – Susan Wood** | **Report to be developed from disability data and presented to DSG, DHB Advisory Committees, ALTs. The report will contain advise on where improvements can be made. Completed November 2020 and repeated 6 monthly** |
| 4 Rights protection and justice (NZ Disability Strategy) | | | | |
| *Work towards equitable health outcomes for Māori* | 24. All the priority actions of this plan are to include culturally appropriate actions for tāngata whaikaha and their whānau, and that this promotes and supports whānau ora and rangatiritanga. (*Tāngata whaikaha is a strength based description that, as defined by Maaka, means 'striving for enlightenment/striving for enablement')*<br>25. Equity is a key consideration in planning and carrying out all priority actions, including making use of the Health Equity Assessment Tool where indicated.<br>26. As part of the development of a longer-term collective strategy for improving Māori health ensure each part of the co-design process is inclusive of tāngata whaikaha and their whānau and that their needs are captured in the strategy. Ensure that the actions of this Plan is inclusive of the strategy | Delayed/avoided burden of disease and long term conditions | **Waikura McGregor, Rawa Karetai** | **Canterbury - Engage with Mana whenua, Maori Provider Network to ensure alignment with the collective strategy. Identify key points to engage over the coming 3 years and the right process to do this.<br><br>Canterbury and West Coast - Evidence the priority actions of this Plan includes culturally appropriate, equity based initiatives by highlighting this in the regular reporting to the DSG and governance bodies to this Plan (ALT and Advisory Committees) Complete June 2021/ongoing<br><br>West Coast - Specific actions for West Coast to be identified as part of the development of the West Coast Plan – Priority Action 43** |
| 5 Accessibility (NZ Disability Strategy) | | | | |
| *Services and facilities are designed and built to be fully accessible* | 27. The Canterbury DHB Accessibility Working Group scope is expanded to include the West Coast DHB. And includes engagement with the West Coast Accessibility Coalition and the implementation of the West Coast Accessibility Strategy. | Delayed/avoided burden of disease and long term conditions | **Site Re-development, Community and Public Health, Jacqui Lunday Johnstone. Grant** | **1) West Coast Accessibility Action Plan will be developed by Dec 2020.<br>2) Ongoing; Accessibility Working Group (AWG) will monitor** |

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| | | | **Cleland, Allison Nicholls Dunsmuir** | **3) Quality Team will develop a data collection methodology and format to report to DSG on a six-monthly basis, by Dec 2020.** |
| | 28. Technical accessibility experts will be engaged at key stages of the design and or rebuild, and involve disabled people to remove physical barriers. | | | **Progressed and monitored by AWG** |
| | 29. Information will be sought about accessibility of our services and facilities from patients, family/whānau, and staff. The information gathered will be used to plan services and facilities improvements | | | **This will be included in Action 24 being progressed by Quality and Patient Safety** |
| *Provide accessible information and communication* | 30. Establish Executive Management and Board approval for the national Accessible Information Charter endorsed by all the Public Sector Directors General. | Improved environments support health and wellbeing | **Information Services Group, People and Capability, Communications, Health Pathways/Info**<br>- **Mick O'Donnell, Tyler Brummer, Kathy O'Neill** | **Present a paper on to EMTs and the DHB Boards for endorsement of the Accessible Information Charter Completed July 2020**<br>**Establish a Working Group with transalpine membership Completed August 2020**<br>**Complete a road map for actions to be undertaken. Completed and endorsed by October 2020**<br>**Actions commenced October 2020** |
| | 31. Establish an Accessible Transalpine Information Working Group accountable to the implementation groups, to identify and progress actions necessary to meet the objectives of the Accessible Information Charter (endorsed by all Public Service Chief Executives). | | | |
| | 32. To make sure information is available to everyone, key information should be provided in the following alternate formats.<br>• New Zealand Sign Language (NZSL)<br>• Easy Read<br>• Braille<br>• Audio<br>• Large Print | | | |
| *6 Attitudes (NZ Disability Strategy)* | | | | |
| *Increase staff disability awareness, knowledge and skills* | 33. Support the development of an employee network group for staff living with disabilities to create a sense of community and amplify voices range of employee networks | Delayed/avoided burden of disease and long term conditions<br>(Access to improved Care) | **People and Capability – Tyler Brummer**<br>**Grant Cleland DSG Chair** | **Talent, Leadership and Capability have begun engagement with the Maori workforce through attendance at Te Au Maroma. This engagement has set our direction to begin with success and development embedment and Maori leadership pathways.**<br><br>**TLC are continuing engagement with the chair of disability steering committee to broaden current and new learning to meet our diverse workforce needs.**<br><br>**The Accessibility Information group will set learning requirements that are specific to lifting organisational capability that will meet our diverse workforce needs. e.g creating accessible documents, writing in plain English etc.** |
| | 34. Work with Talent, Leadership and Capability and professional leaders to identify relevant education programmes that are already developed and offered by disability-focused workforce development organisations e.g. Te Pou. | | | |
| | 35. Work with the Talent, Leadership and Capability, professional leaders and people with lived experience to progress the development of targeted awareness trainings | | | |
| | 36. Deliver and evaluate a targeted awareness training programme including telling stories of our workforce who live with disabilities | | | |
| | 37. Review and update the Corporate Orientation Package | | | |

