**DISABILITY SUPPORT ADVISORY COMMITTEE (DiSAC) MEETING**

**22 November 2017**

**Venue:** Manukau Boardroom, CM Health Board Office, 19 Lambie Drive, Manukau, Auckland

**Time:** 1.00pm

<table>
<thead>
<tr>
<th>Committee Members</th>
<th>CMDHB Management</th>
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<tbody>
<tr>
<td>Colleen Brown – Committee Chair</td>
<td>Gloria Johnson – acting Chief Executive</td>
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<tr>
<td>Catherine Abel-Pattinson – CMDHB Board Member</td>
<td>Jenny Parr – Director of Patient Care, Chief Nurse &amp; Allied Health Professions Officer</td>
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<tr>
<td>Dianne Glenn – CMDHB Board Member</td>
<td>Dana Ralph-Smith – General Manager, ARHoP</td>
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<tr>
<td>Katrina Bungard – CMDHB Board Member</td>
<td>Dinah Nicholas - Secretariat</td>
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<tr>
<td>Dr Lyn Murphy – CMDHB Board Member</td>
<td>Reece Autagavaia – CMDHB Board Member</td>
</tr>
</tbody>
</table>

**APOLOGIES**

**REGISTER OF INTERESTS**
- Does any member have an interest they have not previously disclosed?
- Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda?

**AGENDA**

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
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</thead>
<tbody>
<tr>
<td>1.00pm</td>
<td><strong>AGENDA ORDER AND TIMING</strong></td>
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<tr>
<td></td>
<td><strong>Page No.</strong></td>
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<tr>
<td></td>
<td><strong>CONFIRMATION OF MINUTES</strong></td>
</tr>
<tr>
<td>1.05pm</td>
<td>2.1 Confirmation of Previous Minutes of the Disability Support Advisory Committee Meeting – 16 August 2017</td>
</tr>
<tr>
<td>1.15pm</td>
<td>2.2 Action Items Register</td>
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<tr>
<td>2.00pm</td>
<td><strong>FOR DISCUSSION</strong></td>
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<tr>
<td>2.15pm</td>
<td>3.1 Revised Terms of Reference (verbal update) - Colleen Brown</td>
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<tr>
<td>2.45pm</td>
<td>3.2 NZ Disability Strategy Implementation Update – Jenny Parr/Annelize de Wet</td>
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<td></td>
<td>3.3 Deaths of Intellectually Disabled People (verbal update) – Jenny Parr</td>
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<td>3.4 Overview of Long Term Chronic Health Conditions Services – Dana Ralph-Smith</td>
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<td>3.5 Experience of People with a Disability Accessing Mental Health &amp; Addiction Services – Tess Ahern/Peter Watson/Marleen Verhoeven</td>
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<tr>
<td>4.00pm</td>
<td><strong>GENERAL BUSINESS</strong></td>
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<tr>
<td>4.15pm</td>
<td>4.1 Any general business</td>
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</tbody>
</table>

**Next meeting: To Be Confirmed**
# BOARD MEMBER ATTENDANCE SCHEDULE 2017 – DiSAC

<table>
<thead>
<tr>
<th>Name</th>
<th>Jan</th>
<th>Feb</th>
<th>15 Mar</th>
<th>April</th>
<th>May</th>
<th>7 June</th>
<th>July</th>
<th>16 Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>22 Nov</th>
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<tbody>
<tr>
<td>Catherine Abel-Pattinson</td>
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<td>No Meeting</td>
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<td>Colleen Brown (Chair)</td>
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<td>Dianne Glenn</td>
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<td>Katrina Bungard</td>
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<td>Lyn Murphy</td>
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<td>Reece Autagavaia (Deputy Chair)</td>
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## DiSAC MEMBERS’ DISCLOSURE OF INTERESTS
**22 November 2017**

