West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING

Thursday 28 July 2016

9.00am

Board Room
Corporate Office – Grey Base Hospital
GREYMOUTH

AGENDA
AND
MEETING PAPERS

All information contained in these committee papers is subject to change

The functions of CPHAC & DSAC, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000 are:

"With respect to Community and Public Health, is to provide advice and recommendations to the Board of the West Coast District Health Board on:

- *the health needs of the resident population of the West Coast District Health Board; and*
- *any factors that the Committee believes may adversely affect the health status of the resident population; and*
- *the priorities for the use of the health funding available.*

With respect to Disability Support, are to provide advice and recommendations to the Board of the West Coast District Health Board on:

- *the disability support needs of the resident population of the West Coast District Health Board; and*
- *the priorities for the use of the disability support funding provided.*"

The aim of the Committee's advice must be:

- *to ensure that the services that the West Coast District Health Board provides or funds, along with the policies it adopts, will maximize the overall health gain for the resident population of the West Coast District Health Board; and*

- *to ensure that the kind of disability support services that the West Coast District Health Board provides or funds, along with the policies it adopts, will promote the inclusion and participation in society, and maximise the independence, of people with disabilities within the resident population of the West Coast District Health Board."*

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 with the Strategic Plan and the Disability

AGENDA

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

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 28 July 2016 commencing at 9.00am

ADMINISTRATION — 9.00am

Karakia

Apologies

1. **Interest Register**
   Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.

2. **Confirmation of the Minutes of the Previous Meeting**
   9 June 2016

3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS — 9.10am

4.	**Community and Public Health Update**	Claire Robertson *Team Leader, Community and Public Health*	*9.10am - 9.20am*
5.	**Planning & Funding Update**	Philip Wheble *Team Leader, Planning & Funding*	*9.20am – 9.30am*
6.	**Alliance Update**	Philip Wheble *Team Leader, Planning & Funding*	*9.30am – 9.40am*
7.	**Breastfeeding Plan Update**	Jenni Stephenson *Planning & Funding*	*9.40am – 9.50am*
8.	**General Business** - *Ministry of Health publication - A Guide to Community Engagement with People with Disabilities*	Elinor Stratford *Chair*	*9.50am – 10.10am*

ESTIMATED FINISH TIME — 10.10am

INFORMATION ITEMS

- **Board Agenda – 24 June 2016**
- **Chair's Report to last Board Meeting**
- **2016 Committee Work Plan (Working Document)**
- **West Coast DHB 2016 Meeting Schedule**

NEXT MEETING

Date of Next Meeting: Thursday 8 September 2016

KARAKIA

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

E Te Atua i runga rawa kia tau te rangimarie, te aroha,
ki a matou i tenei wa
Manaaki mai, awhina mai, ki te mahitahi matou, i roto,
i te wairua o kotahitanga, mo nga tangata e noho ana,
i roto i tenei rohe o Te Tai Poutini mai i Karamea tae noa atu ki Awarua.

That which is above all else let your peace and love descend
on us at this time so that we may work together
in the spirit of oneness on behalf of the people of the West Coast.

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEMBERS' INTERESTS REGISTER

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

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE REGISTER OF MEMBERS' CONFLICTS/INTEREST

(As disclosed on appointment to the Board/Committee and updated from time-to time, as necessary)

Member	Disclosure of Interest
CHAIR Elinor Stratford **(Board Member)**	• Clinical Governance Committee, West Coast Primary Health Organisation • Committee Member, Active West Coast • Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust • Committee Member, Abbeyfield Greymouth Incorporated • Trustee, Canterbury Neonatal Trust • Member, Arthritis New Zealand, Southern Regional Liaison Group • President of the New Zealand Federation of Disability Information Centres
DEPUTY CHAIR John Vaile **(Board Member)**	• Director, Vaile Hardware Limited • Member of Community Patrols New Zealand
Lynnette Beirne	• Patron of the West Coast Stroke Group Incorporated • Daughter employed as nurse for West Coast DHB • Member of West Coast DHB Consumer Council • Consumer Representative on WCDHB Falls Coalition Committee • Consumer Representative on WCDHB Stroke Coalition Committee
Cheryl Brunton	• Medical Officer of Health for West Coast - employed by Community and Public Health, Canterbury District Health Board • Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago) • Member - Public Health Association of New Zealand • Member - Association of Salaried Medical Specialists • Member - West Coast Primary Health Organisation Clinical Governance Committee • Member – National Influenza Specialist Group • Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation • Member – DISC Trust
Jenny McGill	• Husband employed by West Coast DHB • Peer Support – Mum4Mum
Joseph Mason	• Representative of Te Runanga o Kati Wae Wae Arahura • Employee Community and Public Health, Canterbury DHB
Mary Molloy	• Spokesperson for Farmers Against 1080 • Executive Member - Ban 1080 Political Party • Director, Molloy Farms South Westland Ltd • Trustee, L.B. & M.E. Molloy Family Trust • Executive Member, Wildlands Biodiversity Management Group Inc. • Chair of the West Coast Community Trust

Member	Disclosure of Interest
Francois Tumahai (**Board Member)**	• Te Runanga o Ngati Waewae - Chair • Poutini Environmental - Director/Manager • Arahura Holdings Limited - Director • West Coast Regional Council Resource Management Committee - Member • Poutini Waiora Board - Co-Chair • Development West Coast – Trustee • West Coast Development Holdings Limited – Director • Putake West Coast – Director • Waewae Pounamu – General Manager • Westland Wilderness Trust - Chair • Wife, Lisa Tumahai, is Chair, Tatau Pounamu Advisory Group
Peter Ballantyne Ex-officio **(Board Chair)**	• Member, Quality, Finance, Audit and Risk Committee, Canterbury DHB • Retired Partner, Deloitte • Member of Council, University of Canterbury • Trust Board Member, Bishop Julius Hall of Residence • Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board
Joseph Thomas Ex-officio **(Board Deputy Chair)**	• Ngati Mutunga o Wharekauri Asset Holding Company Limited – Chair • Motuhara Fisheries Limited – Director • Ngati Mutunga o Wharekauri Iwi Trust – Trustee and Member • New Zealand Institute of Management Inc – Member (Associate Fellow) • New Zealand Institute of Chartered Accountants – C A, Member • Chief Executive, Ngai Tahu Seafood

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

DRAFT
MINUTES OF THE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE
held in the Board Room, Corporate Office, Grey Base Hospital on Thursday, 9 June 2016 commencing at 9.00am

PRESENT
Elinor Stratford (Chairperson); Lynette Beirne; Cheryl Brunton; Michele Lomax, Joe Mason; Mary Molloy; and Peter Ballantyne (ex-officio).

APOLOGIES
An apologies were received and accepted from Jenny McGill and John Vaile

EXECUTIVE SUPPORT
Philip Wheble (Team Leader, Planning & Funding); Karen Bousfield (Director of Nursing & Midwifery); and Kay Jenkins (Minutes).

IN ATTENDANCE
Kathy O'Neill (Service Development Manager, Planning & Funding) for Item 4 (via video conference)

WELCOME
Joe Mason opened the meeting with a Karakia.

1. INTEREST REGISTER

Lynette Beirne had advised that she is running a homestay for DHB students.

Declarations of Interest for Items on Today's Agenda
There were no interests declared for items on today's agenda.

Perceived Conflicts of Interest
There were no perceived conflicts of interest.

2. MINUTES OF THE PREVIOUS MEETING
Resolution (6/16)
(Moved: Cheryl Brunton; Seconded: Joe Mason - carried)

"That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 28 April 2016 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

The Carried Forward/Action Items were noted.

4. DISABILITY ACTION PLAN – AMENDMENT TO GOVERNANCE STRUCTURE

Kathy O'Neill, Service Development Manager, Planning & Funding presented this report.

An amendment to the Disability Action Plan Governance Structure, which was approved by the Board at the meeting held on 1 April 2016, was provided to the Committee. It was proposed that the Governance Structure for the implementation of the Strategic Disability Action Plan be amended to sit within the scope of the Alliance Leadership Team and the Work streams. This would reduce duplication of processes and the burden of an additional governance structure that will draw on many of the same individuals across the health system.

Resolution (7/16)
(Moved: Lynette Beirne/seconded: Mary Molloy – carried)
That the Community and Public Health & Disability Support Advisory Committee recommends to the Board that it:

i. approves the proposed amendment to the Strategic Disability Action Plan Governance Structure which is to have the Alliance Leadership Team provide the overall governance of the plan, and
ii. approves that the priority actions from the Strategic Disability Action Plan form part of the different work stream work plans; and
iii. approves, where necessary, the Disability Lead from Planning and Funding working with West Coast DHB departments to implement priority actions that will not be progressed within the Workstream e.g. People and Capability, Communications etc; and
iv. notes that progress on the implementation of the Strategic Disability Action Plan will continue to be reported to the Community and Public Health & Disability Support Advisory Committee

5. COMMUNITY & PUBLIC HEALTH UPDATE

Claire Robertson, Community & Public Health, presented this update on the following topics:

Alcohol Licensing
Community and Public Health staff presented before the Westland District Licensing Committee (DLC) in opposition to a proposed new off licence in Hokitika. The DLC has reserved its decision on the application.

West Coast DHB Healthy Food and Drink Policy
Following feedback from key national and local stakeholders, the nationally aligned West Coast DHB Healthy Food and Drink Policy has been finalised. The policy has been informed by the NZ Eating and Activity Guidelines (2015), National Heart Foundation guidelines for healthy cafeteria food and the Health Star Rating for packaged goods. The local endorsement process has begun and includes a number of groups within the DHB.

Stop Smoking Services RFP
Community and Public Health has been identified as a preferred supplier for a new stop smoking service on the West Coast conditional upon negotiations. Community and Public Health and Healthy West Coast Governance Group partners met with Ministry representatives on Monday 30th May to discuss the proposed service which will deliver cessation support to identified priority groups: Maori, Pacific people, pregnant women and mental health clients. Negotiations with the Ministry over contract service specifications continue and they are aiming for a smooth transition to the new service from 1st July.

World Smokefree Day
Tuesday 31st May was World Smokefree Day. The theme this year was "It's about Whānau". Members of the West Coast Tobacco Free Coalition were promoting smokefree lives outside Mitre 10 in Greymouth on the day. The recent Budget announcement of 10% increases in the price of tobacco products each year for the next four years is also timely.

Nutrition Health Promotion
As part of their ongoing work with Early Childhood Education Centres, Community and Public Health were involved in the Teddy Bears Picnic held recently in Westport. This event was aimed at engaging families with children under five, whether or not they currently attend an Early Childhood Centre. The day had a strong emphasis on nutrition, oral health and healthy lunchboxes. Community and Public Health also ran an Early Childhood Nutrition workshop in Ross, it was a great way to promote oral health in a rural community.

Community and Public Health have recently started their nutrition workshops for the Mana Tamariki Mokopuna project, working with Poutini Waiora. This is aimed at mothers with young children and we will be covering topics such as lunchbox ideas, breakfasts, quick healthy kai, supermarket shopping, and healthy eating when out and about. A Greymouth Appetite for Life course has started in Greymouth, with strong numbers.

Council Annual Plan Submissions
Community and Public Health have submitted on all four West Coast Council Annual Plans and are in the process of speaking to their submissions. Submissions focussed on public health issues such as water, sewerage, emergency management, environments that encourage physical activity and support for implementing healthy homes initiatives.

Healthy Homes Project in Buller
Community and Public Health is a member of the Te Hā o Kawatiri Healthy Homes project which is currently developing a plan to improve housing quality in the Buller area. The project is initiating relationships with stakeholders including Community Energy Action in Christchurch, Te Puni Kokiri and other interested parties.

Safe Communities Westland
Community and Public Health is a member of the Westland Safer Community Council which is in the process of being accredited as a New Zealand Safe Community. The group have recently met with the accreditors and it is expected that sign off will occur in the next month or two.

Mindfulness in Schools
Community and Public Health and Buller REAP have been facilitating the Mental Health Foundation's Mindfulness in Schools programme - Pause Breathe Smile - in Reefton Area School. Two classes finished the programme in week 1 of term 2 with positive feedback from students and teachers. An evaluation of the programme is currently being completed which will include feedback from school staff and the facilitators. A new course has started at Paparoa Range School which will run through term 2.

The report was noted.

6. HEALTHY FOOD & DRINK POLICY

Claire Robertson, Community & Public Health, presented this report which was taken as read.

The Committee noted that under the Ministry of Health Childhood Obesity Plan it is a requirement that every DHB has an up-to-date Health Food and Drink Policy by 1 July 2016. This DHB endorsed the principles of the policy in December 2015.

