

Canterbury

District Health Board
Te Poari Hauora o Waitaha

Minutes – 23 March 2018

Canterbury DHB Disability Steering Group (DSG)

Attendees: Gordon Boxall (Chair), Kathy O’Neill, Allison Nichols-Dunsmuir, Jane Hughes, Kay Boone, Catherine Swan, Mark Lewis, George Schwass), Dave Nicholl, Paul Barclay, Prudence Walker, Kathryn Jones, Haley Nielsen, Ruth Robson, Ngaire Button, Sekisipia Tangi, Lara Williams (Administrator)

Guests: Maria Pasene, Pacific Manager Pegasus

Apologies: Stella Ward, Susan Wood, Mick O’Donnell, Simon Templeton

	Agenda Item	Summary of Discussion	Action/Who
1.	<p>Welcome</p> <p>Apologies:</p> <p>Previous minutes, matters arising and any conflicts of interest for today’s agenda items</p>	<p>Karakia Timatanga.</p> <p>As above.</p> <p>Changes to February minutes</p> <ul style="list-style-type: none">• Item 3, car park building final sentence should read “With Stella on the Facilities Governance Committee we can advocate for a 2.5m clearance”• Item 5, second to last para should read “It was noted that this is focused on nursing staff and allied health workers, and a wider approach should also include other staff, including medical, admin, etc.” <p>Conflicts of interest – Project search discussion - Prudence works for CCS Disability Action who will hold the license for Project Search</p>	
2.	<p>Improving health outcomes and the experience of the health system for Pacific people with a disability</p>	<p>Maria Pasene presented Pegasus’ focus on the pacific community along with their wider perspective as a member of the Pacific Health Reference Group.</p> <p>It is Pegasus’ aim to actively use the Canterbury Pacific Health Framework which was</p>	<p>Action : Kathy to work with Maria to have members of DSG attend the Pacific Reference Group to identify and implement actions to achieve shared outcomes that will benefit Pacific peoples health and</p>

		<p>distributed to DSG as part of pre-meeting material.</p> <p>Maria presented the Te Toopu Pacific health champions programme, working with the Pacific community directly having engaged with 8 churches in 2017. The programme reached over 800 Pacific congregation members via a Te Toopu Pacific homework group with 150 champion members. Members attended health sessions and presented back to groups in their congregation. An example is the Women's fellowship group discussed cervical and breast screening. Other key topics included how to navigate health services, rights of patients, health literacy, increasing knowledge of health conditions. Their aim is for Pacific people to be able to navigate themselves to health services.</p> <p>Two key groups are interested in working with DSG – Pacific Reference group and Pacific Caucus. These are made up of Pacific reps that sit on workstreams across CCN. Maria advises that the DSG use these two established groups to align their actions for disabled Pacific people and their families.</p> <p>Paul asked from his experience with arthritis groups, is it best to contact services delivered to Pacifica or navigate them to access mainstream services? Seki suggested navigation directly by the Pacific workforce and also supporting them to mainstream services. Pegasus aims to develop health</p>	<p>disability related outcomes.</p>
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		<p>professionals’ cultural competencies. Seki presented priority outcomes and actions discussed in the Faiva Ora 2016-2021 document.</p> <p>Data is needed to engage the entire Pacific community, when only 20% are attending Pasifika providers. The aim is to improve health outcomes and the experience of the health system for Pacific people with a disability.</p> <p>Maori Action Plan - Ngaire is currently preparing an update.</p>	
3.	Priority Actions for Disability Action Plan 2018-2019	<p>Suggestion made to identify two or three areas of priority actions with realistically achievable outcomes that can be the focus for the rest of the year. The other actions can be monitored for progress.</p> <p>Reword the plan to capture this. This refresh only applies to the Priority Actions as the wider objectives have been set for 10 years.</p> <p>Kathy suggested including a column outcome that will be the measure of success eg more planned care. Any material changes will need to go back through DSAC and EMT before this can be finalised</p>	Action point – Kathy to amend the Plan
4.	Accessibility Charter plan for implementation	<p>It is proposed that a CDHB Accessibility Working Group be established, comprising DSG members with other key CDHB staff. Membership, reporting and accountability details are being worked out and Stella will sponsor an EMT paper. The role</p>	Allison and Stella to finalise EMT paper.