<table>
<thead>
<tr>
<th>Member</th>
<th>Disclosure of Interest</th>
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</thead>
<tbody>
<tr>
<td>Colleen Brown (DiSAC Chair)</td>
<td>• Chair, Disability Connect (Auckland Metropolitan Area)</td>
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<tr>
<td></td>
<td>• Member, Advisory Committee for Disability Programme Manukau Institute of Technology</td>
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<td>• Member, NZ Down Syndrome Association</td>
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<td>• Husband, Determination Referee for Department of Building and Housing</td>
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<td>• Director, Charlie Starling Production Ltd</td>
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<td></td>
<td>• Member, Auckland Council Disability Advisory Panel</td>
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<td></td>
<td>• Member, NZ Disability Strategy Reference Group</td>
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<td>• Regional Representative, Neighbourhood Support NZ Board</td>
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<tr>
<td>Catherine Abel-Pattinson</td>
<td>• Board Member, Health Promotion Agency</td>
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<td>• National Party Policy Committee Northern Region</td>
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<td>• Member, NZNO</td>
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<td>• Member, Directors Institute</td>
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<tr>
<td>Dianne Glenn</td>
<td>• Member, NZ Institute of Directors</td>
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<td></td>
<td>• Life Member, Business and Professional Women Franklin</td>
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<td>• Member, UN Women Aotearoa/NZ</td>
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<td>• President, Friends of Auckland Botanic Gardens and Chair of the Friends Trust</td>
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<td>• Life Member, Ambury Park Centre for Riding Therapy Inc.</td>
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<td>• Member, National Council of Women of New Zealand</td>
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<td>• Justice of the Peace</td>
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<td>• Member, Pacific Women’s Watch (NZ)</td>
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<td></td>
<td>• Member, Auckland Disabled Women’s Group</td>
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<tr>
<td>Katrina Bungard</td>
<td>• Chairperson MECOSS – Manukau East Council of Social Services.</td>
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<td>• Deputy Chair Howick Local Board</td>
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<td>• Member of Amputee Society</td>
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<td>• Member of Parafed disability sports</td>
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<td>• Member of NZ National Party</td>
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</tbody>
</table>
| Dr Lyn Murphy | Member, ACT NZ  
|              | Director, Bizness Synergy Training Ltd  
|              | Director, Synergex Holdings Ltd  
|              | Trustee, Synergex Trust  
|              | Member, International Society of Pharmacoeconomics and Outcome Research (ISPOR NZ)  
|              | Member, New Zealand Association of Clinical Research (NZACRes)  
|              | Senior Lecturer, AUT University School of Inter professional Health Studies  
|              | Member, Public Health Association of New Zealand |
| Reece Autagavaia (DiSAC Deputy Chair) | Member, Pacific Lawyers’ Association  
|                                     | Member, Labour Party  
|                                     | Member, Tangata o le Moana Steering Group  
|                                     | Trustee, Epiphany Pacific Trust  
|                                     | Trustee, The Good The Bad Trust  
|                                     | Member, Otara-Papatoetoe Local Board  
|                                     | Member, District Licensing Committee, Auckland Council |
## DISABILITY SUPPORT ADVISORY COMMITTEE MEMBERS’ REGISTER OF DISCLOSURE OF SPECIFIC INTERESTS

Specific disclosures (to be regarded as having a specific interest in the following transactions) as at 22 November 2017

<table>
<thead>
<tr>
<th>Director having interest</th>
<th>Interest in</th>
<th>Particulars of interest</th>
<th>Disclosure date</th>
<th>Board Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colleen Brown</td>
<td>Item 3.1 – NZ Disability Strategy</td>
<td>Ms Brown is on the Strategy Reference Group for the NZ Disability Strategy.</td>
<td>16 August 2017</td>
<td>That Ms Brown’s specific interest be noted and that the Committee agreed that she may remain in the room and participate in any discussion, but be excluded from any voting.</td>
</tr>
<tr>
<td>Lyn Murphy</td>
<td>Item 3.1 – NZ Disability Strategy</td>
<td>Lyn Murphy works on the Case Management Degree at AUT.</td>
<td>16 August 2017</td>
<td>That Ms Murphy’s specific interest be noted and that the Committee agreed that she may remain in the room and participate in any discussions, but be excluded from any voting.</td>
</tr>
</tbody>
</table>
Minutes of Counties Manukau District Health Board
Disability Support Advisory Committee
Held on Wednesday, 16 August 2017 at 1.00pm
Meeting Room 6, CM Health Board Office, 19 Lambie Drive, Manukau, Auckland

PART I – Items considered in Public Meeting

BOARD MEMBERS PRESENT

Colleen Brown (Committee Chair)
Catherine Abel-Pattinson
Dianne Glenn
Katrina Bungard
Dr Lyn Murphy
Apulu Reece Autagavaia

ALSO PRESENT

Annelise de Wet (for Jenny Parr)
Dinah Nicholas (Secretariat)
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

There were no public or media representatives present.

APOLOGIES

Apologies were received and accepted from Gloria Johnson and Apulu Reece Autagavaia for lateness.

WELCOME

The Chair welcomed all those present to the meeting.

DISCLOSURE OF INTEREST/SPECIFIC INTERESTS

The Disclosures of Interest were noted with no amendments.

Colleen Brown and Lyn Murphy both declared a specific interest in relation to Item 3.1 on today’s agenda. This has been noted on the Specific Interests Register.
1. **AGENDA ORDER AND TIMING**

   Items were taken in the same order as listed on the agenda.