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| | 38. Work with the Maori and Pacific Reference Group who are providing guidance to People and Capability on building a diverse workforce that in turn increases systems capability to meet the diverse needs of our community. | | | **Canterbury and West Coast onboarding program has been updated and now includes a new resource which introduces new people to our culture and care starts here values. This work is currently being reviewed and broadened to meet disability steering committee perspectives.** |
| *7 Choice and control (NZ Disability Strategy)* | | | | |
| ***Improve access to personal information*** | 39. Enable disabled people to have increased autonomy in making decisions that relate to their own health by developing processes that enhance communication e.g. access to their medical records through patient portals. Disabled people will be given support to do this if they are unable to do this on their own.<br><br>40. People will better understand their health status and have increased choice and control through the increased availability and increased enrolments of disabled people to the electronic patient portals in General Practices. | Building population health, capacity and partnerships | **Planning and Funding Alliances of Canterbury Clinical Network – Rose Laing, Kathy O'Neill** | **Increased availability and registration of patients for use of patient portals occurred during COVID-19 lockdown period. Goals are being developed with PHOs and will be entered here when agreed (complete August 2020** |
| *8 Leadership (NZ Disability Strategy)* | | | | |
| ***Develop leadership of people with disabilities who have a role in the health system n*** | 41. Identify and support opportunities for leadership development and training for disabled people within the health system. This includes further development of peer support as a model of care for people with long term conditions.<br><br>42. Engage workforce development training providers from the disability sector to identify opportunities to support disabled people and their family/whānau who are providing a voice for disabled people within the health system. This will include exploring options for appropriate leadership training e.g. Be Leadership | Improved environments support health and wellbeing | **Disability Steering Group, People and Capability, Grant Cleland** | **Actions not identified to be progressed in 2020/21** |
| ***Implement the plan in partnership*** | 43. Work with the Canterbury and West Coast Consumer Councils to ensure a network of disability-focused consumer groups who are empowered to actively engage with health service providers and be partners in health service improvement and redesign. This network will support the implementation and evaluation of the Canterbury and West Coast Health Disability Action Plan.<br><br>44. A West Coast DHB Disability Steering Group is formed consisting of Transalpine Divisional Leads and members for the Consumer Council who identify as having lived experience of disability or as a family/whānau member and members from the disability community. The purpose of the group is to progress the priority actions where their division holds the responsibility. The West Coast DHB Disability Steering Group is accountable to the West Coast Alliance Leadership Team and the West Coast DHB Advisory Committee. (West Coast only)<br><br>45. Monitor progress against the priority actions to be undertaken annually, a report written and endorsed by the responsible implementation groups and communicated to the sector as a key part of the communication plan.<br><br>46. The priority actions will be refreshed at a minimum of 3 yearly through engagement with the healthsystem and the disability sector and input from the disabled people, | Building population health, capacity and partnerships | **Disability Steering Group Consumer Councils and Alliance Leadership Team, Planning and Funding** | **Both the identification of the disability network and the establishment of the West Coast Disability Steering Group will be completed in line with Consumer Council availability in 20/21 .**<br>**At the point of establishing West Coast Disability Steering Group they will confirm a Terms of Reference and separate out the West Coast actions contained in this Work Plan that are being implemented on the West Coast, identify where other West Coast activity is occurring or planned and create a separate Work Plan, resulting in one strategic action plan but with specific Work Plans for each DHB.**<br>**This will be completed no later than November 2020** |

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| | family/whānau and the wider disabilitysector. | | | |
| *Promote the health, wellbeing and inclusion of people of all ages and abilities* | 47. Community and Public Health for both DHBs continues toco-ordinate submissions on behalf of Canterbury and West Coast DHBs.They will use the Plan's underpinning principles to inform their submissions. | Improved environments support health and wellbeing<br>Access to improved care | **Community and Public Health**<br>**Planning and Funding**<br>**Allied Health** | **Ongoing** |
| | 48. The Canterbury and West Coast health system hosts, in partnership with the DPOs, a bi-annual forum to show case developments and initiatives to improve the experience of the health system for disabled people and their family/ whānau. | Building population health, capacity and partnerships | **Community and Public Health**<br>**Planning and Funding** | **Not identified to progress in 2020/21** |

# COVID-19: ISSUES AND ACTIONS IDENTIFIED BY MEMBERS OF THE DISABILITY STEERING GROUP

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

**PREPARED BY:** **Kathy O'Neill, Team Leader, Planning & Funding**

**APPROVIED BY:** **Jacqui Lunday Johnstone, Executive Director, Allied Health, Scientific & Technical**

**DATE:** **2 July 2020**

| Report Status – For: | Decision ☐ | Noting ☑ | Information ☐ |
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## 1. ORIGIN OF THE REPORT

This report is written at the request of the Committee Chair as the Chair had been in attendance as an observer to two Disability Steering Group (*DSG*) extraordinary meetings convened specifically to capture and consider the experience of disabled people during the COVID-19 levels 2-4. In response to the issues raised, proposed actions have been identified. These proposed actions will be endorsed or amended by DSG at their next meeting on 26 June 2020.

Any significant changes to the proposed actions to those identified in this paper as a result of their consideration at DSG, will be verbally communicated by the author of this paper at the CPH&DSAC meeting. This is necessary as the DSG meeting occurs after this Committee paper has to be submitted for distribution.

## 2. RECOMMENDATION

That the Committee:

i. notes the content of this paper as a record of the issues raised by DSG members about the experience of disabled people during the period of COVID-19 Levels 2 -4; and
ii. notes CPH&DSAC will receive updates on progress against the proposed actions via DSG minutes.

## 3. SUMMARY

Following two postponed DSG meetings in March and April, DSG members met via ZOOM on 22 May 2020 specifically to provide an opportunity to communicate any issues members had observed or experienced during the COVID-19 levels 2-4. Due to the number of issues raised at that meeting and the need to provide further opportunity to raise issues, a follow up meeting was scheduled for 29 May 2020. The positive and negative experiences identified in the discussion below are captured from these meetings. It is not a reflection of all the experiences of disabled people, whanau and providers during the COVID-19 response. The proposed actions have only partially been identified with DSG and have been further developed by the Chair of DSG and the author of this paper and are yet to be fully endorsed by DSG.

## 4. DISCUSSION

### Positives

- Use of video conferencing and phone consultation has worked well for some disabled people for General Practice and Outpatients Consults and by home based and disability support services to assist people to feel less isolated.

- The COVID related resources are a good example of providing information in accessible formats. This should inform future communication.
- MoH DSS relaxed purchasing guidelines to allow disabled people to use their funds flexibly which worked well (eg. carers support funding used to purchase supplies and other items). This should continue.
- Some disabled people were less stressed being at home, without the stress of having to go to their day activities and programmes.