Resolution (8/16)
(Moved: Lynette Beirne/seconded: Mary Molloy – carried)
That the Community and Public Health & Disability Support Advisory Committee recommends to the Board that it:

i. Endorses and adopts the DHB Health Food and Drink Policy

7. PLANNING & FUNDING UPDATE

Philip Wheble, Team Leader, Planning & Funding presented this update. The report provided the Committee with an update on progress made on the Minister of Health's Health and Disability priorities and the West Coast DHBs Annual Plan key priority areas as follows:

Key Achievements

- Performance continues to be impressive against the ED health target with 98.9% of patients admitted, discharged or transferred from Grey Base ED within six hours during March 2016. A significant 96% were seen within just four hours.
- West Coast DHB was 71 discharges ahead of our year-to-date target toward delivering 1,889 elective and arranged purchase unit code (PUC) discharges in the 2015/16 financial year.
- The more heart and diabetes checks target was met in Quarter 3 with 90% of the eligible enrolled West Coast population had a cardiovascular risk assessment (CVDRA) in the last 5 years.

Key Issues & Associated Remedies

- One ophthalmology, four orthopaedics, and one plastics patient are showing as exceeding wait times from first specialist assessment to surgical treatment in March (ESPI 5). The ophthalmology patient has since been seen, and the plastics and two orthopaedic patients are being rebooked. There have been significant disruptions to the orthopaedic service both in Canterbury and on the West Coast.
- B4 school check results show 56% of our total eligible population and 47% of our high deprivation population have received their B4 School Check against our 75% year-to-date target for April 2016. Investigation has shown 44 children moved out of area, 32 declined to have their check entered in the database, and 10 children were unable to be contacted despite multiple attempts.
- Performance disappointingly continued to decrease in Quarter 3, 81.7% of smokers enrolled with the PHO provided cessation advice in the 15 months ending March 2016. All best practices continue.

Upcoming Points of Interest

Older Persons' Health: The Falls Champion has commenced their role and has completed training in Canterbury. Referrals and reporting for this service have now begun.

Discussion took place regarding the low B4 school check numbers against the target number. The Committee noted that the DHB will struggle to meet the targets set due to significant movement of children out of the area and the 46 Glorivale children receiving the checks but opting out of putting their numbers in the database.

The report was noted.

8. ALLIANCE UPDATE

Phillip Wheble presented this report which provided an update of progress made around the West Coast Alliance regarding:

Alliance Leadership Team (ALT)

At their meeting in April the ALT reviewed the latest draft of the annual plan and provided its support of the plan. The new System Level Measurement Framework (SLMF) was also discussed with Helen Reriti taking the ALT through the details of the framework. The ALT discussed developing a plan to engage local stakeholders in understanding SLMF and identifying local improvement goals.

Health of Older Persons

- The newly appointed Falls Champion has been orientated to the position, meeting with Falls Champions from Canterbury over two days this month.

Grey/Westland & Buller Family Health Services (IFHS)

- The Homecare Medical (HML) trial has been, in the most part, successful in achieving the outcomes we set out to achieve. Community meetings in three locations have taken place to gain feedback from the community on the trial with positive responses. A further two community meetings will be held in the coming month.
- A group focusing on common practices across Greymouth primary has met twice now and is looking at a number of opportunities to improve processes and ensure they are common to all three practices.
- Interest in the use of telehealth and the desire to understand how it could work in individual specialties has increased with the instigation of the telehealth report.
- Data for the past year is showing an increase in Māori engagement in Buller Health.
- The Alcohol and Other Drug project has commenced in relation to both Maori and youth in Buller. Issues have been identified and implementation planning is underway at an inter-agency planning meeting in mid-May.

Healthy West Coast (HWC)

- The Ministry have notified HWC that they have been shortlisted as a preferred provider of the new local stop smoking services. HWC will now begin the next phase of negotiations with MoH regarding the detail of how the new model will operate.
- The National DHBs Healthy Food & Drink Policy has now been finalised and is being distributed for local endorsement by 1st July.

Child and Youth

- A Quality project is underway to improve completion of the West Coast Newborn Multi-enrolment Form for women birthing at Christchurch Women's Hospital. Work is also underway to trial a new process to improve handover from Maternity to Well Child Tamariki Ora service in the Buller region.
- Work is progressing with the B4SC team to develop an appropriate referral pathway for children identified at >98th percentile for BMI.
- A youth well-being promotion afternoon took place in May in Greymouth, focused on promoting services available and providing an informal setting for young people to talk to professionals.

Pharmacy

- Analysis of leasing benchmarks for the Greymouth IFHC Community Pharmacy have been completed and discussed with pharmacies. Next steps are to progress formal negotiations for an agreement.
- There has been agreement to progress medicines use reviews on patients discharged from hospital on referral from the CCCN.

Discussion took place regarding vulnerable children in the community. The Committee was informed there are robust measures in place through the whole West Coast DHB system to ensure any children of concern are captured.

The report was noted.

9. HEALTH TARGET REPORT QUARTER 3

Philip Wheble, Team Leader, Planning & Funding presented this report which was taken as read.

Most of these items had already been discussed during the meeting**.** The Committee noted in particular the focus on Primary Smoking targets.

The Report was noted.

10. MAORI HEALTH PLAN UPDATE

Gary Coghlan, General Manager, Maori Health, presented this report which was taken as read.

The Committee noted the intention to do more work in the areas on diabetes, green prescriptions and long term conditions. It was also noted that the South Island Workforce Development Hub will be working with the South Island Maori GMs on the South Island alliance Workforce Development.

The update was noted.

INFORMATION ITEMS

- Board Agenda – 13 May 2016
- Chair's Report to last Board meeting
- 2016 Committee Work Plan
- Community & Public Health 6 Monthly Report to Ministry of Health (July – December 2015)
- West Coast DHB 2016 Meeting Schedule

There being no further business the meeting concluded at 10.25am.

Confirmed as a true and correct record:

_____ _____

Elinor Stratford, Chair Date

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

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE
CARRIED FORWARD/ACTION ITEMS AS AT 28 July 2016

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
2.	9 June 2016	Water Quality	On-going updates to be provided to the Committee	As required
3.	29 January 2016	Suicide Prevention Plan Update	Progress against Work Plan	Update Scheduled for September meeting
5.	28 January 2016	Breastfeeding Plan Update	Update to be provided	Scheduled for today

PRESENTATIONS FOR CONSIDERATION

TOPIC	STATUS
Child & Youth Health/ Vulnerable Children	Presented 29 January 2016
Mana Tamariki Programme	Presented 29 January 2016
Healthy West Coast	Presented 28 April 2016
Consumer Council	Scheduled for 8 September 2016
Transport (including transalpine)	
Elder Law Conference	

COMMUNITY AND PUBLIC HEALTH UPDATE

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

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

SOURCE: **Community and Public Health**

DATE: **28 July 2016**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is a standing agenda item, providing information regarding the work of Community and Public Health on the West Coast.

2. RECOMMENDATION

That the Community and Public Health & Disability Support Advisory Committee
i notes the Community and Public Health Update

3. SUMMARY

The purpose of this report is to provide the Committee with information and highlights of Community and Public Health's work.

4. APPENDICES

Appendix 1: Community and Public Health Update

Report prepared by: Claire Robertson – West Coast Team Leader
Community and Public Health

Report approved for release by: Dr Cheryl Brunton, Public Health Specialist and
Derek Benfield, Regional Manager, Community and Public Health

REPORT to WCDHB CPHAC/DSAC
COMMUNITY AND PUBLIC HEALTH (CPH)

July 2016

Buller Community Profile

On Thursday 7th July, the Buller Community Profile was launched at Club Buller in Westport. Dr Cheryl Brunton and Dr David Brinson presented a summary of the findings of the Profile report to an audience of 60+ people from many health and social service organisations. Launching the report to the Buller Interagency Forum, West Coast Medical Officer of Health Dr Cheryl Brunton said, "many of the indicators discussed in this Profile show concerning trends, however, the considerable human, natural and organisational capital available within the Buller should not be underestimated."

The report was prepared for the Buller InterAgency Forum. The purpose of the document was "to record an in-depth profile of the Buller District – the demographic data on its people, as well as comments from a number of key agencies that make decisions that affect the lives of the people in the Buller, about what they see happening in their community and the likely challenges in the future" (p1, Buller Community Profile).

A huge amount of work has gone into the Profile from members of Community and Public Health's Information Team in Christchurch, CPH West Coast staff and also Pete Howard, Buller Community Development Facilitator (based at Buller REAP). To date there have been media articles in the Westport News, the Greymouth Star and The Hokitika Guardian about the Profile. A copy of the full report is available for download from the West Coast DHB website:

http://www.westcoastdhb.org.nz/about_us/projects/buller-community-profile/buller-community-profile.asp

The Buller InterAgency Forum met one week after the launch of the Profile and have started planning for positive action for the future using the information gathered through the report.

Smokefree Outdoor Dining

Members of the West Coast Tobacco Free Coalition have recently visited cafés, bars and restaurants with outdoor dining areas in Westland from Kumara south to Fox Glacier to provide them with free smokefree signage.

The response to this initiative has been very positive. Business owners and managers have been encouraged to display the smokefree signage on their outdoor tables to encourage people to enjoy their hot drinks and food in a smokefree setting.

Examples of the smokefree signage are shown at right.

Alcohol Licensing

The Westland District Licensing Committee (DLC) released its decision on an application for an off-licence for a new bottlestore in Hokitika. The DLC has approved the issue of an off licence to the applicant. The DLC considered, in forming its decision, that reporting agencies, other objectors and some members of the community believe there are too many off-licences in Hokitika. The DLC's decision states that *"members of the public and organisations may lobby the Westland District Council to commit to a Local Alcohol Policy. This would allow proper public consultation and would have the effect of determining the number of Off Licences that the community believes is appropriate in the Hokitika urban area".*

Nutrition Health Promotion

Community and Public Health staff have delivered seven cooking skills sessions at Greymouth Alternative Education. There were six students involved with the course. The students cook their lunch every day as a group and the most effective approach was to take their favourite meals and adapt them to contain more vegetables, less sugar, saturated fat and salt. With most students resistant to eating or trying vegetables to start with, there was a real transformation over this time with most students commenting in the evaluation that "they actually taste quite good", and wanting to put vegetables into their meals. The students are also high consumers of energy drinks, so there was a focus on this as well as part of the programme, including how these affect the body.

Arahura Awa Hui

At the request of some Arahura community members, staff from Community and Public Health, the West Coast Regional Council (WCRC) and Environment Science and Research Ltd met with members of the community at a hui earlier this month to discuss community concerns about water quality of the Arahura awa. Information from some preliminary monitoring was presented and discussed. As an initial action, the WCRC will include some additional monitoring sites on the Arahura awa in its summer programme of recreational water monitoring. CPH staff will also continue to liaise with the community about any further actions.

Healthy Homes Project in Buller

As part of our work with the Healthy Homes project Community and Public Health is currently acting as a conduit for whānau in Buller to have access to the Christchurch-based Community Energy Action (CEA) curtain bank while an assessment is made of the feasibility of setting up curtain banks on the West Coast.

CEA and the Canterbury DHB have evaluated the Healthy Homes insulation programme set up to improve homes in Canterbury post-earthquakes. Nine hundred homes were insulated which resulted in considerable improvements to health of the occupants and a substantial reduction in health costs. Copies of the evaluation document can be made available to Committee members.

PLANNING & FUNDING UPDATE

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

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

SOURCE: **Planning & Funding**

DATE: **28 July 2016**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is a standing agenda item, highlighting the progress made on the Minister of Health's health and disability priorities and the West Coast DHB's Annual Plan key priority areas.

2. RECOMMENDATION

That the Committee notes the Planning & Funding update.

3. SUMMARY

✓ Key Achievements

- Performance continues to be impressive against the ED health target with 99.2% of patients admitted, discharged or transferred from Grey Base ED within six hours during June 2016. A significant 94.5% were seen within just four hours.
- West Coast DHB was 25 discharges ahead of our year-to-date target toward delivering 1,889 elective and arranged purchase unit code (PUC) discharges in the 2015/16 financial year. Provisional analysis indicates that we will exceed our Health Target volumes for the year to 30 June 2016.
- During Quarter 4, West Coast DHB staff provided 97% of hospitalised smokers with smoking cessation advice and support, meeting target. Best practice initiatives continue, however the effects of small numbers remain challenging. The Smokefree Services Coordinator continues to investigate every missed smoker.