2. **COMMITTEE MINUTES**

2.1 **Confirmation of the Minutes of the Disability Support Advisory Committee meeting held on 16 November 2016.**

   **Resolution** (Moved: Colleen Brown/Seconded: Dianne Glenn)

   That the minutes of the Disability Support Advisory Committee meeting held on 16 November 2016 be approved.

   **Carried**

2.2 **Action Items Register**

   The Committee asked that the previous Committee’s outstanding actions be added back onto the Action Item Register.

2.3 **Terms of Reference**

   Issues that the Committee need to consider over the next few months:

   - Look at extending the scope of DI SAC to include mental health as the Committee could bring a difference perspective. Currently mental health falls under CPHAC and HAC.
   - Elder care requirements due to our ageing population. Currently no government mandated voice for older people and there is a lot of abuse that gets swept under the carpet. We have CYF to support the family but nothing to represent the patient voice for elder care and mental health. This again comes under CPHAC but no reason why it shouldn’t also come to DI SAC.
   - The DI SAC ToR specifies responsibility in the Health of Older People area however, expertise is missing from the Committee now that it no longer has a representative from the Older Person community. Feels like the Committee is going backwards.
   - Lack of communication between disability services and the main health providers. Information not being updated between providers. No one person or organisation takes responsibility.
   - Some providers make communicating with them difficult. Some examples provided included: they don’t answer their phones particularly the 0800 numbers, they don’t return calls, they don’t email information when they say they will.
   - Revisit the need for professional Health Navigators that can assist joining the dots up. Health Navigator is more a tool for health professionals, not easy to navigate. For example, there are approximately 40 different MSD funded organisations in Franklin locality that all have some aspect of health and all do great work but how is a patient or caregiver supposed to navigate that system. MSD has fragmented the system so much unintentionally that nothing joins up now. We need to move away from lots of contracts and start looking at how we make it easier for people to navigate, simplify the system – a few points of contact is better.

   The Committee discussed undertaking a stocktake of the local disability sector, by locality, either through Ko Awatea or AUT students via Lyn Murphy, to give a wider understanding of what services are currently available. The findings can then be used as an example to
take to the other 2 Auckland DHBs and perhaps work with MSD to eliminate the fragmentation of services.

- Whirinaki funding has been reduced (a team of specialists have been reduced in number).
- Rehabilitation for brain injuries.
- Support and training for caregivers of long term condition patients at home.
- Gap between Taikura and the DHB handover.
- People with disabilities living alone not getting enough compensation to live on.
- Is South Auckland growing in a way that will promote a healthy community (ie) are we really looking at where we place facilities in order to assist people with disabilities accessing them. Are they in the right places for those that need them.

Next Steps:
- Jenny Parr to look into the reason why the Whirinaki funding has been reduced and the reason for that and report back to the Committee (22 November).
- Jenny Parr to look into what support the DHB gives to caregivers of complex LTC patients in the form of support and training and report back to the Committee (22 November).
- The Chair to talk to Jo Agnew and Samantha Dalwood to see if they have tried to map/scope what disability services are currently available and report back to the Committee (22 November).
- Jenny Parr to discuss the stocktake with Ko Awatea and report back to the Committee (22 November).

Colleen Brown confirmed that she will work to align the CM Health ToR with the A/WDHB ToR in conjunction with Jo Agnew (ADHB) which can then be submitted to our Board for approval so the Committee can move forward as a regional committee.

The Committee noted that it would be highly disappointing if not all the current CM Health Committee members were not reappointed to the regional DiSAC Committee as all members bring a strong disability focus and a lot of experience and insights to the meetings.

(Apulu Reece Autagavaia arrived at 1.10pm)

3. FOR DISCUSSION

3.1 NZ Disability Strategy

Waitemata and Auckland DHBs have been working together on the development of a joint New Zealand Disability Strategy Implementation Plan. They are holding two community meetings on 30 August and 1 September for people to communicate their thoughts and ideas.

CM Health has not participated in this process to date however, there is an opportunity to join the work over the coming months by initiating and progressing similar public engagement. The feedback would need to be gathered in a timely fashion in order to ensure it contributes to the final outcome. At this stage it is due to be considered at the joint Waitemata and Auckland DHB DiSAC meeting scheduled for December 2017.

The Committee agreed that CM Health need to participate in the process to produce a regional Implementation Plan and will need to hold a community meeting in October along the same line as Waitemata & Auckland DHBs.

Next Steps:
- Colleen Brown to discuss with Jenny Parr to get a community meeting set up.
Resolution (Moved: Lyn Murphy/Seconded: Colleen Brown)

The Disability Support Advisory Group **endorsed** Counties Manukau District Health Board to work with Waitemata and Auckland District Health Boards to produce a Regional implementation plan.