### Issues Raised

- Lockdown had a significant impact on some people's mental health and this is still emerging.
- During Level 2 some people were not maintaining social distancing and appeared unaware of the risk for disabled people and how this was making disabled people feel vulnerable.
- People who are especially vulnerable if exposed to COVID-19 struggled to manage shopping:
    - Student Volunteer Army was one option but not well publicised particularly with different communities (eg. CALD).
    - The options including supermarket chains relied on technology which many older and some disabled people do not have (eg. those with learning disability or where poverty is an issue).
    - Many of these people also do not have credit/debit cards which is another barrier.
    - Many disabled people live week to week and cannot bulk buy. People found that their weekly shop was compromised as people had panic brought what they needed.
    - Changes to services meant that some homebased support providers were not permitted to shop for recipients of their care.
- A lack of access to technology was a very significant issue in terms of accessing some services and information:
    - Many disabled people access the internet through the library or other public sites which were closed.
    - Learning new devices at a time of stress and a lack of non-technology based supports was a barrier for those trying to find solutions.
- For some, communication was sometimes patchy, confusing and contradictory and often not available in accessible formats when it was needed:
    - Over-reliance on technology platforms was a barrier as described above.
    - Some disabled people were confused about what people could and could not do at the different levels (eg. people with learning disability) and where to ask for guidance or to report concerns (eg. people breaking the rules).
    - Healthline or 1737, were totally overloaded and not established for general enquiries.
    - People who were not connected to local community sources of information were further disadvantaged as while MoH provided COVID-19 guidance and updates on line and in hard copy, if you were not connected to a community organisation and had no online access, then it was difficult to receive information or where was the best source of reliable information.
    - Local providers were not clear who was the best contact point to raise issues about the impact of COVID-19 and lockdown on the disability community. For example, the CDHB had a team coordinating their response, but disabled people were not identified as an at risk group and some providers were not sure who to contact.
    - Does there need to be one single local point of contact that coordinates Christchurch issues being raised by the disability community during an emergency and pandemic? They could liaise with key contacts within the CDHB and other key agencies. Should this be part of the Civil Defence response?

- A lack of visibility of Emergency Response Operations structure and process of decision making was identified – in the DHB, nationally from DSS MoH and Civil Defence. People felt that the emergency responses often did not consider the impact of decisions on disabled people. For example, the CDHB Visitor Policy allowed for exceptions but these did not include disabled people and this initially prevented the use of a support person for someone with a learning disability and sign language interpreter for a Deaf Person when hospitalised. While some exceptions were made for disabled people, this was not included in communications or communicated to the disability community or providers. Does there need to be one point of contact within the CDHB that the disability community and providers know to contact in an emergency or pandemic, if they have issues?
- A significant proportion of disabled people are reliant on public transport or other private businesses such as St. Johns or total mobility taxis and vans for transport to and from the hospital. When these stopped or were hard to contact during Level 4, people in urgent need of specialist assessment or care in hospital settings could not get to appointments when a face to face meeting was necessary.
- Some people in residential care settings were stuck in hospital or had to be relocated to unsuitable environments due to a requirement for 14 days isolation, because this requirement could not be maintained in most residential settings.
- The process for distribution of Personal Protective Equipment (*PPE*) was unclear. Staff /carers supporting some disabled people in their homes were unclear how to use it correctly. Essentially there was insufficient and confusing guidance on use of PPE for those providing personal cares to people in their own homes and this led to disabled people feeling at risk. There were also significant delays for some disabled people getting PPE. Carers would arrive into homes and state they had to maintain a two metre distance which meant they could not adequately provide the cares required. This was described as a nightmare by some. The requirement to wear masks created another barrier to communication for deaf people who rely on lip reading.
- A lack of respite for disabled children placed strain on families and posed an unacceptable risk of family violence or neglect. Paediatric Services for children with complex needs report that approximately 40% of the children registered with them for on-going review are engaged with Oranga Tamariki. Respite re-opened from the 2nd week of Level 2. The lack of respite care also impacted on other groups including those with dementia and people with a learning disability.
- Contract tracing for deaf people did not work – messages were left by voicemail, calls came from 0800 number so recipients of calls could not trace the source. Email and the use of text need to be added to all communication related to contract tracing so people who are deaf can be communicated with effectively.
- Organisations working in the Pacific community (eg. Vaka Tautua) found the needs were very high with people losing their jobs. Food parcels were distributed but funding was exhausted and staff were not sure of who to contact for raising these issues or where to get more funding for food parcels. Only way to help was for staff to use their own money.

## Suggested Follow Up

**Local Actions**

1. Discuss with key local stakeholders how to improve the coordination of feedback from the disability community during an emergency or pandemic. This should consider whether:
    - One single local point of contact that coordinates Christchurch issues being raised by the disability community is necessary during an emergency and pandemic. They would liaise with key contacts within the CDHB and other key agencies. This should also consider which agency should take responsibility for this coordination.

- The Emergency Response Operations structure should include one point of contact within the CDHB that the disability community and providers know to contact in an emergency or pandemic, if they have issues associated with CDHB services.
- Other key contact points within the CDHB for particular groups are needed. For example, for the Pacific community and other groups such as Maori, disabled children, the elderly, migrants, etc.
- We need to identify, map and communicate central points of contact during a Civil Defence Emergency – be prepared for next time!

2. Provide feedback to the CDHB Emergency Control Centre (*ECC*) to ensure Visitor Policy considers the specific needs of the disability community during future emergency or pandemics responses. DHB Communications have already noted this gap for disabled people.

3. Convene a meeting with Environment Canterbury and possibly NZTA to see if there is a solution to the transport issues that arose for disabled people during lockdown - when trying to access urgent appointments, some disabled people were without transport options.

4. Provide feedback to the CDHB ECC to find local solutions on the local issues with PPE and to recommend solutions to the National ECC on contradictory messaging from the centre.

5. Identify what can be done locally about these issues:
   - The continuation of video conferencing and phone consultations.
   - Improving the process for distribution of Personal Protective Equipment (*PPE*) to those living in the community.
   - Options for shopping support for those who do not use technology or credit/debit cards.
   - The lack of respite care.
   - How to communicate key messages to those disabled people who do not have access to technology or are not linked into services.
   - Strategies for isolation for those in residential settings.
   - Ensuring all communication with the disability community includes an email and use of text for people to make contact. This issue also raises how do services identify that someone has a disability and their needs, before contacting these people (eg. for contract tracing). Would an Online Health Passport/Care Plans assist?
   - Support for disabled people with mental health issues that are still emerging.