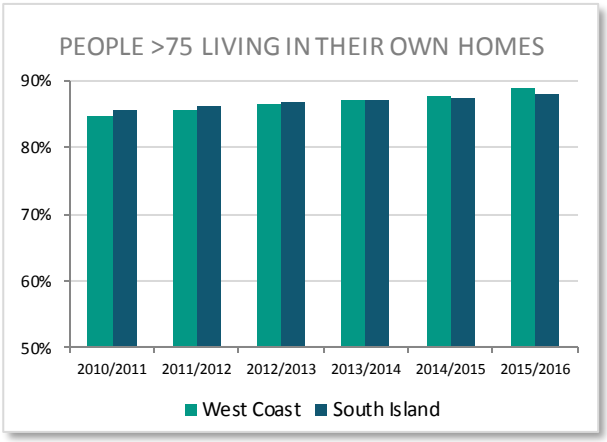
✘ Key Issues & Associated Remedies

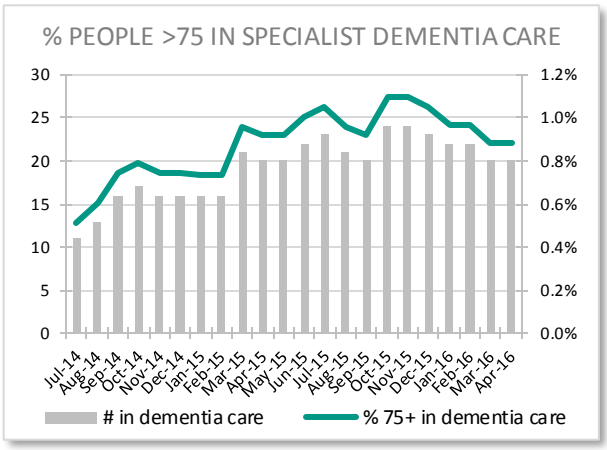
- **Immunisation:** While West Coast DHB has not met the increased immunisation health target, we are pleased to have vaccinated 97% of the eligible consenting population with only two children missed. Opt-offs decreased 10% this quarter to 8%, which is reflected in our improved results, although continues to make meeting the target impossible.

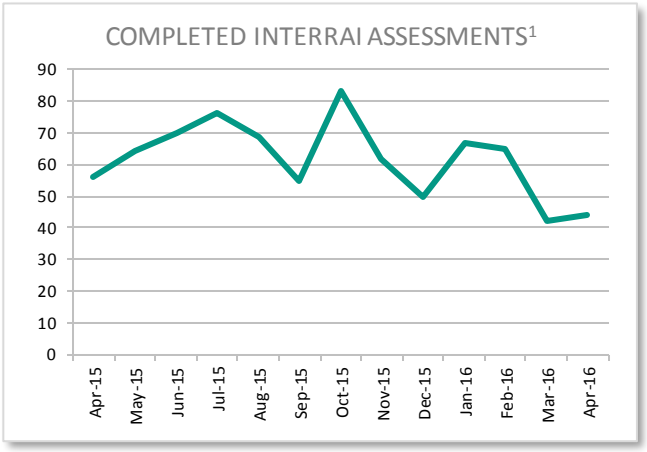
- **B4 School Checks:** Service targets during the last quarter have improved to 82% 299 checks completed of the 363 target set by MOH. What the service has found is the combination of children who have had B4 school checks but cannot be recorded and movement of families out of the West Coast region has meant that meeting the target has been particularly difficult.

Report prepared by: Planning & Funding
Report approved for release by: Carolyn Gullery, General Manager, Planning & Funding

Health of Older Persons





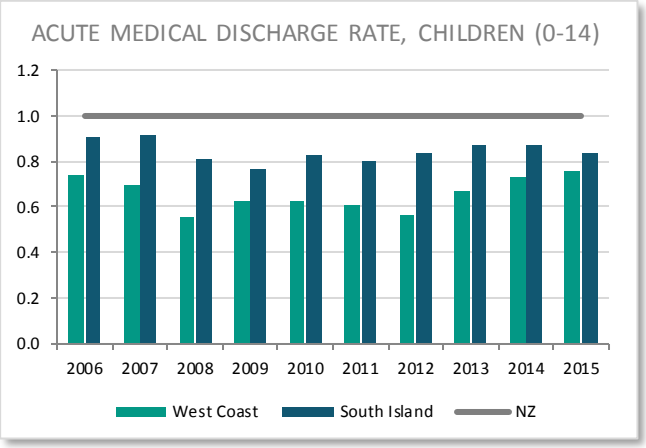


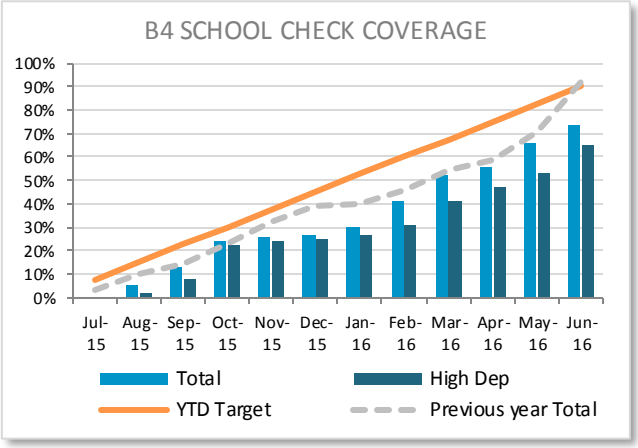
Achievements / Issues of Note

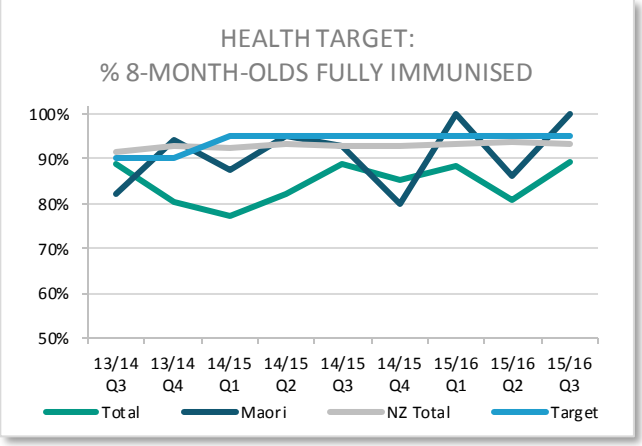
- The Falls Champion is receiving most of its referrals for clients within the community from the Complex Clinical Care Network. Promotion of this service is planned into general practice and with the rural nurse specialists in the coming months.
- The trend in admissions into residential care is a decrease in rest home level admissions and an into dementia level of care. We are working with our ARC providers to address the future needs of people entering residential care on the West Coast, looking to ensure we have the right mix of the different levels of care.

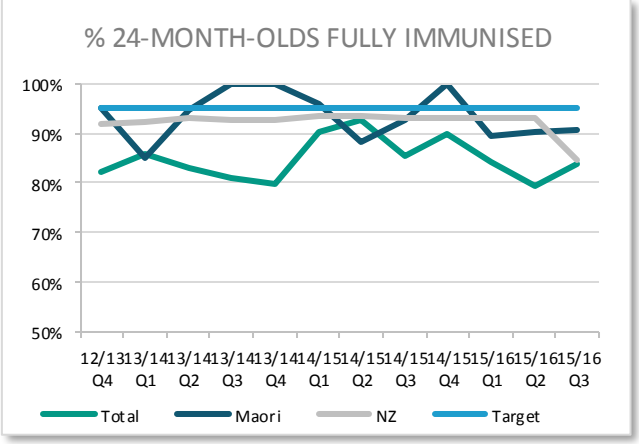
[1] *Note: the definition of this measure has recently been updated and is not comparable to previously reported results.*

Child, Youth & Maternity









Achievements / Issues of Note

Immunisation: While West Coast DHB has not met the increased immunisation health target, we are pleased to have vaccinated 97% of the eligible consenting population with only two children missed. Opt-offs decreased 10% this quarter to 8%, which is reflected in our improved results, although continues to make meeting the target impossible.

B4 School Check coverage: Service targets during the last quarter have improved to 82% 299 checks completed of the 363 target set by MOH. What the service has found is the combination of children who have had B4 school checks but cannot be recorded and movement of families out of the West Coast region has meant that meeting the target has been particularly difficult.

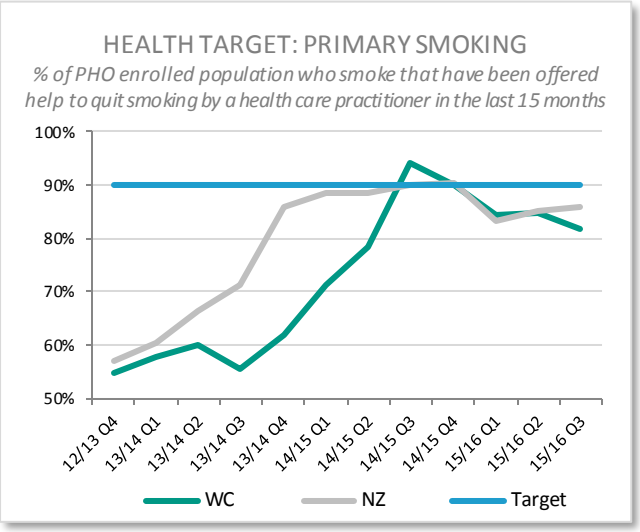
DNA status has improved as the facebook page has become more popular with families access to service. Texting reminders for appointments and outreach services for some families struggling to access clinics has also helped the attendance rates. The average DNA rate has reduced to approx. 1 per clinic which shows a great improvement.

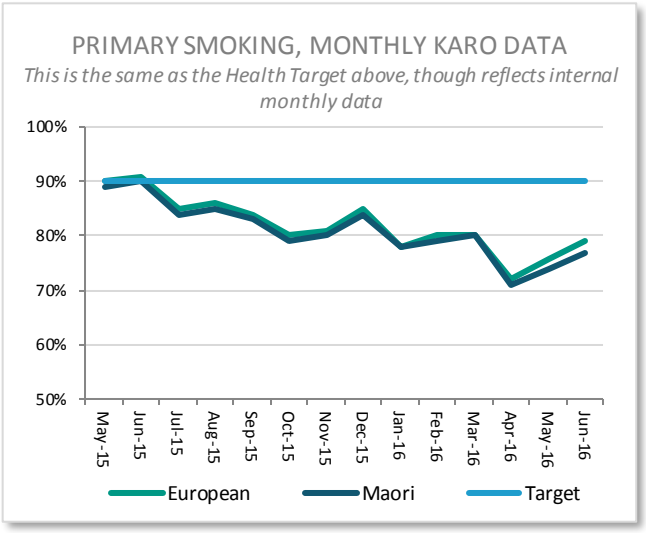
Mental Health

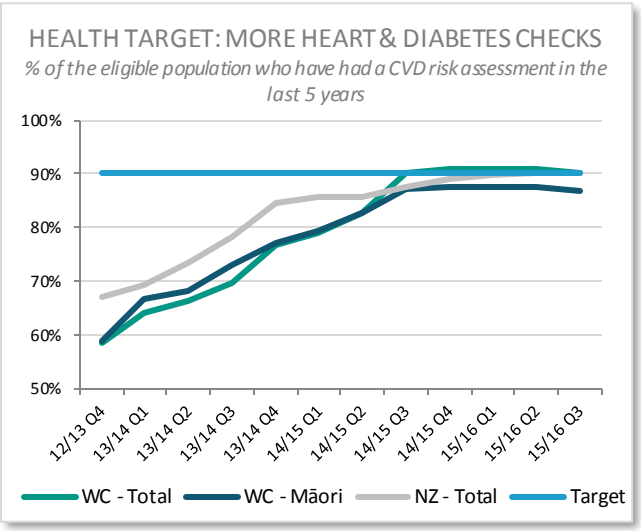
Achievements / Issues of Note

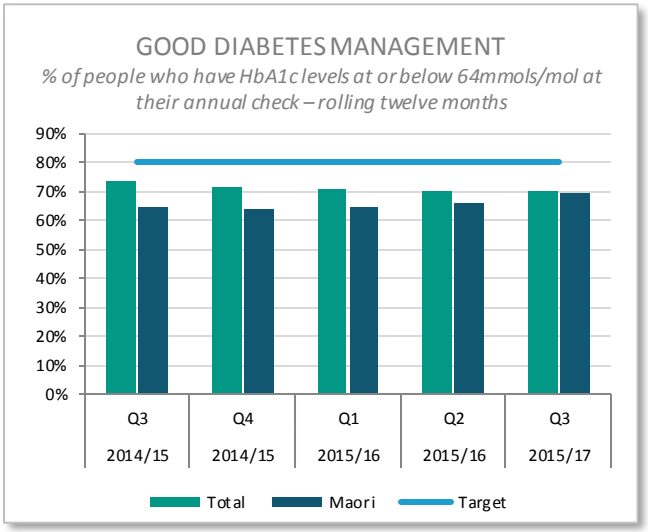
Changes are being made within SMHS to increase responsiveness to the community and increase integration with NGO and PHO Teams. Activity on a new model of care has been delayed due to more immediate needs but this work is expected to be reinvigorated in the near future.