**Carried**

3.2 **Improving NZ Disability Data** (Dr Doone Winnard)

Concerns have been expressed in previous DiSAC meetings, both locally and regionally, about the limited population data available about people with disabilities to support service planning and improvement.

In June 2017, Stats NZ released an information paper on the new use of a short set of questions about disability in two of NZ’s household surveys – the NZ General Social Survey and the Household Labour Force Survey. This will allow us to get greater value from those surveys by enabling information already collected to be broken down by disability status.

The NZ Disability Survey has previously been undertaken after each of the last four censuses however, it is not being undertaken after Census 2018. The next NZDS is not planned until 2023 which is not helpful for planning purposes for a DHB like ours which is experiencing rapid growth.

**Next Steps:**
- Doone Winnard to contact Alison Reed at Auckland Council to see if they are thinking of doing a report for the disability community along the same lines as the Auckland Council Report on Older Aucklanders and report back to the Committee (22 November).
- Colleen Brown to email the Office of Disability Issues in Wellington to find out who is doing the national data collection for disability and report back to the Committee (22 November).

3.3 **Deaths of Intellectually Disabled People**

A Radio New Zealand article on 6 March 2017 noted that ‘the deaths of intellectually disabled people are being incorrectly recorded in Australia, research has found, and the same problem is likely to exist in New Zealand’. A team from the University of NSW found some people with Downs syndrome who had died of pneumonia or heart failure would have Downs syndrome written on their death certificate though the condition did not directly cause their death.

Dr Martyn Matthews from Idea Services, an arm of IHC New Zealand, did a small scale study of 54 people who died in 2015. He found very similar kinds of things, that people were often coded wrong with the intellectual disability being coded as the cause of death.

It is a human right’s issue about how people describe you however, you are only covered by Human Rights legislation when you are alive. The Guide to Certifying Death was written in 2001 and the Guide on Writing Death Certificates was written in 1996.

The Human Rights Commission view this as a social justice issue.

The Committee queried whether this could just be a coding issue. If we are going to implement the NZ Disability Strategy which sets out that the person who is disabled gets the same treatment as non-disabled people across the board, then shouldn’t we undertake a small investigation of a hundred or so death certificates to see what that turns up. We need a good understanding from someone who understands this.
Next Steps:

- Jenny Parr to look into whether there are ICD-10 codes for saying someone died from Cerebral Palsy or Downs syndrome and report back to the Committee (22 November).
- Jenny Parr to request a CM Health Pathologist comment on the Radio NZ article to see if they think this could be an issue here in New Zealand and report back to the Committee with a view to looking at a small review of some death certificates if that was thought appropriate (22 November).

Resolution (Moved: Colleen Brown/Seconded: Dianne Glenn)

The Disability Support Advisory Group received the Deaths of Intellectually Disabled People paper.

Carried

3.4 Video Remote Interpreting Service Trial (Henry Milligan, healthAlliance)

Telehealth is the ability to deliver healthcare at a distance by remote transmission of audio, video and clinical data. This will allow for real-time consultations with an ability to record these for later use. It will also allow for virtual interpreting services.

healthAlliance are currently working through Stage II of trials for the video remote interpreting service which is to complete 80 patient appointments outside of MSC.

This is a regional project and is anticipated to be rolled out between December 2017 - February 2018.

3.5 Disability Friendly Hospital Maps (Chester Buller)

At CM Health, way finding maps are available for consumers and visitors to use to find their way around the large hospital campus. However, what about those in the disability community who need to have a different set of information in order to make their access to hospital services easy.

The Committee discussed the buildings on the Middlemore campus and the lack of ramp access for disabled people.

Next Steps:

- Colleen Brown to email Phillip Balmer to advise that the Committee would like to undertake an accessibility audit of the Middlemore campus facilities to assess whether they have ramp access for disabled people. It was suggested that Vivian Naylor undertake the site audit. Colleen will work with Chester Buller to write the brief for the audit.
- Colleen Brown to contact HQSC to see what they did with Mid Central DHB to make their campus accessible for disabled people and see whether they are interested in doing a joint project with CM Health.

4. GENERAL BUSINESS

There was no general business.
The meeting concluded at 3.55pm.


______________________________
Colleen Brown, Committee Chair
Items once ticked complete and included on the Register for the next meeting, can then be removed the following month.