**National Actions**

1. Sending this paper to the MoH for a response about how these issues and suggested follow up can be tackled at a national level.

2. Ensuring MoH DSS continue the benefits of the relaxed purchasing guidelines.

3. Provide feedback to SVA about the barriers to their service identified locally and recommend adding cash payment options – this may be possible as SVA is expanding service.

4. Invite Prudence Walker from National DPA to a DSG meeting to ensure these local issues are included in feedback and advice from DPA and the DPO Coalition, and identify whether there are other national stakeholders we should send this paper to.

# NOTES – INFORMAL MEETING

Canterbury District Health Board
Te Poari Hauora ō Waitaha

**NOTES OF THE COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE INFORMAL MEETING held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch on Thursday, 5 March 2020 commencing at 9.00am**

## PRESENT

Jo Kane (Chair); Naomi Marshall; Tom Callanan; Wendy Dallas-Katoa; Dr Susan Foster-Cohen; and Sir John Hansen

## APOLOGIES

Apologies for absence were received and accepted from: Sally Buck; Olive Webb, Hans Wouters, Rochelle Faimalo Aaron Keown Gabrielle Huria and Yvonne Palmer.

## EXECUTIVE SUPPORT

David Meates (Chief Executive); Evon Currie (General Manager, Community & Public Health); Jacqui Lunday-Johnstone (Director of Allied Health, Scientific & Technical); Kay Jenkins (Executive Assistant, Governance Support).

## IN ATTENDANCE

**Item 5**
Dr Anna Stevenson, Public Health Physician, Community & Public Health.

**Item 6**
Dr Ramon Pink, Public Health Physician Medical Officer of Health

**Item 11**
Kathy O'Neill, Team Leader, Planning & Funding

**Item 12**
Tyler Brummer, Strategic HR Business Partner, People & Capability

Jo Kane, Chair, opened the meeting and welcomed those in attendance. Ms Kane noted that as the meeting did not have a quorum, today's meeting would be treated as an "informal meeting" of the Committee and decision papers would be either forwarded to the Board or deferred until the next meeting. She advised that all future meetings would commence at 1pm.

She advised that it is her intention to take this Committee out into the Community during the months when there is no formal meeting. She advised that these meetings would be held on Monday 15 June 2020, Thursday 13 August 2020 and Tuesday 20 October 2020 and it is intended for the first Community meeting to be held in Ashburton.

## 1. INTEREST REGISTER

**Additions/Alterations to the Interest Register**
Wendy Dallas-Katoa asked that "Chair" be deleted from her Manawhenua ki Waitaha interest.

**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. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting of the Community & Public Health and Disability Support Advisory Committee held on 31 October 2019 were carried forward to the next meeting for confirmation.

## 3. CARRIED FORWARD / ACTION LIST ITEMS

The carried forward action list was noted.

## 4. CPH&DSAC TERMS OF REFERENCE

Jo Kane, Chair, commented that as members will have read in the Terms of Reference it is intended to have one Committee as the Community & Public Health and Disability Support Advisory Committee.

In regard to the Terms of Reference it was agreed that a change on page 4 from "diligent" to "electronic' be made.

There were no other comments on the Terms of Reference

## 5. HEALTH IN ALL POLICIES (PRESENTATION)

Dr Anna Stevenson, Public Health Physician, provided a presentation to the Committee around Health in All Policies.

The presentation provided an overview of: Public Health; Addressing Determinants of Health; and Health in All Policies in Canterbury.

Discussion took place regarding Oral Health and fluoridation and it was noted that the DHB already has a position statement on fluoridation. The Chair asked for Oral Health to be added to the Committee work plan.

The Chair thanked Dr Stevenson for her presentation.

## 6. COVID 19 (PRESENTATION)

Dr Ramon Pink, Medical Officer of Health, provided the Committee with a presentation around COVID 19, including: what the virus is; timelines; the New Zealand response; and the Canterbury response.

Dr Pink commented that we will see more of these types of events due to human influence on animals and the environment. He advised that this has been a quickly evolving event and referred to the timeline in the presentation.

Dr Pink advised that WHO has not yet said that this is a global pandemic he added that in Canterbury we are following our pandemic plan as we believe that this is the framework that best meets our needs.

The Committee noted that New Zealand was the 48th country in the world to declare a case and there are now 77 nations so this is spreading quickly so we need to act quickly and manage our resources.

Discussion took place regarding screening at airports and it was noted that this is being done on a voluntary basis by the travellers.

Discussion also took place regarding Primary Health preparedness and the Committee noted that our preparedness is very inter-related and includes Primary Care, Aged Care, Pharmacies etc.

Dr Pink commented that most of this will be managed in the Community the same as during the flu season. Discussion took place regarding this virus arriving at the same time as the flu season with the possibility of 2 influenza seasons at the same time.

The importance of giving clear messages and keeping people informed was stressed, particularly where there are vulnerable communities. The impact of social media was discussed and there now appears to be a change for the better in the rhetoric on this.

The Chair thanked Dr Pink for his presentation.

## 7. COMMUNITY AND PUBLIC HEALTH UPDATE REPORT

Evon Currie, General Manager, Community & Public Health, presented this new style report which was taken as read. Ms Currie commented that this reporting is around 13 programme areas and what is taking place underneath these. She asked the Committee for feedback and any indications if any more information is required.

Discussion took place regarding research into LGBTQIA+ and it was noted that an Impact Assessment Tool is about to be completed in this area.

The Board Chair, Sir John Hansen, commented that the link to Primary Care and the Community is not always visible and should be more visible. He added that he would like to see targets and time lines included in the report. Ms Currie will look at appropriate time lines for inclusion in the report. Sir John also asked how success is seen and Ms Currie spoke about the Impact Assessment Tool.

Members are to feedback any further thoughts.

The Committee received the report.

*The meeting adjourned for morning tea.*

## 8. PLANNING & FUNDING UPDATE – QUARTER 2

Carolyn Gullery, Executive Director, Planning & Funding and Decision Support, presented this update. It was noted that this report is also provided to the Ministry of Health.