		<p>of the group will be to develop and oversee the implementation of a CDHB Accessibility Charter Plan. Allison is working with CCC and ECAN to share the Charter's implementation approaches, and finding this mutually useful.</p> <p>Further consideration is needed re the West Coast, which has a different disability advisory model and is not likely to be included in the Accessibility Working Group in the first instance. Noted that Kathy, Stella and Brad Cabel's roles includes the West Coast.</p>	<p>Action: Kathy to confer with Stella re a West Coast approach.</p>
4.	Resources for Hiring Managers	<p>P&C update – Hiring Managers resource development needs to be progressed.</p> <p>Allison presented next steps for discussion and decision.</p> <p>Recommendation to develop State Services Commission Lead Toolkit to local needs.</p> <p>Allison has provided the following: We are suggesting that this become the basis for a 30 minute training for CDHB managers. ie tailoring it to the CDHB with a training focus, rather than just having it on HealthLearn as a generic document that managers can read. If DSG members have time to scan this and provide feedback/support, that would be excellent.</p> <p>http://www.ssc.govt.nz/lead</p>	<p>Action point: All members to provide feedback on http://www.ssc.govt.nz/lead</p>

5.	Project Search Update	Meeting held this week. Licence is obtained. P&C are in the process of assessing opportunities for roles and aligning to interns setting up relationships with Managers. Timeline after Easter. Request for service for proposals is the next step. Goal is to have the first intake of interns in 2019.	Action point - document to be circulated. Mark advises this is a request for P&C resource to support the project – which is yet to be drafted. Mark will forward once drafted through Legal and People and Capability office. Timeline to be confirmed.
6.	<p>Deaf people with additional disabilities navigate three different worlds on a daily basis: the Deaf world, the hearing world, and the disability world. Today, Deaf Action NZ released “Inclusive NZSL Communities,” a series of video clips highlighting the experiences and insights of six Deaf people with additional disabilities who use New Zealand Sign Language (NZSL). The clips are available online at www.deafaction.org.nz/inclusive-nzsl-communities.</p> <p>Please review – seeking DSG endorsement that these are made available to staff as a resource</p>	DSG has link to view resources.	Action point – group to email any feedback to Kathy and can go on website as a staff resource
7.	General Business items	<p>Mick has drafted for WellNow, highlighting what the DSG has achieved so far, and signalling that we want input on priorities for the next two years – Kathy and Mick talked about that some time ago and the plan is to design a quick and simple survey monkey, but also to have the survey available in hard copy. Drafts of both the WellNow piece and initial ideas for the survey questions to go to Gordon soon. Opportunity for the DSG to provide thoughts at next meeting?</p> <p>A provider of care to ex-templeton patients enquired</p>	Action point – WellNow and survey to be included to be progressed before next meeting

	Followup from Rose – shared plan	about shared plans with her patients accessing hospital frequently. Rosie Laing, Shona from Therapy Professionals and Kathy have met to discuss ways of ensuring shared plans are developed. Therapy Professionals will pilot the Acute Plan. When the model is operational this will be taken to the Canterbury Residential Provider Forum for rollout across the Providers.	Action point – Kathy to give monthly updates
8.	The last word – know anything that’s different in a disabled person’s life since we last met?	Thank you given to Ruth Robson. Ruth will be sending a replacement Representative for CCN.	All
	Next Meeting	10:30am Friday April 27 2018 Location, Design Lab, Print Place due to accessibility at 32 Oxford Terrace	