### Disability Support Advisory Committee Meeting – Action Items Register – 22 November 2017

<table>
<thead>
<tr>
<th>DATE</th>
<th>ITEM</th>
<th>ACTION</th>
<th>DUE DATE</th>
<th>RESPONSIBILITY</th>
<th>COMMENTS/UPDATES</th>
</tr>
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<tbody>
<tr>
<td>16.11.2016</td>
<td>3.1</td>
<td>Eastern Locality – come back with an update on the Minor Adaptations project and an agreed pathway for requests.</td>
<td>22 November</td>
<td>Penny Magud</td>
<td>Refer Item 3.1 on today’s agenda.</td>
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<tr>
<td>16.8.2017</td>
<td>2.3</td>
<td>Align CM Health ToR with A/WDHB ToR. Extend the scope of DiSAC to include Mental Health.</td>
<td>22 November</td>
<td>Colleen Brown</td>
<td>Refer Item 3.1 on today’s agenda.</td>
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<td>Look into the reason why the Whirinaki funding has been reduced.</td>
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<td>Jenny Parr</td>
<td>22.11.17 – This is not supported by the Executive as Mental Health has broad oversight from both CPHAC and HAC.</td>
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<td>Look into what support the DHB gives to caregivers of complex LTC patients in the form of support and training.</td>
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<td>Tess Ahern</td>
<td>Refer Item 3.5 on today’s agenda.</td>
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<td></td>
<td>Discuss the disability provider stocktake with Ko Awatea.</td>
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<td>Dana Ralph-Smith</td>
<td>Refer Item 3.4 on today’s agenda.</td>
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<td>Contact Jo Agnew/Samantha Dalwood to see if they have tried to map/scope what disability services are available.</td>
<td></td>
<td>Jenny Parr</td>
<td>22.11.17 – this is out of scope for Ko Awatea. KA is refocussing on core DHB improvement and learning. An alternative route for this stocktake should be found.</td>
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<td>3.2</td>
<td>Improving NZ Disability Data Contact Auckland Council to see if they are thinking of doing a report for the disability community along the same lines as the Akld Council Report on Older Aucklanders.</td>
<td>22 November</td>
<td>Doone Winnard</td>
<td>22.11.17 – Auckland Council have confirmed they are not thinking of doing a similar report for the disability community.</td>
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Items once ticked complete and included on the Register for the next meeting, can then be removed the following month.

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<tr>
<th>DATE</th>
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<th>COMPLETE</th>
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</table>
|        | 16.8.2017 | 3.3  | Deaths of Intellectually Disabled People  
Look into whether there are ICD-10 codes for saying someone died from cerebral palsy or downs syndrome.  
Request a CM Health Pathologist comment on the Radio NZ article to see if they think this could be an issue in NZ. | 22 November | Jenny Parr | Refer Item 3.3 on today’s agenda. | ✓ |
|        | 16.8.2017 | 3.5  | Disability Friendly Hospital Maps  
Contact Phillip Balmer to advise that the Committee would like to undertake an accessibility audit of the MMH campus facilities.  
Work with Chester Buller to write the brief for the audit.  
Contact HQSC to see what they did with Mid Central DHB to make their campus accessible for disabled people and see whether they are interested in doing a joint project with CM Health. | 22 November | Colleen Brown | | |
Counties Manukau District Health Board
Disability Support Advisory Group
New Zealand Disability Strategy Implementation Update

Recommendation

It is recommended that the Disability Support Advisory Group:

Receive the New Zealand Disability Strategy Implementation Update.

Endorse the current work plan of community engagement around the NZ Disability Strategy Implementation.

Support Counties Manukau Health to work with Waitemata and Auckland District Health Boards to produce a Regional implementation plan by circulating the survey and invitations to the two events to their networks and attending these where possible.

Prepared and submitted by: Wendy McKinstry, Undergraduate and Entry to Practice Development Lead, on behalf of Jenny Parr, Director of Patient Care, Chief Nurse and Allied Health Professions Officer

Background

The Disability Support Advisory Group (DiSAC) endorsed the recommendation to work with Waitemata and Auckland District Health Boards to contribute CM Health community engagement and perspectives into a metro-Auckland approach to implementation of the New Zealand Disability Strategy. The strategy can be accessed here New Zealand Disability Strategy 2016-2026. The Auckland and Waitemata DHB Draft Disability Strategy Implementation Plan 2016-2026 has been amended for circulation with the survey (see Appendix 1).

Following this decision a small working team has been formed to undertake the work plan. The Counties approach is to undertake two community engagements in 2017:

Event 1: Thursday 23 November, Te Roopu Waiora, Manukau (see Appendix 2 for invitation)
Following a meeting with Tania Kingi, GM at Te Roopu Wairoa www.teroopuwaiora.nz an initial event has been planned to take place at their venue in Manukau. Ms Kingi will support CM Health in circulating invitations and booking trilingual (te Reo, sign and English) interpreters. It is agreed that CM Health will provide koha, food and fund the interpreters and venue hire. Staff from Waitamata DHB have offered to support this engagement alongside our staff, including CM Health kaumatua. The DiSAC committee members have been invited and their presence would be appreciated if they have availability.