Discussion took place regarding the report and it was agreed that a summary table detailing the "at risk" (orange & red) items be inserted at the front of the paper with time lines where appropriate would be helpful.

Discussion took place regarding the number of women registered with an LMC by 12 weeks of pregnancy. A report will come back to the Committee around this.

Ms Gullery commented regarding the Breast Screening which was moved from the DHB to Breast Screen South.

The update was noted

## 9. INFLUENZA PLANS FOR 2020

Carolyn Gullery, Executive Director, Planning & Funding and Decision Support, also presented this report. She commented regarding the low uptake of free vaccinations for Maori and Pacific and it was noted that there is work taking place around how this can be improved. Ms Gullery also advised that the DHB has contracted with 65 Pharmacies to deliver vaccinations for measles and influenza for over 65's.

Discussion took place regarding access to bowel screening and it was agreed that this is about taking all of this range of services to the people. The need to ensure this is done in a culturally sensitive manner was also noted. It was noted that bowel screening comes with funding for high needs people.

The report was noted.

*Sir John Hansen departed the meeting at 11.30am*

## 10. TRANSALPINE STRATEGIC DISABILITY ACTION PLAN REFRESH

Jacqui Lunday-Johnstone, Director of Allied Health, Scientific & Technical, introduced this item. She advised that they have drawn on all the work that has been undertaken by Kathy O'Neill and have had some really good feedback on how the action plan should be delivered.

Kathy O'Neill, Team Leader, Planning & Funding, advised that as part of the refresh and commitment to the disability community it was decided to refresh the membership on the Disability Steering Group where the Maori and Pacific voices needed to be strengthened and it was exciting when nominations came in from many different disabled peoples organisations. It was noted that the Deaf Aotearoa put forward their Chief Executive paying a translator.

Discussion took place regarding having a larger group and Ms O'Neill commented that it worked well by breaking into smaller groups for discussion and it appeared to enable everyone to be heard.

Ms O'Neill advised that one of the big developments is that while Whanau Ora and Enabling Good Lives principles are not specifically included throughout the document she is receiving assistance to ensure that this takes place. It was acknowledged that the priority actions themselves do include these and that was acknowledged.

The update was noted.

## 11. STEP-UP PROGRAMME UPDATE

Kathy O'Neill, Team Leader, Planning & Funding, presented this update. She advised that the DHB is pleased that this service is continuing in Canterbury and also that it is now extending into Waimakariri and Ashburton. It was noted that moving to working directly with providers was signalled by MSD as a national approach.

It was noted that an update will be provided back to the Committee mid-year.

The update was noted.

## 12. CDHB WORKFORCE UPDATE

Tyler Brummer, People & Capability, presented the workforce update. He highlighted: the expanding programmes to enable people with disabilities to work in the DHB; the work undertaken around the collection of disability status and understanding the diversity of our people; a partnership with the University of Canterbury around researching our manager's attitudes towards employing people with disabilities; and the Accessibility Information working group which will inform some learning requirements.

Mr Brummer also spoke regarding Project Search and the learnings from that project. Discussion took place regarding the outcomes from this project and the importance of managing expectations.

The update was noted.

## 13. 2020 DRAFT WORKPLAN

The draft 2020 workplan was noted.

### INFORMATION ITEMS

- Disability Steering Group Minutes
  - 25 October 2019
  - 22 November 2019
  - 24 January 2020

There being no further business the meeting concluded at 12.15pm.

# CPH&DSAC INFORMAL MEETING 5 MARCH 2020
# ACTION NOTES

| Clause No | | Action Points | Staff |
|---|---|---|---|
| | Apologies | For absence – Sally Buck, Olive Webb, Hans Wouters, Rochelle Faimalo, Aaron Keown, Gabrielle Huria and Yvonne Palmer.<br><br>Sir John Hansen retired from meeting at 11.30am. | Kay Jenkins / Anna Craw |
| 1. | Interest Register | Wendy Dallas Katoa – remove "Chair" from Manawhenua ki Waitaha interest. | Anna Craw |
| 2. | Minutes<br>CPH&DSAC – 31 October 2019 | Carried forward to next meeting for confirmation. | Anna Craw |
| 3. | Carried Forward Items | Nil | |
| 4. | CPH&DSAC Terms of Reference | Page 4 – change "Diligent" to "electronic". Forward to Board for endorsement. | Kay Jenkins |
| 5. | Health in All Policies (Presentation) | Oral Health Update to be provided to Committee later in year – scheduled for 5 November 2020 meeting. | Evon Currie / Carolyn Gullery |
| 6. | COVID-19 (Presentation) | Nil | |
| 7. | Community & Public Health Update Report | Request for targets and timelines to be included in future reports. | Evon Currie |
| 8. | Planning & Funding Update | Summary table detailing the "at risk" (orange & red) items be inserted at the front of the paper with time lines where appropriate. | Ross Meade / Carolyn Gullery |
| 9. | Influenza Plans for 2020 | Nil | |
| 10. | Transalpine Strategic Disability Action Plan Refresh | Nil | |

| | | | |
|---|---|---|---|
| 11. | Step-Up Programme Update | Further update to be provided later in year – scheduled for 3 September 2020 meeting | Kathy O'Neill |
| 12. | CDHB Workforce Update | Nil | |
| 13. | 2020 Draft Workplan | Community meetings are to be scheduled as follows:<br>• Monday, 15 June – Ashburton<br>• Thursday, 13 August – Ngai Tahu<br>• Tuesday, 20 October – Selwyn or Kaikoura | Anna Craw |
| | | | |
| | Info Items | Nil | |
| | General Business | Nil | |

**Distribution List**:
Evon Currie
Carolyn Gullery
Ross Meade
Kathy O'Neill
Kay Jenkins

CC. Julie Jones, and Regan Nolan

# TERMS OF REFERENCE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

## INTRODUCTION

The Community and Public Health Advisory Committee and the Disability Support Advisory Committee are Statutory Committees of the Board of the Canterbury District Health Board (*CDHB*), established in terms of Sections 34 and 35 of the New Zealand Public Health and Disability Act 2000 (the *Act*). These Terms of Reference are supplementary to the provisions of the Act, Schedule 4 to the Act and the Standing Orders of the CDHB, and will apply from 19 March 2020.