Primary Care & Long-Term Conditions









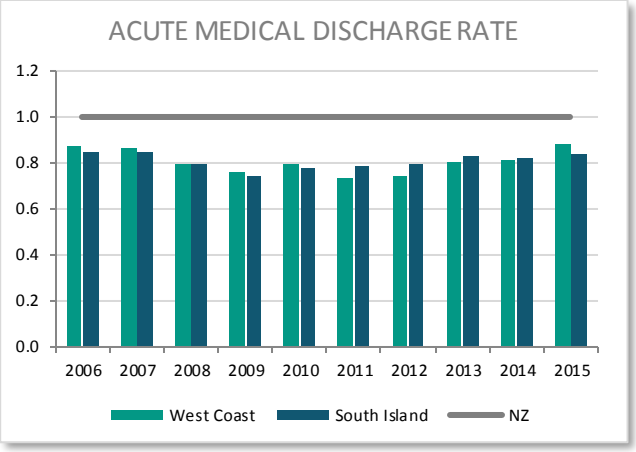
Achievements / Issues of Note

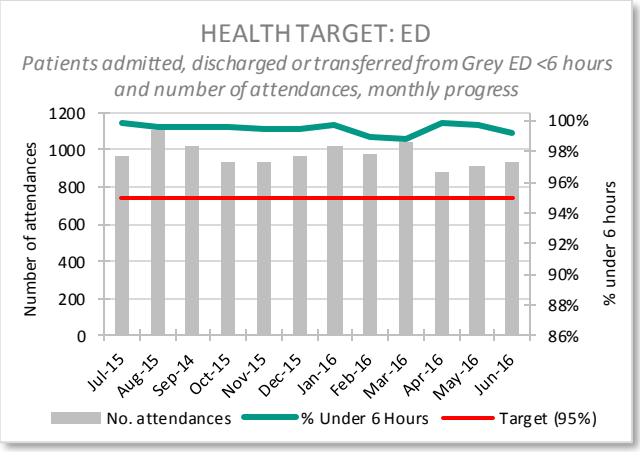
Health target | Primary smoking: Performance disappointingly continued to decrease in Quarter 3 with 81.7% of smokers enrolled with the PHO provided cessation advice in the 15 months ending March 2016. The first month of Q4 showed a continued decrease but, due to a concerted effort across all primary practices improves can be seen. All best practices continue, including: the Smokefree Services Coordinator (SSC) meeting with practices; widespread use of regular performance data; ongoing training and practice support; and reminder, prompting, and IT tools such as TXT2Remind all in use.

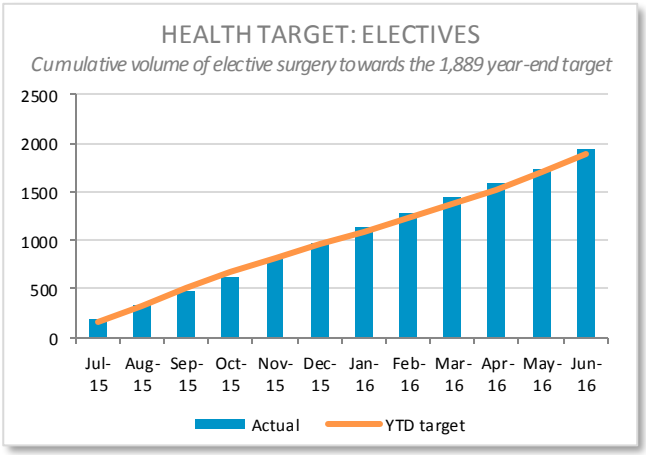
Health target | CVD: Although continuing a slight downward trend, the target was maintained in Quarter 3 with 90% of the eligible enrolled West Coast population had a cardiovascular risk assessment (CVDRA) in the last 5 years. This measure is only updated quarterly; with results for the June quarter still being compiled at the time of preparation of this report.

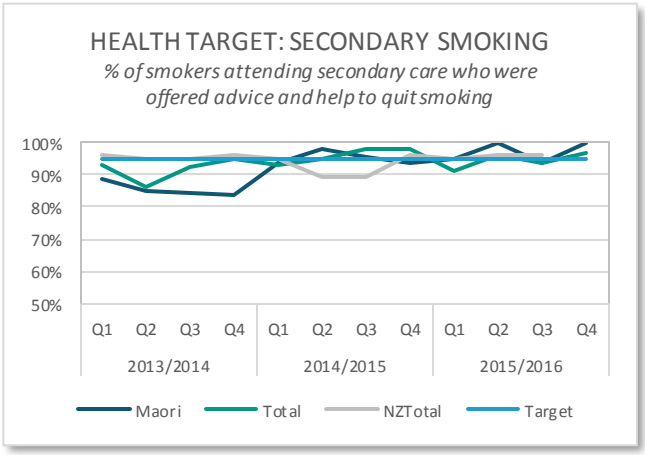
Diabetes Management: Good management of diabetes increased during the rolling twelve months to March 2016 to 61.7% against the 80% target. This measure is only updated quarterly; with results for the June quarter still being compiled at the time of preparation of this report.

Secondary Care & System Integration









Achievements / Issues of Note

Health Target | ED: The West Coast DHB continued to achieve impressive results with 99.2% of patients admitted, discharged or transferred from Grey Base ED within six hours during June 2016. An impressive 94.5% were seen within just four hours.

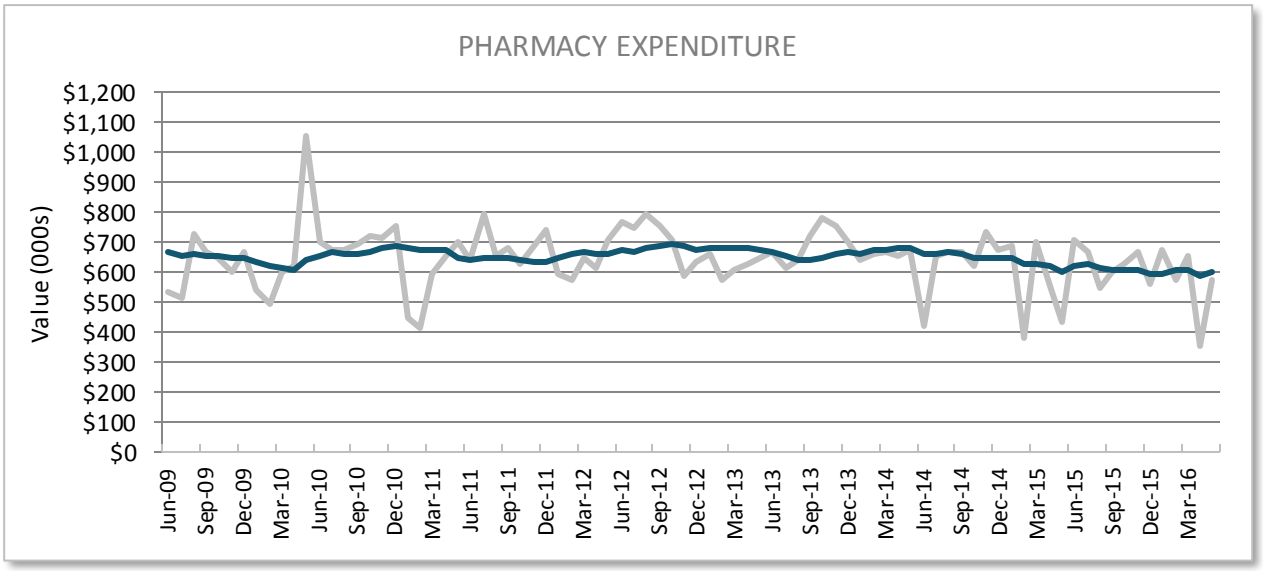
Health Target | Secondary smoking: During Quarter 4, West Coast DHB staff provided 97% of hospitalised smokers with smoking cessation advice and support, meeting target. Best practice initiatives continue, however the effects of small numbers remain challenging. The Smokefree Services Coordinator continues to investigate every missed smoker.

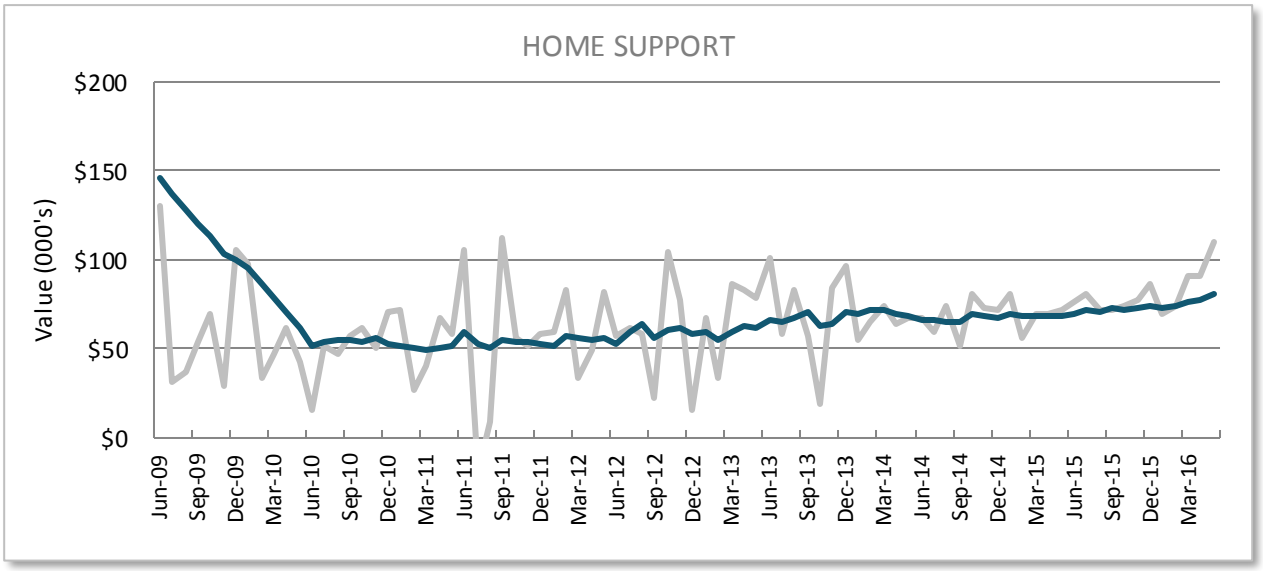
Health Target | Electives: 1,736 elective surgical cases were delivered to West Coasters in the year-to-date May 2016, representing 101% of our year-to-date target delivery. We are pleased to have exceeded target again. Provisional analysis indicates that we will exceed our year-end target Health Target volumes for the year to 30 June 2016.

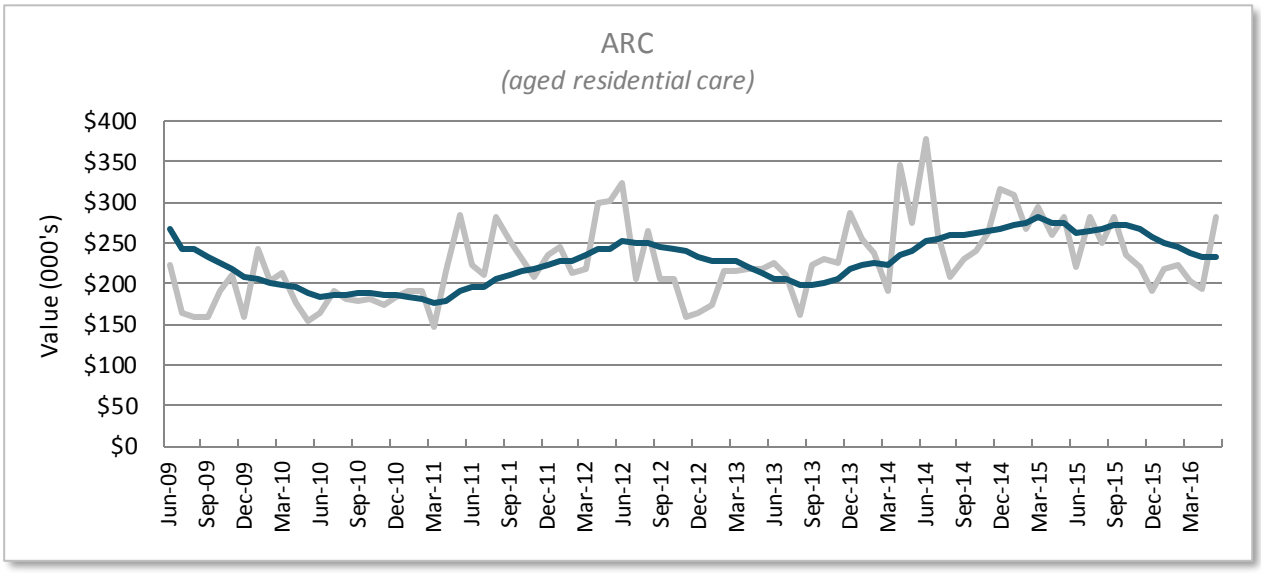
Financials

The following graphs are presented to show expenditure trends over time:

— Expenditure Trend (Rolling average)