Event 2: Thursday 7 December, MIT Pasifika Community Centre, 53 Otara Road, Otara
This event will be run in the same format as event 1, with interpreters, koha and lunch provided for participants. A meeting has been arranged with Vaka Tautua www.vakatautua.co.nz for 8 November, to connect around the engagement events, and seek their support in circulating invitations for both events also.
Collaboration workshop – Disability Connect

An additional opportunity to attend a collaboration workshop facilitated by Disability Connect has been offered for 16 November (see Appendix 3). This workshop is for South Auckland families, with the purpose of creating connections, awareness and understanding amongst the disability community of South Auckland. Attending this workshop may offer an additional opportunity to hear the perspectives of the disability community. The purpose of our attendance (one CM Health staff member) has been explored with those facilitating their event.

Survey

In addition to the two engagement events, an electronic survey will be circulated through the disability network to allow for those who are unable to attend the events. This has been adapted from the Waitemata and Auckland DHB survey that was carried out earlier this year. Waitemata DHB staff has agreed to run the survey and collate the results (see Appendix 4).

The results of the two engagement events and the electronic survey results will be provided to the DiSAC committee at its next meeting after 20 December 2017 and to WDHB and ADHB for contribution to the metro Auckland strategy in early 2018. In the interim, Counties Manukau Health continues to liaise with Waitemata and Auckland DHB.

Summary

Two community engagement events are confirmed for November and December 2017. This is alongside the online survey that was distributed on 3 November. There has been useful collaboration and connections to date with both community disability networks, and Waitemata DHB, who have provided support and assistance with shaping the communication engagements. We are aiming to be able to contribute to the regional Disability Implementation Plan by 2018, by providing a snapshot of the disability community in Counties Manukau through our engagements and online survey.
Counties Manukau Health’s Disability Strategy Implementation Plan 2016-2026¹ (DRAFT)

Counties Manukau Health’s shared vision is to work in partnership with its communities to improve the health status of all, with particular emphasis on Māori and Pacific peoples and other communities with health disparities.

This vision includes ensuring the rights of disabled people; eliminating barriers so that people can get to, into and around our physical spaces, and ensuring everyone can access information and services that they need to enable full participation.

The New Zealand Disability Strategy 2016-2026 has a vision of New Zealand as a non-disabling society – a place where disabled people have an opportunity to achieve their goals and aspirations and all of New Zealand works together to make this happen.

The vision, principles and approach of the NZ Disability Strategy 2016-2026, along with input from the disability sector and disability community, will shape this Disability Strategy Implementation Plan 2016-2026 (DRAFT) moving forward.

Counties Manukau Health is aligning its work in this area with Auckland and Waitemata DHBs so that a regional (Auckland) New Zealand Disability Strategy Implementation Plan 2016-2026 can be realised.

¹ We would like to acknowledge the extensive work already done by colleagues at Waitemata and Auckland DHBs (in particular Disability Advisor Samantha Dalwood), which has informed the approach taken here.
All eight outcomes noted in the Disability Strategy Framework (Figure 1) are relevant to the work of District Health Boards and will inform our work over the next ten years.
The five key outcome areas that most closely align with the work of District Health Boards and that will we will focus on are outlined in Figure 2.

**Figure 2 | Key Outcomes**

<table>
<thead>
<tr>
<th>Outcome 2: employment &amp; economic security</th>
<th>Outcome 3: health &amp; wellbeing</th>
<th>Outcome 5: accessibility</th>
<th>Outcome 6: attitudes</th>
<th>Outcome 7: choice &amp; control</th>
</tr>
</thead>
<tbody>
<tr>
<td>We have security in our economic situation and can achieve our potential.</td>
<td>We have the highest attainable standards of health and wellbeing.</td>
<td>We access all places, services and information with ease and dignity.</td>
<td>We are treated with dignity and respect.</td>
<td>We have choice and control over our lives.</td>
</tr>
</tbody>
</table>

**ACTIONS TO BE DEVELOPED IN PARTNERSHIP WITH DISABLED COMMUNITY**

**Influences**

There are a number of other principles, disability strategies and action plans that influence Counties Manukau Health’s Implementation Plan. These include:

- Te Tiriti o Waitangi
- Disability Action Plan 2014-2018
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
- Faiva Ora: National Pasifika Disability Plan 2016–2021
- Counties Manukau Health Annual Plans

**Disability Action Plan 2014-2018**

This is a key document in the implementation of the national Disability Strategy. The Disability Action Plan presents priorities set by the Ministerial Committee on Disability Issues for actions that advance the implementation of the UN Convention on the Rights of Persons with Disabilities and the New Zealand Disability Strategy 2016-2026. These priorities emphasise actions requiring government agencies to work together, as well as with disability sector organisations and others.