The CDHB has determined that the same body of persons shall comprise both Committees and that the meetings shall be combined into one meeting. The membership of the joint Committee shall include some members with a specific interest in disabilities and some with a specific interest in community and public health. For ease of reference, the Committee shall be referred to as the "Community and Public Health and Disability Support Advisory Committee" (*CPH&DSAC*).

## FUNCTIONS

The Community and Public Health and Disability Support Advisory Committee has specific aims and functions prescribed within the Act (Schedule 4, Clauses 2 & 3). These apply to the roles of the two separate Advisory Committees, which form the joint Committee, and exist in addition to these Terms of Reference. A summary of these functions and aims is set out below.

*"The functions of the Community and Public Health and Disability Support Advisory Committee, with respect to Community and Public Health, are to provide advice and recommendations to the Board of the DHB on:*

- *the needs, and any factors that the committee believes may adversely affect the health status, of the resident population of the DHB; and*
- *priorities for use of the health funding provided.*

*The functions of the Community and Public Health and Disability Support Advisory Committee, with respect to Disability Support, are to provide advice and recommendations to the Board of the DHB on:*

- *the disability support needs of the resident population of the DHB, and*
- *priorities for use of the disability support funding provided."*

The aim of this advice is to assist the disability support services that the CDHB provides or funds, along with the policies it adopts, to promote the inclusion and participation in society, and maximise the independence of people with disabilities within the resident population of the CDHB.

The Committee will effect these functions by:

- Ensuring the health and disability support needs of the community are reflected in the CDHB strategic planning process by contributing to and reviewing the draft Annual Plan, SI Regional Services Plan, and make recommendations to the Board.
- Providing input into the development of strategies and policies related to the health needs and disability support issues of the community, and make recommendations to the Board in respect to these.

# TERMS OF REFERENCE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

Canterbury District Health Board
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- Identifying Key Priority Actions from the Annual Plan and other strategic plans to monitor progress. (Management will report on key deliverables and measurable achievements associated with these Key Priority Actions.)
- Monitoring and reporting to the Board on performance against the Canterbury Health System Framework, with a particular emphasis on public health issues, including those related to earthquake recovery, housing, environmental issues (especially drinking water, clean air) and other issues relating to the determinates of health. The Committee will also monitor health services contracted or provided by the CDHB, but noting the primary responsibility of the Hospital Advisory Committee in respect to monitoring of provider arm services. Management will assist in this process by providing appropriate reports and briefings aligned to the CDHB Outcomes Framework. (Responsibility for the monitoring of individual contracts rests with management.)
- Monitoring and supporting the implementation of the Canterbury and West Coast Health Disability Action Plan.
- Reviewing information regarding environmental and demographic changes within which the CDHB is working.
- Monitoring and reporting to the Board on progress against strategies and plans in respect to Maori and Pacific health and progress on reducing disparities in Maori and Pacific health.
- Advocacy on health need related issues and health related disability issues, including establishing relationships with other organisations and disability support service providers within the CDHB area, where relevant and appropriate to the work of the Committee.
- Providing advice to the Board on the priorities for funding that maximise the overall health gain for the population that the Committee serves, as prescribed in the Board's accountability documents.

## SUBMISSION PROCESS

In addition to the above functions, the Community and Public Health and Disability Support Advisory Committee will have a role in the preparation of submissions on health issues by the CDHB to Territorial Local Authorities (*TLAs*), Select Committees, Central Government and other organisations, noting the primary role of the CDHB Board in approving such submissions.

## KEY PROCESSES

- The Board approves the Annual Plan and associated Regional Plans and any individual strategies developed to meet the health and disability needs of our population.
- The Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy; the New Zealand Disability Strategy; and the Canterbury and West Coast Health Disability Action Plan.
- Reports being presented to the Committee should identify how they link to the CDHB Outcomes Framework.
- Any paper or piece of work being presented to the Committee should identify how it links to the Annual Plan (the annual workplan of the CDHB).
- Any update on progress with implementation must identify the risks or barriers to the delivery of the strategies.
- The Committee will prepare an annual workplan designed to implement its Terms of Reference.

# TERMS OF REFERENCE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

## ACCOUNTABILITY

The Community and Public Health and Disability Support Advisory Committee is a Statutory Committee of the Board, and as such its members are accountable to the Board and will report regularly to the Board.

- Members of the Community and Public Health and Disability Support Advisory Committee are to carry out an assessment role, but are not to be advocates of any one health sector group. They are to act in an impartial and objective evidence based manner (where evidence is available), for the overall aims of the Committee.
- Legislative requirements for dealing with conflicts of interest will apply to all Community and Public Health and Disability Support Advisory Committee members, and members will abide by the CDHB's Media Policy; its Conflict of Interest and Disclosure of Interest Policy; Gift, Sponsorship, Donations and Corporate Hospitality Policy; and with its Standing Orders.
- The Committee Chair will annually review the performance of the Community and Public Health and Disability Support Advisory Committee and members.

## WELLBEING HEALTH AND SAFETY

Support, promote and monitor the continuance of a culture of wellbeing health and safety at the CDHB and ensure that the wellbeing health and safety risks faced by the Board are appropriately understood, mitigated and monitored, and ensure that the Board receives regular reports in regard to meeting its wellbeing health and safety obligations.

## LIMITS ON AUTHORITY

The Community and Public Health and Disability Support Advisory Committee must operate in accordance with directions from the Board and, unless the Board delegates specific decision making power to the Committee, it has no delegated authority except to make recommendations or provide advice to the Board.

- The Community and Public Health and Disability Support Advisory Committee provides advice to the Board by assessing and making recommendations on the reports and material submitted to it.
- The Community and Public Health and Disability Support Advisory Committee should refer any issues that fall within the Terms of Reference of the other Board committees to those committees.
- Requests by the members of the Community and Public Health and Disability Support Advisory Committee for work to be done by management or external advisors should be made via the Committee Chair and directed to the Chief Executive or their delegate (Principal Administrative Officer).
- There will be no alternates or proxy voting of Committee members.
- The management team of the CDHB makes decisions about the funding of services within the Board approved parameters and delegations.