ARC
(aged residential care)
Value (000's)
$400
$350
$300
$250
$200
$150
$100
$50
$0
Jun-09
Sep-09
Dec-09
Mar-10
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Mar-11
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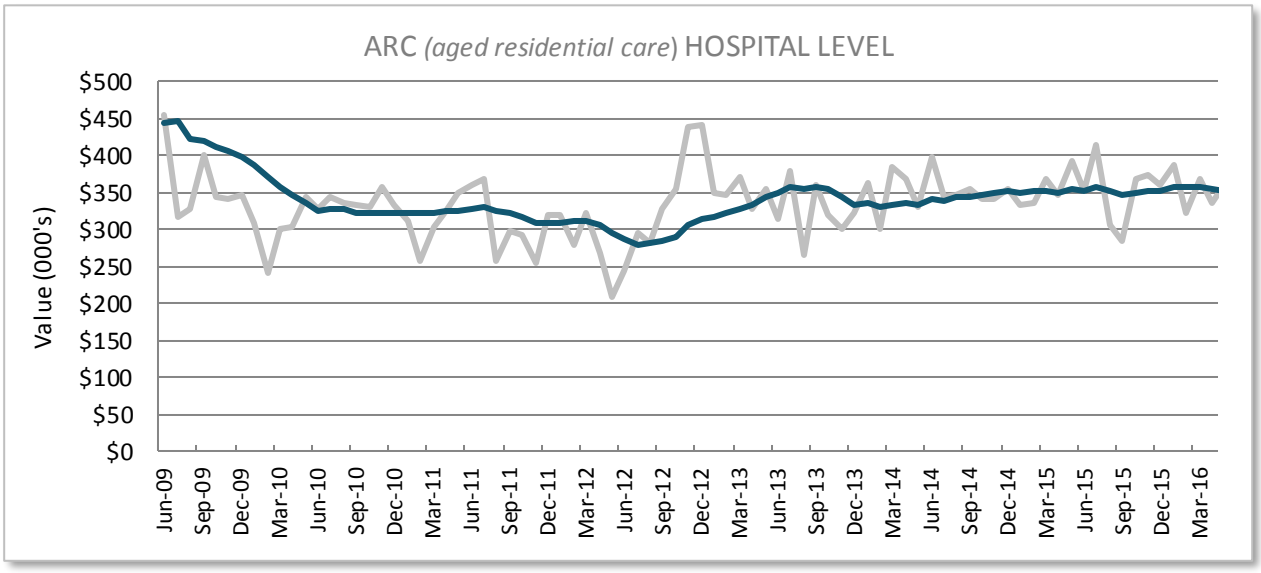
Mar-16


ARC (aged residential care) HOSPITAL LEVEL
Value (000's)
$500
$450
$400
$350
$300
$250
$200
$150
$100
$50
$0
Jun-09
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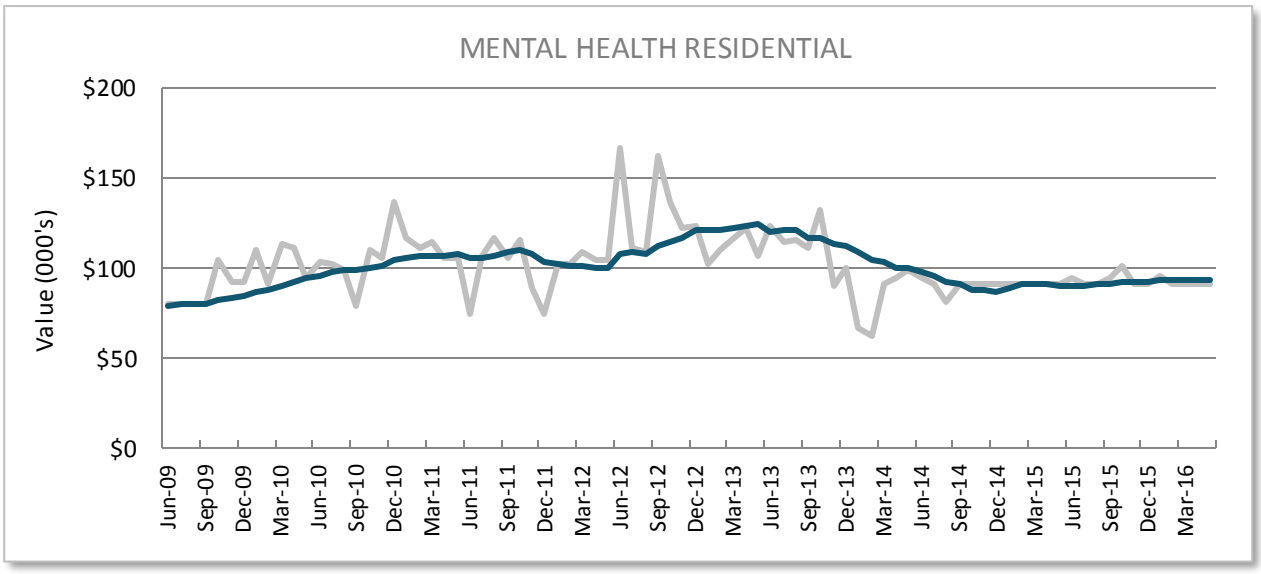
MENTAL HEALTH RESIDENTIAL
Value (000's)
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$0
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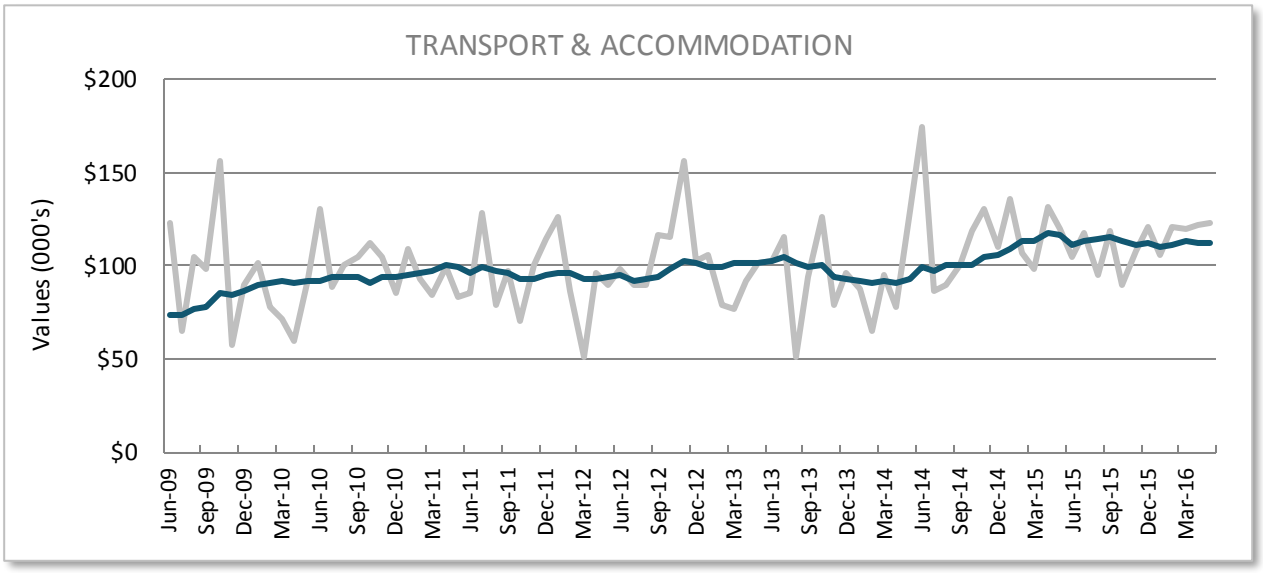
TRANSPORT & ACCOMMODATION
Values (000's)
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$150
$100
$50
$0
Jun-09
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Dec-15
Mar-16

Planning and Funding Division

Month Ended June 2016

Current Month					SERVICES	Year to Date					2015/16
Actual	Budget	Variance				Actual	Budget	Variance			Annual Budget
$000	$000	$000	%			$000	$000	$000	%		$000
					Primary Care						
29	31	2	5%	✓	Dental-school and adolescent	336	369	33	9%	✓	369
23	26	3	13%	✓	Maternity	327	316	-11	-3%	✗	316
1	1	-1	-96%	✗	Pregnancy & Parent	11	8	-3	-37%	✗	8
0	3	3	100%	✓	Sexual Health	0	33	33	100%	✓	33
2	4	2	53%	✓	General Medical Subsidy	26	50	24	48%	✓	50
525	513	-12	-2%	✗	Primary Practice Capitation	6,220	6,152	-68	-1%	✗	6,152
110	91	-19	-21%	✗	Primary Health Care Strategy	1,131	1,093	-38	-3%	✗	1,093
87	87	0	0%	✓	Rural Bonus	1,049	1,049	0	0%	✓	1,049
-11	5	16	316%	✓	Child and Youth	45	59	14	24%	✓	59
10	13	2	18%	✓	Immunisation	122	151	29	19%	✓	151
-8	5	13	267%	✓	Maori Service Development	41	57	15	27%	✓	57
3	52	49	93%	✓	Whanau Ora Services	457	626	169	27%	✓	626
9	18	9	50%	✓	Palliative Care	130	215	85	40%	✓	215
7	6	-1	-11%	✗	Community Based Allied Health	84	76	-8	-11%	✗	76
17	12	-5	-46%	✗	Chronic Disease	105	144	39	27%	✓	144
90	53	-37	-69%	✗	Minor Expenses	706	639	-67	-10%	✗	639
896	**920**	**24**	**3%**	✓		**10,790**	**11,036**	**246**	**2%**	✓	11,036
					Referred Services						
48	23	-24	-105%	✗	Laboratory	347	279	-68	-24%	✗	279
464	663	200	30%	✓	Pharmaceuticals	6,954	7,960	1,006	13%	✓	7,960
511	**687**	**175**	**26%**	✓		**7,301**	**8,239**	**939**	**12%**	✓	8,239
					Secondary Care						
255	263	8	3%	✓	Inpatients	2,529	3,152	623	20%	✓	3,152
99	126	27	21%	✓	Radiolgy services	1,468	1,510	41	3%	✓	1,510
116	114	-2	-2%	✗	Travel & Accommodation	1,359	1,362	3	0%	✓	1,362
786	1,375	589	43%	✓	IDF Payments Personal Health	15,603	16,502	899	5%	✓	16,502
1,255	**1,877**	**622**	**33%**	✓		**20,959**	**22,526**	**1,567**	**7%**	✓	22,526
2,662	**3,483**	**821**	**24%**	✓	**Primary & Secondary Care Total**	**39,050**	**41,801**	**2,751**	**7%**	✓	**41,801**
					Public Health						
0	25	24	99%	✓	Nutrition & Physical Activity	237	294	58	20%	✓	294
0	0	0		✓	Public Health Infrastructure	0	0	0		✓	0
11	11	0	-3%	✗	Tobacco control	134	129	-5	-4%	✗	129
0	0	0		✓	Screening programmes	0	0	0		✓	0
11	**35**	**24**	**68%**	✓	**Public Health Total**	**371**	**423**	**53**	**12%**	✓	**423**
					Mental Health						
7	6	-1	-27%	✗	Dual Diagnosis A&D	59	66	8	12%	✓	66
0	2	2	100%	✓	Eating Disorders	0	23	23	100%	✓	23
23	20	-3	-15%	✗	Child & Youth Mental Health Services	236	240	5	2%	✓	240
22	5	-17	-344%	✗	Mental Health Work force	212	60	-152	-254%	✗	60
61	61	0	0%	✓	Day Activity & Rehab	729	729	0	0%	✓	729
11	11	0	1%	✓	Advocacy Consumer	128	128	0	0%	✗	128
81	81	0	0%	✓	Other Home Based Residential Support	970	970	0	0%	✓	970
11	11	0	0%	✓	Advocacy Family	132	132	0	0%	✗	132
10	10	0	1%	✓	Community Residential Beds	137	117	-20	-17%	✗	117
0	0	0		✗	Minor Expenses	0	0	0		✗	0
65	65	0	0%	✓	IDF Payments Mental Health	776	776	0	0%	✗	776
290	**270**	**-20**	**-7%**	✗		**3,378**	**3,242**	**-137**	**-4%**	✗	3,242
					Older Persons Health						
0	9	9	100%	✓	Information and Advisory	0	114	114	100%	✓	114
0	0	0	100%	✓	Needs Assessment	0	1	1	100%	✓	1
124	70	-54	-77%	✗	Home Based Support	1,021	837	-184	-22%	✗	837
6	8	2	23%	✓	Caregiver Support	71	96	25	26%	✓	96
216	281	65	23%	✓	Residential Care-Rest Homes	2,803	3,370	567	17%	✓	3,370
9	5	-4	-93%	✗	Residential Care-Community	124	56	-68	-123%	✗	56
400	360	-40	-11%	✗	Residential Care-Hospital	4,335	4,318	-18	0%	✗	4,318
0	0	0		✓	Ageing in place	0	0	0		✓	0
10	0	-10		✗	Day programmes	127	0	-127		✗	0
-19	15	34	225%	✓	Respite Care	107	180	73	41%	✓	180
1	1	0	0%	✓	Community Health	15	15	0	0%	✓	15
5	1	-3	-244%	✗	Minor Disability Support Expenditure	37	16	-21	-133%	✗	16
91	91	0	0%	✓	IDF Payments-DSS	1,090	1,090	0	0%	✗	1,090
842	**841**	**-3**	**0%**	✗		**9,730**	**10,092**	**361**	**4%**	✓	10,092
1,132	**1,111**	**-23**	**-2%**	✗	**Mental Health & OPH Total**	**13,109**	**13,333**	**225**	**2%**	✓	**13,333**
3,806	**4,630**	**824**	**18%**	✓	**Total Expenditure**	**52,529**	**55,558**	**3,029**	**5%**	✓	**55,558**
-	4,630				Oracle Figures Actuals and DAP Budget	-	55,558				
3,806	0				Check	52,529	0				

ALLIANCE UPDATE

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

SOURCE: **Planning & Funding**
Alliance Leadership Team

DATE: **28 July 2016**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is a standing agenda item, highlighting the progress made by the West Coast Alliance.

