

**Key messages – Disability
Steering Group (DSG)**

Memo to:	Key DSG stakeholders
Purpose of memo	To provide a brief summary of the key messages from each Disability Steering Group (DSG) meeting. For more information please contact the facilitator (details below)

JULY 2017

- 1.1 **Mihi** – Gordon Boxall, Chairman, welcomed the group and spoke of the Human Rights Commission report release this week. The Report is online at <https://www.hrc.co.nz/news/new-zealanders-intellectual-disabilities-faced-systemic-abuse-state-care/> It was agreed to ask Robert Martin, author of *Becoming a Person* to address DSG at a future meeting on his life experiences and role with the United Nations. <http://www.pottonandburton.co.nz/store/becoming-a-person>
- 1.2 **Equally Well** - A presentation was made of Equally Well, a collaboration between over 100 organisations, including most DHB's and others that have an interest in their community's physical health. This is a response to people with serious mental illness who die a lot younger than the general population from physical health problems. In Canterbury, Patients are being offered free primary care consults to see if this makes a difference. The meeting was reminded about barriers for participants that need medical care, many of whom are in real poverty, where even the cost of a bus fare may prevent them from going to their GP, let alone any fees.
- Step Up** - Canterbury is one of four DHBs working in partnership with MSD in *Step Up*, a social investment approach to getting people off health deferred benefits and into employment. Currently a pilot, that places a navigator employed by Pegasus PHO into GP practices, it is anticipated that more practices will be involved from September 2017. Early days but initial findings are that people are keen to be involved with most retaining contact with the programme. Sekisipia Tangi, Pasifika Representative, offered his expertise with Pacific groups on both groups.
- 1.3 **Maori Help Plan and Disability Action Plan** - Sekisipia Tangi, Pasifika Representative and CDHB Maori/Pacific Portfolio Manager Ngaire Button are working with the Pacific Reference Group to develop Pacific findings.
- Respite funding was discussed. This will be on the agenda for August meeting.
- Canterbury Wellbeing Study was discussed including questions on Maori Health needs.
- 1.4 **Workplan measures and outcomes** – 38 priority measures were discussed.
- Wayfinding signage – Paul Barclay, Disability Community Lived Experience Representative has discussed with the Blind Foundation how braille buttons are not standard due to contractors. The landlord will reply to Paul.

It was asked how the Pacific Community can access help and information on falls prevention. Support was offered to further discuss how Pacific people can access all the information available with HealthInfo and other CDHB platforms. The issue of accessing information and how to get to the right place, such as the example of disability equipment on HealthInfo was discussed.

It was suggested to incorporate assistance technologies into the Workplan. The Maia Foundation is developing an app for wayfinding in the new Acute Services Building. Oral health use videos to prepare children before procedures. Other champions include Helen Webster and Peter Dooley from MRI preparing virtual 3D technologies. Discussion about development for GPs in the community, such as using technology for driving assessments.

1.5 **People & Capability Update –**

Online module for staff awareness – this has been peer reviewed for People & Capability and ready to go on site to be linked to activities. The group was asked if it could take on the reviewer role with CDHB as the host. More details would be ready for the next meeting. It was suggested P&C contact Ara, Workbridge or other community groups. It was decided that for the issue of continuing content review, that DSG or Consumer Council wouldn't be the best choice.

Interviews and surveys – There has been confusion about the role of community members of DSG. This will be clarified between meetings. People & Capability's surveys to date have been with CDHB staff.

Project Search – On track. People & Capability are looking at sourcing an external resource to move this forward as internal expressions of interest haven't worked. The decision to fund should be known in a week or two. It was felt the role could also consider other employment initiatives based on the DHB's current challenges re recruitment in liaison with local employment specialists including Ara and Supported Employment Agencies following discussions. Discussion about the Be Employed programme.

Transformation project – Lifecycle – implementation plan is underway. Recruitment is recognised as the key factor. Allison Nichols-Dunmuir, Community & Public Health asked about offer for DSG to engage with this project.

1.6 **General Business –**

Accessibility charter will be launched in November.

Parking – A report was provided back from the parking meeting with CDHB. Whilst it is clearly a challenging situation, some practical suggestions were made. Rachel is responsible for staff parking and park n ride. It was noted that CCC are also a key player in this with CDHB CEO to CCC CEO discussions being held. There is also board level involvement from each agency about parking in the hospital area. It was noted that Allison and Paul are members of the CCC Disability Committee.

DHB Members were asked to consider how best to take this work forward possibly asking an outside agency like the Earthquake Disability Leadership Group (which includes representation from CCC and CDHB but is independent) could take a lead role.

The Group suggested it would be good for people to be informed about such as advice on CDHB website showing where mobility parking is available. Particularly for parents with children who have two hour appointments. Parents can write to CCC if they are ticketed. Appointment letters can be stamped by departments.