## RELATIONSHIPS

The Community and Public Health and Disability Support Advisory Committee is to be cognisant of the work being undertaken by the other committees of the CDHB to ensure a cohesive approach to health and disability planning and delivery, and as such will be required to develop relationships with:

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Canterbury District Health Board
Te Poari Hauora ō Waitaha

- The Board
- Consumer groups
- Management of the CDHB
- Clinical staff of the CDHB
- Manawhenua Ki Waitaha (*MKW*)
- The community of the CDHB
- Other Committees of the CDHB

## TERM

These Terms of Reference shall apply until March 2023, at which time they will be reviewed by the newly elected Board of the CDHB, who will also review membership of the Committee to ensure an appropriate skills-mix.

## MEMBERSHIP OF THE COMMITTEE

The Chair of the Community and Public Health and Disability Support Advisory Committee will be a member of the Board and will be appointed by the Board. The Board may also appoint a Deputy Chair to the Committee. Other members of the Community and Public Health and Disability Support Advisory Committee will be appointed by the Board and may be both CDHB Board members and external members. In selecting members, the Board will have regard to the need for the Committee to comprise of an appropriate skill mix, including people with special interests in community and public health, disability, Maori and Pacific health issues. The Board will comply with the requirements of the Act and provide for Maori representation on the Committee by appointing a representative nominated by MKW in addition to other external appointments in accordance with policy adopted by the Board in December 2012.

The Chair and Deputy Chair of the Board will be ex-officio members of the Committee (if not appointed to the Committee by the Board), and will have full speaking and voting rights at all meetings of the Committee.

- Board members who are not members of the Committee will receive copies of agendas and minutes of all meetings electronically, and may attend any meetings of the Committee with speaking rights for those meetings that they attend.
- The Board will not appoint to the Community and Public Health and Disability Support Advisory Committee any member who is likely to regularly advise on matters relating to transactions in which that member is specifically interested. All members of the Community and Public Health and Disability Support Advisory Committee must make appropriate disclosures of interest.
- The Chair, Deputy Chair and members of the Community and Public Health and Disability Support Advisory Committee will continue in office for the period specified by the Board, or until such time as:
  - the Chair, Deputy Chair or member resigns; or
  - the Chair, Deputy Chair or member ceases to be a member of the Hospital Advisory Committee in accordance with clause 9 of Schedule 4 of the Act; or
  - the Chair, Deputy Chair or member is removed from office by notice in writing from the Board.
- All Community and Public Health and Disability Support Advisory Committee members must comply with the provisions of Schedule 4 of the Act, relating in the main to:
  - the term of members not exceeding three years;
  - a conflict of interest statement being required prior to nomination;

# TERMS OF REFERENCE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

Canterbury District Health Board
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- remuneration; and
- resignation, vacation and removal from office.

## MEETINGS

The Community and Public Health and Disability Support Advisory Committee will meet regularly as determined by the Board, with the frequency and timing taking into account the workload of the Committee.

- Subject to the exceptions outlined in the Act, the date and time of the Community and Public Health and Disability Support Advisory Committee meetings shall be publicly notified and be open to the public. The agenda, any reports to be considered by the Committee and the minutes of the Committee meeting will be made available to the public as required under the Act.
- Meetings shall be held in accordance with Schedule 4 of the Act and with the CDHB's Standing Orders.
- In addition to formal meetings, Committee members may be required to attend workshops or forums for briefings and information sharing.

## REPORTING FROM MANAGEMENT

- Management will provide exception reporting to the Community and Public Health and Disability Support Advisory Committee to measure against performance indicators and key milestones as identified by the Committee.
- Management will also provide the Community and Public Health and Disability Support Advisory Committee with updates on the work of other government agencies or TLAs that may affect the health status of the resident population of the CDHB.
- Management will provide such reports and information as necessary to enable the Committee to fulfil its statutory obligations.

## MANAGEMENT SUPPORT

- In accordance with best practice and the delineation between governance and management, key support for the Community and Public Health and Disability Support Advisory Committee will be from staff designated from the Chief Executive Officer from time to time who will assist in the preparation of agendas, reports and provision of information to the Committee in liaison with the Chair of the Committee.
- The Board may appoint advisors to the Community and Public Health and Disability Support Advisory Committee from time to time, for specific periods, to assist the work of that Committee. The Committee may also, through management, request input from advisors to assist with their work.

## REMUNERATION OF COMMITTEE MEMBERS

In accordance with Cabinet Guidelines and the CDHB's Fees and Expenses Policy, members of the Community and Public Health and Disability Support Advisory Committee will be remunerated for attendance at meetings at the rate of $250.00 per meeting up to a maximum of ten meetings per annum, total payment per annum $2,500.00. The Committee Chair will be remunerated for attendance at meetings at the rate of $312.50 per meeting, again up to a maximum of ten meetings per annum, total payment per annum

# TERMS OF REFERENCE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

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$3,125.00. Ex officio members are not remunerated. These payments may be reviewed by Ministerial direction from time to time and will be revised to comply with any Cabinet/Ministerial amendments.

- These payments are made for attendance at public meetings and do not include workshops.
- Any officer or elected representative of an organisation who attends committee meetings which their organisation would expect their officer or elected representative to attend as a normal part of their duties, and who is paid by them for that attendance, should not receive remuneration.
- The Fees Framework for Crown Bodies includes the underlying principle that any employees of Crown Bodies should not receive remuneration for attendance at committee meetings whilst being paid by their employer.
- Reasonable attendance expenses (ie., reasonable travel-related costs) for Committee members may be paid. Members should adhere to the CDHB's travel and reimbursement policies.

Adopted by Board: 19 April 2018.