2. RECOMMENDATION

That the Committee;
i. Notes the Alliance Update.

3. SUMMARY

Progress of Note:

Alliance Leadership Team (ALT)

- In July the workstream leads and the Alliance Support Group will be meeting to talk and document the lessons learnt in progressing the 2015/16 workplans. This occurs each year and assists the Alliance to improve how we progress and achieve the actions in our workplans.
- The 2016/17 workplans are now underway with workstreams reporting against these actions.

Health of Older Persons

- The Falls Champion is receiving most of its referrals for clients within the community from the Complex Clinical Care Network. Promotion of this service is planned into general practice and with the rural nurse specialists in the coming months.

Integrated Family Health Service (IFHS) Workstreams (Grey|Westland, Buller & Reefton)

- A new workstream has been put in place as a result of our community engagement in Reefton. This workstream will be looking at the services in Reefton and how these might look in the future. The workstream has community, staff and management as members of the workstream.
- Staff in Reefton have been looking at opportunities where the services in Reefton can work together and have already started working in an integrated way. Nursing is now moving between services to assist in covering gaps including supporting PRIME, covering leaving across the service and looking at a single stock room for all services.

- The Grey|Westland workstream is continuing to look at opportunities to work with the plastics specialists to allow some procedures to be done in primary care. The secondary dieticians role that will sit in primary care is still be filled.
- Grey Health will be supporting a trial this year of the new patient portal that will allow the community to interact with their practices via the internet.

Healthy West Coast (HWC)

- Following the Ministry led Realignment of Stop Smoking Services process, Community & Public Health now have a contract in place on behalf of the Healthy West Coast workstream which represents a whole-of-system approach to supporting smokers to quit. There will be a 3 month transition from the Aukati KaiPaipa service to the new model.

Child and Youth

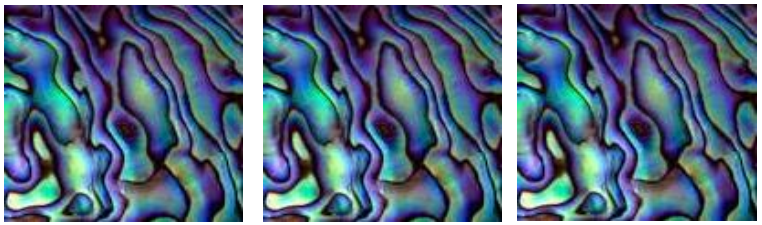
- A working group has met to develop a local Oral Health Promotion plan that will compliment the Transalpine Oral Health Steering Group's Communication Plan. The plan will take a life course approach, identifying key opportunities to deliver oral health and nutrition messages from pregnancy through to adolescence.

Pharmacy

- Analysis of leasing benchmarks for the Greymouth IFHC Community Pharmacy have been completed and discussed with pharmacies. Next steps are to progress formal negotiations for an agreement.
- There has been agreement to progress medicines use reviews on patients discharged from hospital on referral from the CCCN.

Report prepared by: Jenni Stephenson, Planning & Funding
Report approved for release by: Stella Ward, Chair, Alliance Leadership Team

West Coast's Priority Plan for Breastfeeding
2014 – 2016



Background

Canterbury and West Coast Maternity Clinical Governance Committee

In 2013 it was decided that as part of the Trans-Alpine partnership, West Coast and Canterbury DHBs would establish a combined Maternity Clinical Governance Committee (MCGC) to support the respective Board's Quality and Safety Plans through assessing, reviewing and identifying improvements to quality and maternity care as well as facilitating discussion and collaboration between service providers.

Canterbury's 'Improving the Maternity Journey for Pregnant Women'[1] project identified breastfeeding as one of nine opportunities for improvement. Each of the opportunities now sits within a project group under the MCGC structure. In April 2014 MCGC endorsed a Breastfeeding Priority Plan to support improving breastfeeding rates in Canterbury.

After reviewing this document. The West Coast Breastfeeding Interest Group decided that there would be value in creating a similar plan. While there are similar goals and outcomes in each DHB's plan, activities for West Coast have been identified to ensure that our unique needs are met. We have also taken into account the impact of having our most complex cases being managed in Canterbury which identifies the need for good quality support for babies and mothers returning home.

World Health Organisation (WHO) recommends that infants be exclusively breastfed until aged six months and receive safe complimentary foods while breastfeeding continues for up to two years of age or beyond[2].

Plunket data [3]shows that on the West Coast from 2012 to 2013 17% of babies are exclusively and 9% of babies are fully breastfed at six months. This is a little below the national average. This means that 74% of our infants are below WHO recommendations.

[1] Improving the Maternity Journey for Women in Canterbury 2012
[2] World Health Organisation Child Growth Standards 2006

[3] Royal NZ Plunket Society (Inc) PCIS Statistics 01.07.13 – 31.12.13 (Note: We do not have good quality data from other Well Child /Tamariki Ora providers) More data can be found in Appendix 5.

West Coast DHB's Annual Plan and Statement of Intent 2013-2014

Improving Health Outcomes for our Population[4].

Outcome Goal: People are healthier and take responsibility for their own health.

Impact Measure: More babies are breastfed.

- Breastfeeding lays the foundation for a healthy life, contributing positively to infant wellbeing and potentially reducing the likelihood of obesity later in life. Breastfeeding also contributes to the wider wellbeing of mothers.
- Although breastfeeding is natural, it sometimes doesn't come naturally, so it's important that mothers have access to appropriate support and advice.
- An increase in breastfeeding rates is seen as a proxy measure of successful health promotion and engagement, access to support services and a change in social and environmental factors that influence behaviour and support healthier lifestyles.

The percentage of babies fully/exclusively breastfed at 6 weeks	Actual 2011	Target 2013	Target 2014	Target 2015
	69%	74%	≥74%	≥74%

Delivering Better Public Services: The Child Action Plan [5]

Objective: Implement a collaborative and integrated approach to the delivery of maternity services.

Activity:

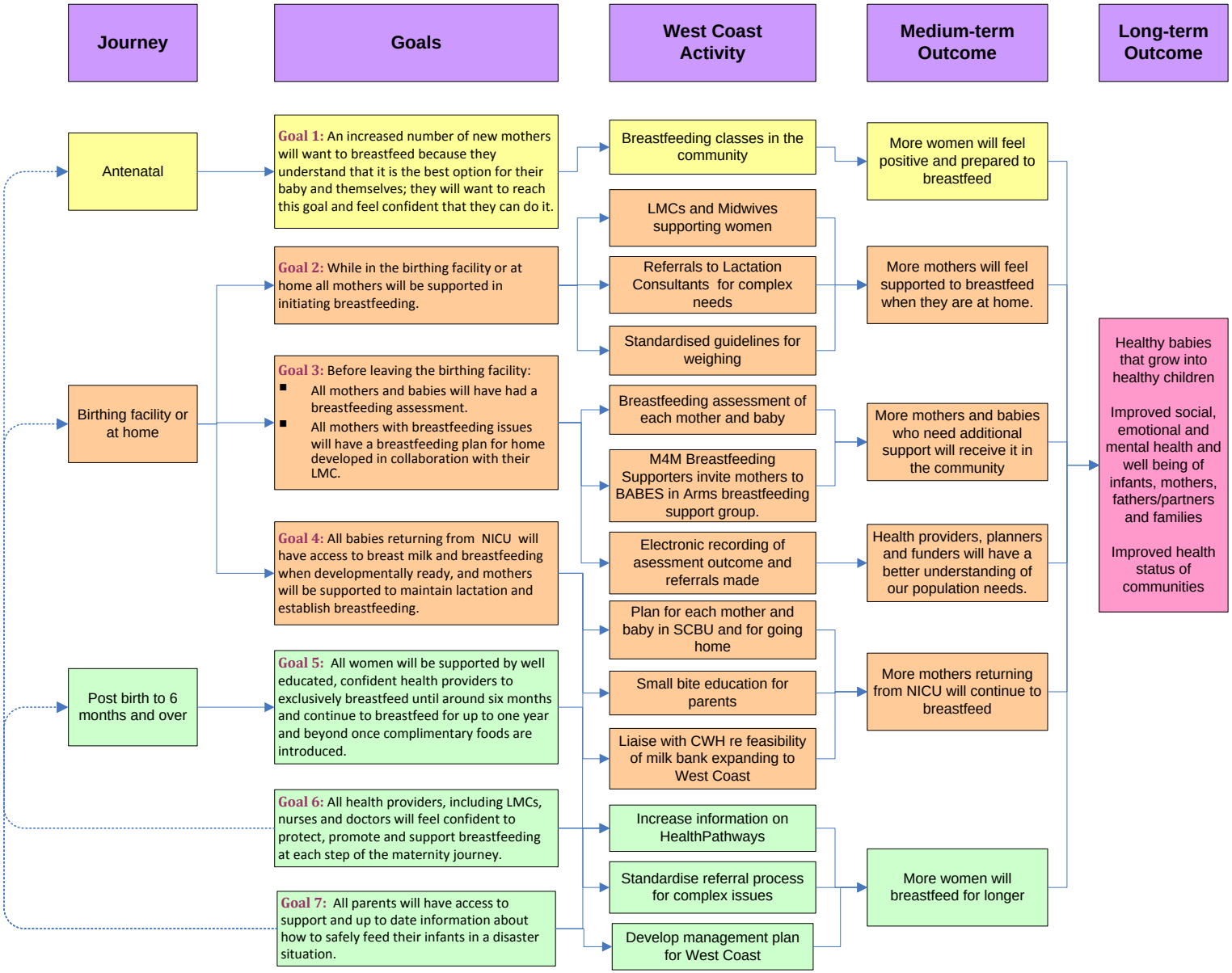
- Support the Breastfeeding Interest group to strengthen stakeholder alliances, identify opportunities to better engage women in breastfeeding and improve integration between providers.
- Provide access to free lactation consultants and specialist advice for mothers, with particular focus on high-needs and high-risk women.
- Continue to invest in supplementary services to support mothers to breastfeed, including peer support programmes that are accessible and appropriate for high-risk and high-needs women.
- Support the establishment and maintenance of breastfeeding-friendly environments on the West Coast.

Evidence:

- ≥ 100 referrals to community-based lactation support
- ≥ 17 Mum 4 Mum Peer support counsellors trained
- ≥ 85% mothers breastfeed on hospital discharge
- 74% of infants are fully or exclusively breastfed at 6 weeks

[4] Outcome Goal 1 Impact Measures (medium term 3-5 years) Page 15

[5] Maternal and Child Health Services: Our Performance Story 2013/14 (Page 41)


Journey
Goals
West Coast Activity
Medium-term Outcome
Long-term Outcome
Antenatal
Birthing facility or at home
Post birth to 6 months and over
Goal 1: An increased number of new mothers will want to breastfeed because they understand that it is the best option for their baby and themselves; they will want to reach this goal and feel confident that they can do it.
Goal 2: While in the birthing facility or at home all mothers will be supported in initiating breastfeeding.
Goal 3: Before leaving the birthing facility:
All mothers and babies will have had a breastfeeding assessment.
All mothers with breastfeeding issues will have a breastfeeding plan for home developed in collaboration with their LMC.
Goal 4: All babies returning from NICU will have access to breast milk and breastfeeding when developmentally ready, and mothers will be supported to maintain lactation and establish breastfeeding.
Goal 5: All women will be supported by well educated, confident health providers to exclusively breastfeed until around six months and continue to breastfeed for up to one year and beyond once complimentary foods are introduced.
Goal 6: All health providers, including LMCs, nurses and doctors will feel confident to protect, promote and support breastfeeding at each step of the maternity journey.
Goal 7: All parents will have access to support and up to date information about how to safely feed their infants in a disaster situation.
Breastfeeding classes in the community
LMCs and Midwives supporting women
Referrals to Lactation Consultants for complex needs
Standardised guidelines for weighing
Breastfeeding assessment of each mother and baby
M4M Breastfeeding Supporters invite mothers to BABES in Arms breastfeeding support group.
Electronic recording of asessment outcome and referrals made
Plan for each mother and baby in SCBU and for going home
Small bite education for parents
Liaise with CWH re feasibility of milk bank expanding to West Coast
Increase information on HealthPathways
Standardise referral process for complex issues
Develop management plan for West Coast
More women will feel positive and prepared to breastfeed
More mothers will feel supported to breastfeed when they are at home.
More mothers and babies who need additional support will receive it in the community
Health providers, planners and funders will have a better understanding of our population needs.
More mothers returning from NICU will continue to breastfeed
More women will breastfeed for longer
Healthy babies that grow into healthy children
Improved social, emotional and mental health and well being of infants, mothers, fathers/partners and families
Improved health status of communities

Antenatal

Goal 1

An increased number of new mothers will want to breastfeed because they understand that it is the best option for their baby and themselves; they will want to reach this goal and feel confident that they can do it.