Five Person Directed outcomes:

- Safety/autonomy
- Wellbeing
- Self-determination
- Community
- Representation

Four main areas of focus:

- Increase employment opportunities
- Ensure personal safety (includes decision making and consent)
- Transform Disability Support system
- Promote access in the community
‘Promote access in the Community’ includes 11c – Access to health services and improve health outcomes for disabled people with a focus on people with learning disabilities.

Values
Our organisation’s values of Kotahitanga (Together), Manaakitanga (Kind), Rangitiratanga (Excellent) and Whakawhanaungatanga (Valuing everyone) are at the core of everything we do and the services we provide. They reflect a shared vision for equity and inclusion of disabled people in our care.

Current Priorities
Counties Manukau Health, Waitemata and Auckland DHBs are committed to being fully inclusive and non-disabling. Current work across the DHBs aligned to the Disability Strategy Action Plan includes improving health literacy and enhancing the patient experience.

Health Literacy
Counties Manukau Health has made a commitment to improve health literacy. Health literacy means that “people can obtain, understand and use the health information and services they need to enable them to make the best decisions about their own health or the health of a dependant family member/friend”.

This work focusses on two areas:
• improving health literacy of our organisation and staff
• enabling communities to become more health literate

Patient Experience
There is a focus on patient experience and community engagement, including greater inclusion of disabled people in design and planning of both facilities and services. A recent example of this is the re-development of Tiaho Mai, the mental health inpatient facility.

Monitoring and Reporting
The Office for Disability Issues is developing an Outcomes Framework which will specify targets and indicators that will be regularly reported on to ensure that progress toward achieving the outcomes of the New Zealand Disability Strategy can be measured. Work on this will include getting advice from disabled people, the disability sector and other government agencies.

Counties Manukau Health is aligning its work with Auckland and Waitemata DHBs to create a regional New Zealand Disability Strategy Implementation Plan 2016-2026. This Plan will be monitored internally by the DHBs and progress of actions will be reported to the Disability Support Advisory Committee (DISAC) on a regular basis.
Appendix 2 Invitation to Community Engagement Event on 23 November 2017

Counties Manukau Community Engagement
New Zealand Disability Strategy 2016-26 Implementation Plan

Counties Manukau Health are developing a plan for implementing the New Zealand Disability Strategy 2016-2026. We would really like input from the disability sector and community.

We would like to invite you to share your feedback at one of the community engagement meetings.

The insights you share with us will enable us to develop an action plan that will ensure you receive excellent care that consistently meets the needs of you and your whanau.

We are holding a community meeting for people who prefer to communicate their thoughts and ideas face-to-face.

Date: 23 November 2017 or Date: 7 December 2017
Time: 11:00-1:30pm or Time: 11:00-1:30 pm
Venue: Te Roopu Waiora 58 Ryan Place, Manukau
Venue: MIT Pasifika Community Centre
RSVP by 17 November or RSVP by 30 November

Lunch will be provided from 12.45pm

Link to the New Zealand Disability Strategy 2016-2026:

Please RSVP to Renee Greaves 276 0044 x 8895 or Text 021 661 407 or email: Renee.Greaves@middlemore.co.nz

The venues are accessible and there is parking available.

If you require any special assistance, including NZSL interpreters, please let Renee know.

If you can't attend the events or prefer to provide input online please complete our online survey:
https://se.buzzchannelgroup.com/?u=8839fde192194075909f155a6e0c313a
Appendix 3 Invite to Community Workshop with Disability Connect

Parents and families in the disability sector come along and share what works, what doesn’t, what needs to happen for you in the future.

Our vision is to create connections, awareness and understanding amongst the community of the Disability Sector in South Auckland.

There is a whole disability sector out there with experience and expertise that would like to hear from consumers.

At a recent meeting of disability organizations and schools in South and East Auckland it was identified that relationships and opportunities to connect with each other are key to knowing who, what and how we can all work better together. It is important to recognize that families are an important part of any community.

You are invited to attend a collaborative workshop on

Thursday 16th November 2017
(9.30am-1pm)
Venue: MIT, Otara campus

RSVP to:
admin@disabilityconnect.org.nz
By 8 November 2017

Any enquiries can be directed to
Trisha 021 992 684 or Marian 027 270 4668
Appendix 4 Link to Electronic Survey

https://se.buzzchannelgroup.com/?u=8839fdc192194075909f155a6e0d313a
Counties Manukau District Health Board
Disability Support Advisory Committee
Overview of Long Term Support Chronic Health Conditions Services at Counties Manukau Health

Recommendation

It is recommended that the Disability Support Advisory Committee:

Receive the brief overview of Long Term Support Chronic Health Conditions (LTS-CHC) Services at Counties Manukau Health.