Amended by Board: 21 March 2019.
Amended by Board: 19 March 2020.

| Canterbury District Health Board Te Poari Hauora o Waitaha | Minutes – 28 February 2020<br>Canterbury DHB Disability Steering Group (DSG) |
|---|---|

Attendees: Grant Cleland (Chair), Kathy O'Neill, Allison Nichols-Dunsmuir, Jane Hughes, Catherine Swan, Susan Wood, Mick O'Donnell, Paul Barclay, Waikura McGregor, Maureen Love, Rose Laing, Thomas Callanan, Kay Boone, Sekisipia Tangi, Joyce Stokell with Evelyn Pateman and Elizabeth Kay Interpreters, Dan Cresswell and Shane McInroe (Meeting Assistant), Rāwā Karetai, Lemalu Lepou Suia Tuula, Simon Templeton, Jacqui Lunday Johnstone, George Schwass, Lara Williams (Administrator), Faye Tiffin (Planning & Funding Support Coordinator).
Apologies: Hans Wouters, Susan Wood, Paul Barclay, Tyler Brummer, Dave Nicholl

| | Agenda Item | Summary of Discussion | Action/Who |
|---|---|---|---|
| 1. | Karakia Timatanga | Grant welcomed the group and Waikura provided a karakia.<br>Waikura led the karakia and commended the group for their pronounciation.<br>Jo Kane, CDHB Board Member from DSAC attended for this part of the meeting. | **Action point:** Waikura to provide karakia to Jo Kane for DSAC. |
| 2. | Apologies to date, as above<br>Previous minutes, matters arising and any conflicts of interest for today's agenda items | Action points from January meeting.<br>No conflicts of interest for this meeting.<br>Conflicts of interest register updated annually. Lara will recirculate.<br>Minutes passed as correct. | **Action point:** Lara to circulate conflicts of interest register. |
| 3. | Content of CDHB District Annual Plan<br>Any feedback (changes can be made for 2nd draft) | CDHB is required to submit an annual plan, as directed by Ministry of Health. Last year was the first Annual Plan to include Disability Action Plan. 2nd March deadline. | **Action point:**<br>Feedback to Kathy in the week following this meeting. |

| | Agenda Item | Summary of Discussion | Action/Who |
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| 3. | Update from Accessibility Charter Working Group and Accessible Information Working Group | ACWG works to support DSG focussing on accessibility. Goal is to include access in new facilities and existing facilities, including Hillmorton and Outpatients building. Key aim is to be above the building code.<br>AIWG have had their third meeting. Involves DHB members from different areas, IT, Communications, HealthInfo, HealthPathways. Have prepared paper for Executive management Team (EMT) regarding technology available for staff to access. Such as captions for website content.<br>Shane requested applying principles of Enabling Good Lives. Rāwā recommended to also include Whanau Ora principles | **Action point –**<br>Rāwā, Waikura and Kathy to connect. |
| 4. | Disability Action Plan (DAP)<br>Small Group exercise – Answering the following Questions<br>1. What do you like about the refreshed plan?<br>2. What are the gaps? What else needs to happen?<br>3. Are there any priority actions in the refreshed plan that need to be modified?<br>4. Are there any priority actions you would like to be achieved in the next 12 months?<br>5. Do you have any other feedback | Workshop notes from three groups being typed for Kathy.<br><br>Mick updated the group about the 2016-2026 dateline. With the review in 2020 this would rollover the end date to 2020-2030.<br><br>Maureen asked about point in the DAP;<br>Ability to meet the expectation of -<br>Commit to ongoing training for front line staff and clinicians. Is this in place? | **Action point –**<br>Maureen to speak with Josh and Elyse |

| | Agenda Item | Summary of Discussion | Action/Who |
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| | about the refreshed plan?<br>Large Group Feedback session | | |
| 5. | Anything that's different in a disabled person's life since we last met? | Maureen fed back about the change of parking around 32 Oxford Terrace, when she was affected by restricted mobility. Maureen has been in touch with others affected with parking tickets issued. | |
| | Next Meeting | **Next meeting 27 March 2020**<br>**11am-1pm, 32 Oxford Terrace** | |

# WORKPLAN FOR CPH&DSAC 2020 *(WORKING DOCUMENT)*

| | 5 March 2020 | 7 May 2020 | 2 July 2020 | 3 September 2020 | 5 November 2020 |
|---|---|---|---|---|---|
| **Standing Items** | Interest Register<br>Confirmation of Minutes | Meeting Cancelled | Interest Register<br>Confirmation of Minutes | Interest Register<br>Confirmation of Minutes | Interest Register<br>Confirmation of Minutes |
| **Standard Monitoring Reports** | Community and Public Health Update Report<br>Planning and Funding Update Report – Q2 | | | Community and Public Health Update Report<br>Planning and Funding Update Report – Q4 | Community and Public Health Update Report<br>Planning and Funding Update Report -Q1<br>Maori and Pacific Health Progress Report |
| **Planned Items** | Health In All Policies (*HIAP*)<br>Coronavirus<br>2020 Influenza Vaccine Campaign<br>Transalpine Strategic Disability Action Plan Refresh Update<br>Step-Up Programme Update<br>CDHB Workforce Update | | COVID-19: Population Wellbeing Update<br>Future Operational Plan<br>UN Convention on the Rights of Persons with Disabilities and the CDHB<br>Transalpine Health Disability Action Plan<br>COVID-19: Issues and Actions Identified by Members of the Disability Steering Group | First 1,000 Days – development of South Island Plan<br>All Right? / He Waka Ora<br>CALD - availability & accessibility of health information in community<br>Canterbury Accessibility Charter – Accessibility Working Group Update<br>Accessible Information Update<br>Community & Public Health Update – Disability Sector<br>Step-Up Programme Update | Oral Health Update (EC/CG)<br>Disability Steering Group Update<br>CDHB Workforce Update<br>Project Search |
| **Governance and Secretariat Issues** | Draft 2020 Workplan<br>Terms of Reference Review | | | | |
| **Information only items** | Disability Steering Group Minutes<br>CCN Q2 2019/20 | | Notes from Informal Meeting – 5 March 2020<br>CPH&DSAC Terms of Reference – Amended<br>Disability Steering Group Minutes<br>2020 Workplan | Disability Steering Group Minutes<br>CCN Q4 2019/20<br>CPH End of Year Report to MoH<br>2021 Meeting Schedule<br>2020 Workplan | Disability Steering Group Minutes<br>2020 Workplan |

**Community Meetings**
~~Monday, 15 June 2020 – Ashburton~~
~~Thursday, 13 August 2020 – Ngai Tahu~~
Tuesday, 20 October 2020 – TBC