Linda's story

I came from a big family and breastfeeding was the norm, so I knew that I would breastfeed my own children when I had them.

My husband and I attended the breastfeeding session at the local Pregnancy and Parenting Education class. I learnt so much and the information really changed my husband's attitude to breastfeeding. Previously he thought that if I could breastfeed our baby that would be great, but if I couldn't then it would be no big deal, but he came away thinking that he would do everything he could to support me.

Our daughter never slept a whole night for the first nine months. We had no family living near so my husband's support was crucial. I was exhausted and stressed. If he had said 'just give her a bottle' I could have caved in, but because he had learnt so much about the value of breastfeeding he kept supporting and encouraging me to keep going.

I now have three daughters that I have I breastfed for over 18 months.

Having my husband on board with the plan before our first baby was born is one of the keys to success for managing the challenging times that all new mothers go through.

Current situation

Women have access to multiple sources of information about breastfeeding in the antenatal period. By the time they meet their midwife many have decided how they intend to feed their baby; the majority intend to breastfeed, but often that is as far as they have got.

Most LMCs, as the main educator during the antenatal period, discuss the advantages and benefits of breastfeeding as well as the risks and disadvantages of not breastfeeding for both mother and baby with each woman in their care.

The Pregnancy and Parenting Education classes set two hours aside for breastfeeding as well as introducing the Mum 4Mum team so women know about them and how to access their support once baby is born.

The majority of learning about breastfeeding seems to be after the baby is born.

1.1 Hold breastfeeding education activities that:

- **Are in appropriate and accessible venues in the community**
- **Are held at a range of times (e.g. on week days, weekends, mornings and evenings).**
- **Are culturally sensitive to the needs of mothers; especially for Māori, Pacific, Asian, migrant and young parents to be.**
- **Encourage not only first time mothers, but also other mothers that may not have succeeded with breastfeeding the first time.**
- **Involve partners and support people.**

1.2 Link breastfeeding classes and Mum4Mum peer support to Pregnancy and Parent Education (PPE) classes to ensure a smooth, stress free, flow of education and information for mothers.

Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
1.1.1 Deliver education programmes in the community: • Start with Greymouth and Westport, and then • Investigate other areas where there is a need.	New classes will have been established and women are attending.	Increased % of Women • Māori • Pacific • Asian breastfeeding at key MOH reporting times Data source: MOH Number of women attending the breastfeeding courses. Data Source: Provider data	S: F:	[6]
1.1.2 Deliver education programmes that: • Have a standardised content, covering the 10 Steps to Successful Breastfeeding[7], and the Seven Steps to Breastfeeding in the Community[8] but are flexible enough to meet the needs of different groups. • Are delivered by a Midwife, a Lactation Consultant or Breastfeeding Advocate. • Use a variety of alternative educational formats e.g. podcasts & DVDs. • Distribute the current West Coast Breastfeeding Handbook at 28-32 weeks to support antenatal as well as post natal education • Use Talking Cards as a means of standardising education. • Develop environments that promote communities, role models and relationships. • Has additional detail for ethnic specific groups and NICU parents.				

[6] Once the plan has been endorsed by WC Maternity and Quality Safety group, Health West Coast Workstream and the C&WCDHB Clinical Governance Committee, the BIG will allocate a leader from within their group and key people from DHB and NGOs required to support implementation. BIG will also set timeframes for all activities

[7] See Appendix 2 (Keep in mind that a maternity services facility is not just the birthing facility, but every facility where maternity services are provided)

[8] See Appendix 2

1.1.3 Introduce breastfeeding education[9] early into PPE classes to: • Promote breastfeeding early in pregnancy and continue to support this throughout the course. • Hear a successful breastfeeding mother's story and introduce Mum4Mum peer support counsellors and groups.		Baseline data: CWH BF programme 2012/13		

[9] See Appendix 2 for NZBA Antenatal education sheet on breastfeeding plus additional education points to consider

Birthing Facility

Goal 2

While in the maternity facility, all mothers will be supported with initiating breastfeeding.

Tiffany's story

I was twenty when I had our daughter by caesarean section. The midwife helped me to breastfeed the first time while I was in the recovery room, but once we returned to the ward, the main focus was on my blood pressure and other recordings. I wasn't at all confident with breastfeeding and before long I had cracked nipples. My partner went and got a midwife to help. She watched and adjusted my baby's head, but I felt as though I didn't really have the hang of it.

On the third day all I wanted to do was go home. I was shown a DVD about breastfeeding before I went and the midwife watched me breastfeed again.

The first week at home, every time I went to feed I was crying. I got to the point where I didn't want her to wake up as I knew I would have to feed.

My partner contacted the Lactation Consultant because I had decided that I would have to change to a bottle, and he knew how much I had wanted to breastfeed. The Lactation Consultant was great as she came to my house and had time to spend with me, but I think it was too late. I expressed for a while which took ages, and I eventually gave up.

I really regret not succeeding with breastfeeding. When we have our next baby I am going to make sure I learn as much as I can and know what services and supports are out there before the birth so I am better prepared to get through the first few months until I am confident.

Current situation

All WCDHB's maternity facilities have been designated Baby Friendly Hospitals. The BFHI audit standards are in accordance with the CEF/WHO global criteria. Each facility is audited every three years by the New Zealand Breastfeeding Authority.

The Greymouth Lactation Consultant works on a four day a week roster in McBrearty. A small team enables good communication between shifts.

Neither Greymouth nor Westport record whether or not a woman stays longer because of breastfeeding issues, or returns home with breastfeeding concerns.

There is no protocol for when babies should be weighed at CDHB or WCDHB. Random weighing of babies that are clinically hydrated and settled can cause anxiety for mothers if the weight gain is not what was expected and can often be the first step to losing confidence in their breastfeeding ability.

The freedom of friends and family visiting whenever they want to can be an intrusion for mothers if they are trying to become confident with breastfeeding. They can often feel as though they are entertaining visitors if they stay too long or there is a variety of groups of visitors that don't know each other.

2.1 Develop an educational package for all LMCs and Midwives				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
Refer to Activity 6.1.2 and 6.2 Emphasise key points most relevant to initiating breastfeeding. (As per BFHI requirements.				

2.2 Improve process for referring and communicating any concerns or complex breastfeeding issues during stay at the birthing facility.				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
Improve the process to seek advice from the most appropriate support service. This will include: • Westport: telephone call the PHO Lactation Consultant[10] and she will advise. • Greymouth and other areas: call the PHO Breastfeeding Advocacy Service for advice or redirect to Lactation Consultant.	LMCs and Midwives are more confident about making appropriate referrals. Improved support for complex breastfeeding issues at the primary birthing units.	Number of referrals to Lactation Consultants • Number of women and babies with complex issues • Number leaving facility exclusively breastfed Data source: Baseline data: ??	S: F:	

[10] Raewyn Johnson from Westport is the only West Coast Community Lactation Consultant. She works closely with Erin Turley the Breastfeeding Advocate, to ensure that there is good support for all mothers across the district with complex breastfeeding concerns.

2.3. Develop Canterbury and West Coast wide standard protocol/guidelines for weighing well babies.				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
Develop a working group to • Review current information • Agree on standards • Write document and flowchart to support decision making. • Distribute for feedback • Communicate final protocol/guideline.	Guidelines written and circulated. Increased agreement between providers regarding appropriateness of decision making	Decrease in referrals to LCs due to mothers concerns about baby's weight when other aspects of feeding are satisfactory.	S: F:	?

2.4 Develop a pathway for babies with tongue ties				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
Work with HealthPathways team to investigate current process and develop a formal referral pathway	An agreed pathway will be on HealthPathways Babies that require release are getting identified and referred	Number of babies being treated	S: F:	

2.5 Provide a visitor free time each afternoon.				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
Seek agreement from Clinical Midwifery Manager to hang notices outside the ward that mothers and babies are resting (for one hour) • Provide additional support and education over this period for babies who require breastfeeding	Women will feel more relaxed and be able to focus on and be supported to breastfeed.	Notice on boards. Rest time occurring. "We care about Your Care' gives positive feedback.	S: F:	

Birthing Facility

Goal 3

Before leaving the birthing facility:

- All mothers and babies will have had a breastfeeding assessment.
- All mothers with breastfeeding issues will have a breastfeeding plan for home developed in collaboration with their LMC.

Miranda's story

While I was in McBrearty Ward I had had some complex breastfeeding issues, so the Lactation Consultant, my LMC and I had agreed on a plan for how to manage things when I went home. It involved breastfeeding, expressing, bottle feeding expressed breast milk and using a nipple shield.

My partner and family were keen for breastfeeding to work, so they gave me lots of support by doing things around the house to give me time to concentrate on my baby. The support I got from M4M was so helpful as she was a young mum just like me and had kept going despite similar challenges. She understood what I was going through. I kept thinking that if she did then I can too.

I could not have kept going if I had left the hospital without the discussion and the plan because it meant my partner and I really understood what I needed to do and why I needed to do it and what was OK and when I needed to seek help. My story is a good example of the value of having a breastfeeding plan made before I went home rather than getting home then everything falling to pieces.

Current situation

Most women have had a breastfeeding assessment before they leave the facility. A checklist is used to ensure each area of the assessment is covered.

Women who have difficulties with breastfeeding can stay longer.

It is interesting to note that women from Gloriavale, who mainly have home births, exclusively breastfeed; other options are not discussed. If a mother cannot breastfeed for some reason, then other mothers donate breastmilk.

The key to establishing and becoming confident with breastfeeding seems to be family and community support for mother and baby.

The West Coast Breastfeeding Handbook is given out at 23 – 36 weeks; but if the woman has lost it, another one is given to them while in the facility.

3.1 Review recording process for breastfeeding assessment				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
3.1.1 Revise the current green sheet used as the breastfeeding assessment for all mothers and babies before they leave the birth facility for home. • Consider how this could be incorporated into the Breastfeeding Handbook to keep all information in one place.	. Education for all LMCs/ midwives is completed. All breastfeeding information for women is in one place.	Number of mothers and babies discharged with assessment completed. Number of referrals Data source:???	S: F:	
3.1.2 Improve the process for transitioning from hospital to community for breastfeeding dyads that have had complex breastfeeding plans instituted in the maternity facility: • Revise referral/notification to PHO Community Lactation Consultant and Breastfeeding Advocate	Lactation Consultant and LMC will discuss the breastfeeding plan to ensure there is a smooth transition from hospital to community.	Increased number of LC/LMC discussions and plans developed. Data source: LC report.		

3.2 Develop a process to record and communicate whether a baby is feeding at the breast when leaving the facility.				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
Review current documentation and identify areas where it can be improved. Identify the process for recording this information electronically so data can be collected and analysed. Develop a template to guide core midwife and LMC to write an individualised feeding plan for women with complex feeding issues to take home.	Information regarding breastfeeding assessment is being recorded in a systematic way. A template for breastfeeding plans is being used.	Increase in number of babies feeding at the breast on discharge. Increased number of plans for dyads with complex BF issues. Data source: tbc once process established Baseline data:	S: F:	

3.3 Develop a process that links a Mum 4 Mum Peer Support counsellors/service.				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
3.3.1 Develop a programme for peer support counsellors to visit each facility and meet women who may struggle with breastfeeding when they go home. This would enable them to introduce the service and the support it can offer rather than LMCs/midwives referring them when problems arise. • Provide the name and phone number of a specific M4M peer support counsellor to reduce barriers to access.	Peer Support Counsellors will be visiting all birthing facilities	Increased number of M4M visits and contacts in facilities. Mothers trained for NICU visits Data source: PHO Baseline data: New service.	S F	
3.3.2 Widen the programme to incorporate Parfitt Ward for babies and parents returning from NICU by having regular attendance of Mum 4 Mum Breastfeeding Supporters who have experienced having a baby in NICU, so can promote and support breastfeeding. This can extend to home contacts (Additional training will be provided for this M4M group)				

Paediatric Unit

Goal 4

All babies returning to Parfitt Ward, (the paediatric unit) Grey Hospital from a NICU will have access to breast milk and support to continue establishing breastfeeding when developmentally ready, and mothers will be supported to maintain lactation and establish breastfeeding as they transition to home.