Prepared and submitted by: Dana Ralph-Smith, General Manager Adult Rehabilitation and Health of Older People on behalf of Jenny Par, Director of Patient Care, Chief Nurse & Allied Health Professions Officer

LTS CHC Long Term Supports Chronic Health Conditions
DSS Disability Support Services
NAS Needs Assessment Service Coordination

Purpose

The purpose of this paper is to provide a brief overview of the LTS-CHC service provided at CM Health and in particular the support service options to the person and/or their carer

Background

LTS-CHC service are provided through CMH funded contracts to support people who have chronic conditions such as (but not limited to) renal failure, respiratory disease, diabetes and obesity. To be eligible for LTS-CHC services at CMH the person should be:

- Aged under 65 on first presenting to NASC
- Not eligible for Ministry funded Disability Support Services (DSS) or other DHB funded long-term support services (may be joint funded if has disability plus chronic health condition)
- Have one or more chronic health condition(s) that is/are expected to continue for six months or more
- Have high need for long-term support services, defined as requiring assistance with activities of daily living at least once a day for five days a week to remain safely in their own home or needing residential care. Some or most of it may be provided by family, Whanau or friends
- The person’s wellbeing and functional status is deteriorating, their needs are increasing and safety issues are becoming apparent.
- Does not have an informal/or natural support system (family/Whanau) or the caregiver is under considerable pressure and their ability to support the person is compromised.

Support for people with Long Term Support Chronic Health Conditions needs can come from natural supports and funded supports. Natural (unfunded) support is provided by family/whanau/friends to enable the person to remain as independent as possible. Funded supports includes DHB clinical programmes and DHB funded/contracted services. DHB clinical support can come in form of clinical services such as home health care, reablement, specialist assessment and treatment. Funded contracted service support can come in the form of home based support, day care, respite and carer support services. While these services are needs assessed they are not asset tested/restricted.

DSS services are provided through non-devolved Ministry of Health funded contracts to people who have needs due to their physical sensory or intellectual disability. The NASC for these services is provided through Taikura Trust and not CM Health.
Long Term Supports Chronic Health Conditions

Dana Ralph-Smith  
General Manager Adult Rehabilitation and Health of Older People
Eligibility Criteria

- Aged under 65 on first presenting to NASC
- Not eligible for Ministry funded Disability Support or other DHB funded long-term support services (may be joint funded if has disability plus chronic health condition)
- Have one or more chronic health condition(s) that is/are expected to continue for six months or more
- Have high need for long-term support services, defined as requiring assistance with activities of daily living at least once a day for five days a week to remain safely in their own home or needing residential care. Some or most of it may be provided by family, Whanau or friends
- The person’s wellbeing and functional status is deteriorating, their needs are increasing and safety issues are becoming apparent.
- Does not have an informal support system (family/Whanau) or the caregiver is under considerable pressure and their ability to support the person is compromised.
DSS vs LTS-CHC

- DSS disabilities – physical, sensory, intellectual
  (defined by MOH definitions)

- LTS-CHC – chronic health conditions such as
  - Renal failure
  - Respiratory/Cardiac conditions
  - Diabetes
  - Obesity
Natural Supports vs Funded Supports

- Natural support – unfunded support provided by family/whanau/friends to enable the person to remain as independent as possible

- Funded supports – includes DHB clinical programmes and DHB funded/contracted services
Supporting the natural support network – DHB services

- Clinical Supports and Training for people with Chronic Health Conditions:
  - Diabetes management
  - Renal dialysis
  - Respiratory /Cardiac Rehabilitation (Better breathing/Healthy Hearts)
  - Specialised Rehabilitation consultations

- Healthcare Home
- Re-ablement
- Integrated Home and Community Services
- Community Central
Supporting the natural support network – funded services

- **Carer Support** - provides support to the full time unpaid carer to allow them to take a break etc.
  - Needs Assessed but no financial restrictions to access
  - Usually ½ or whole day increments (generally 28 days per year)
  - Can be whatever the carer needs (respite, day activity, additional HCSS etc)

- **Respite** - allows the person to be cared for while the full time unpaid carer takes a break
  - Needs assessed but no financial restrictions to access
  - Carer may be in hospital, on holiday or just need a break (reason not really relevant)
Supporting the natural support network – funded services

- **Day Care** - Day programme which allows the full time care
  - Needs Assessed but no financial restrictions to access
  - Allocated in days per week based on person and carers needs (from 1 day per fortnight to 5 days per week 8-5)

- **Home and Community Support Services (HCSS)**
  - To address the Personal Cares and Domestic Assistance needs of the person (supplements their natural supports/family)
  - Needs Assessed and currently Domestic Assistance only requires Community Services Card