Simmy's story

All was going well with my pregnancy until 28 weeks. By the end of that week my very premature son was in an incubator in Christchurch Women's Hospital's NICU and I felt frightened and far from my family.

The next three months were a blur of tubes and monitors as well as a large number of staff focused on caring for my baby. The NICU Lactation Consultant was there to support me every step of the way. I expressed milk three hourly and this was fed to him via a tube.

When the team first talked about me returning to Parfitt Ward it felt like a whole new terror. How could they expose my little bundle of joy to the contamination of the outside world? How would he be fed, clothed and kept at the right temperature without all the technical equipment that had been supporting him from the day he was born?

Establishing feeding at the breast held a whole new group of challenges, but I am pleased to say that when we left for Greymouth I hadn't given up. We were both learning how to make it work. Some of the nurses in Parfitt Ward had worked in NICU so they understood how I was feeling and the breastfeeding challenges I was having. It was a good step between NICU and home.

At home I was lucky to have support from the Community Lactation Consultant. One of the real bonuses was that she had time to listen to my story and concerns. Together we made a plan for managing the days ahead. I am pleased to say that I am still breastfeeding at 16 months.

Current situation

Mothers and babies returning from CDHB's NICU to Parfitt Ward have required a higher level of support recently due some skipping the intermediate level of care before returning. This is because NICU has had a higher level of occupancy over the past six months.

Mothers can often arrive feeling completely disempowered if they have experienced a highly technical environment in NICU.

In Parfitt Ward, mothers and babies are cared for by registered nurses with the LMC continuing to take the lead for maternity care if the baby is under six weeks.

By the time they return, most mothers have made the decision regarding whether they are going to breastfeed. There are breast pumps available if required. Donor milk is not encouraged.

Our nurses and doctors have the opportunity to attend LMC training to promote breastfeeding and become familiar with the care required for mothers and babies with a wide range of birthing histories which impacts on the breastfeeding support they require while in the ward and then as they prepare them for returning home.

We contact the McBrearty Ward Lactation Consultant for complex issues that are outside the level of our confidence to manage.

When babies are discharged mothers can feel isolated and struggle with confidence. Linking the Neonatal Community Outreach Nurses, (one in Westport and one in Greymouth/Hokitika, or the Rural Nurse Specialist in Whataroa) in before discharge plays a pivotal part in supporting breastfeeding at this stage of the journey.

4.1 Develop an education programme for nurses and doctors to understand the importance of breast milk and breastfeeding in optimising outcomes for babies who have returned from NICU. (10-15% of all babies) This will require: • **Providing additional education that covers what these babies and mothers need to support them to initiate lactation and establish breastfeeding.**				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
4.1.1 Develop a service for nurses and doctors caring for babies in Parfitt Ward to ensure they feel supported to protect and support breastfeeding for both mother and baby. This may be via • Videolinking with CDHB NICU for education sessions • Attending LMC breastfeeding education sessions	All providers will have watched Back to Basics video.	% of nurses and doctors who have viewed video/attended LMC education sessions.		
4.1.2 Develop an educational module for Peer Support Counsellors who have experienced NICU and gone on to breastfeed well so they can support women with babies in Parfitt Ward and when they return home.	The first course delivered and feedback positive. (We can plagiarise CDHB programme for this)	Number of women completed the module. Number of PSC visits to Parfitt Ward. Data source:		
4.1.3 Develop information sheet related to informal breastmilk sharing[11]. It needs to cover: • Infection control • Storage • How to access more information	Women who ask for information will be supplied with key information for them to follow up on.	??		

[11] Although this is documented as an activity in this section it would be a WCDHB policy and be used across all hospital and community breastfeeding situations.

4.2 Revise the discharge process to streamline the Neonatal Community Outreach Nurse to ensure a smooth transition from Parfitt to home.				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
4.2.1 Include NCON (and Rural Nurse Specialist when required) in the telehealth conferencing for complex babies that occurs before they return from NICU.	Doctors, hospital and community nurses and LMCs on West Coast will have a common understanding of the history, issues and management plan of each baby and mother when they arrive at Greymouth, A mother and her baby will be cared for as one unit, with their unique requirements considered and supported.	??? narrative ? feedback		
4.2.2 Support transition from Parfitt Ward to home: • Provide phone number for M4M for peer support.				

4.3 Link with CDHB Human Milk Bank to provide milk for NICU babies when they have returned to West Coast until mothers have established breastfeeding.[12]				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
Now that the Human Milk Bank is open, support CDHB to: • Develop a new project and funding model (Phase two) to expand the initial concept to mothers and babies outside NICU (on the postnatal wards, primary birthing units, in the community and the wider South Island).	A phase two project plan is developed and approved. It will include: • Funding source • Goals • Evaluation process • Timeframes.	Pasteurised donor human breastmilk is available in Parfitt Ward for babies returning from NICU if still required.	S: F:	

[12] We have included this at this point to provide a fuller picture of breastfeeding activity in Canterbury that we can work with to support West Coast babies.

Post natal to 6 months

Goal 5

All women will be supported by well educated, confident health providers to exclusively breastfeed until around six months and continue to breastfeed for up to one[13] and beyond once complimentary foods are introduced.

Lucy's story

My daughter became unwell when she was four weeks old. The doctor at ED was not sure what was wrong so following a telepeds conference with the paediatrician in Christchurch, it was decided that she needed to be flown to Christchurch Hospital.

This time period was over five hours. I had no money and was not offered any food. I was then told to stop breastfeeding in case an operation was required. The weather then deteriorated so we had to stay overnight, so I was told to breastfeed again but not after 6am. There were more delays in the morning, so I breastfed again before we finally left at 11am.

By this time I had very engorged and painful breasts but the staff were focussed on my baby's condition. It was a very stressful time.

When we finally arrived at Christchurch Hospital I was relieved to find the nurses were keen and confident to look after not only my daughter but also me as a worried parent and a breastfeeding mother.

I am happy to say that with this support I managed to keep breastfeeding throughout the whole time in hospital; and I'm still exclusively breastfeeding three months later.

Current situation

Since March 2014 the Community Breastfeeding Advocates have contacted all new mums soon after their baby is born. This identifies women who are managing well, those that would benefit from Mum4Mum support and those that have complex issues and require an appointment with the Lactation Consultant.

The PHO manages the Mum4Mum service. They run courses for women who have breastfed, usually for over nine months, and is keen to support other women can attend an eighteen hour over nine weeks to become a M4M Peer Counsellor. M4M mothers have a variety of both good and challenging experiences, so are a great source of advice and encouragement for mothers requiring support for managing normal breastfeeding issues.

[13] The vision for the National Strategic Plan of Action for Breastfeeding 2008-2012 based on WHO Global strategy for infant and young child feeding states two years; however, New Zealand Food and Nutrition Guideline Statements for Healthy Infants and Toddlers states 'exclusive breastfeeding for around six months and continue breastfeeding for one year and beyond'

5.1 Provide education for LMCs, General Practitioners, Practice Nurses, Rural Nurse Specialists and Well Child/Tamariki Ora Nurses regarding what is considered 'normal' and can be managed by them and what is specialised/complex and should be referred to a Community Lactation Consultant. 'Novice to expert'				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
PHO deliver a yearly educational 'roadshow' for providers. Also activity 6.1.3	Greater % of referrals to Lactation Consultants are for **complex** breastfeeding conditions	Number of referrals to WCPHO Lactation Consultants • % that had complex issues Data source: ?? Baseline data: 2012/13	S F	

5.2 Promote HealthPathways as the standard, agreed, referral pathway.				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
• Identify new pathways that will support providers to promote, protect and support breastfeeding. • Develop a section on HealthPathways/HealthInfo on normal breastfeeding (physiology and practice).	Increased use of HealthPathways by providers to access information on breastfeeding.	Increased number of hits on HealthPathways' breastfeeding section Data source: HealthPathways	S F	

5.3 Develop a referral document that provides enough detail to enable referrals to be prioritised by the Community Breastfeeding Advocacy Service				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
Develop document that will: • Identify complex issues. • Promote HealthPathways as the source for referral forms.	Increased % of complex and decreased % of non-complex referrals to Lactation Consultants.	Number of referrals to Lactation Consultants • Number that had complex issues Data source: PHO Baseline data: 2013	S: F:	

5.4 Develop Breastfeeding Friendly Communities				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
5.4.1 Develop WCDHB as a Breastfeeding Friendly work environment: • Commence with Grey Base Hospital and then • Move to other facilities.	WCDHB Breastfeeding Policy Approved and Circulated to all departments. All areas can show that they meet the requirements of the policy.	Staff surveys. Did they know about the policy? Have they used it? Was it helpful?	S: F:	
5.4.2 Develop a WCDHB breastfeeding policy for caring for mothers and babies that present to ED and/or are admitted to hospital. This needs to consider keeping the two as a unit where baby is dependent on mother for continued feeding and/or expressing when necessary.	Mothers will feel supported to continue breastfeeding throughout ED and hospital admissions.	Data: Number of referrals to M4M for ED or inpatient request. Of them. The number who were referred to LC.	S: F:	
5.4.3 Participate in planning process for new facilities to ensure that breastfeeding for patients, their family/whānau and staff are included in the models of care and the new facilities.	Any member of the population, whether a patient, family, friend or staff will be able to breastfeed or pump in a suitable room/location to support this.		S: F:	

5.4.4 Develop Breastfeeding Friendly Communities in key NGOs where the main focus is mothers and babies: • Include this in Planning and Funding service agreements.	All identified NGOs can show breastfeeding policies and how they implement these within their organisation.		S: Lower Priority F:	

General Education

Goal 6

All clinical providers, including LMCs, nurses, doctors will feel confident to protect, promote, and support breastfeeding at each step of the maternity journey.

Beth's story

I completed Mum 4 Mum training while I was pregnant with my fourth child. I then worked as the local Plunket Nurse while completing the Post Graduate Certificate in Specialty Nursing. The post graduate certificate covered the bigger picture of breastfeeding policies, but not the anatomy and physiology of the every-day processes of breastfeeding.

The Mum 4 Mum training is evidence based. One of its real values is linking with other mothers doing the course. It has made a significant difference to my practice as a Plunket Nurse. I know the mothers in our community that have trained as Mums 4 Mums and which one would be most appropriate to support clients needing extra breastfeeding support and encouragement.

I would highly recommend the Mum 4 Mum training for WellChild TamarikiOra providers and other health professionals.

Current situation

- Currently LMCs have a variety of options for receiving breastfeeding education. It is a core competency requirement of their re-certification process.
- Practice Nurses and General Practitioners receive no formal breastfeeding education and are likely to miss opportunities ante and post-natally to promote, protect and support breastfeeding for as long as possible, unless they have had a positive personal experience. Last year the PHO took a 'road show' to the general practices to provide education and promote local services.
- Staff in the hospital's general wards have no education or support for how to care for breastfeeding mothers or their babies who are admitted. Processes to seek information and advice are minimal.
- Some staff may have difficulty separating their own breastfeeding experience from their interactions with mothers and babies.
- Current breastfeeding support staff do not have the resource to provide comprehensive educational sessions for the continual turnover of staff and the need to educate new staff as early as possible.
- Medical students (this year) attended a breast feeding education session.

6.1 Establish an educational package that is broken into units to enable appropriate information to be delivered to specific health provider groups.				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
6.1.1 Establish the **re-certification process for LMC/midwives** that is required as part of their annual core competency requirements: • Provides one half day breastfeeding education sessions per three years plus one other activity related to breastfeeding. E.g. study day, workbook, on line learning, presentations, journal clubs, and case studies.	Midwifery Council's curriculum is being followed Courses are accessible	All LMCs/midwives are recertified. Data source: ??NZCOM data	S: F:	
6.1.2 Deliver the educational breastfeeding programme every six months[14] for core midwives that: • Gets back to basics to enable midwives to: o Manage normal breastfeeding. o Identify complex issues that need referral. • Requires annual attendance by employed midwives.	Curriculum developed Timetable established Feedback from the first course is positive and any refinements made.	At the end of the first year all staff have completed recertification Data source:	S: F:	
6.1.3 Deliver an educational programme for **primary care providers** that provides information that is likely to arise in general practice: • Contraception and its effects on breastfeeding. • Community breastfeeding support services. • Care of non-breastfeeding babies. • Risks, disadvantages of formula feeding. • HealthPathways: o Normal and complex breastfeeding issues. o Referral pathways. o Contraception and its effect on breastfeeding.	At the end of the first year ??% of all staff have attended. ?Number of on-line accesses	Data source:	S: F:	

[14] Students and Registered Nurses, including those in the Nursing Entry to Practice (NETP) programme should also be included.

6.2 Develop a programme for staff that will provide an opportunity for them to understand their own experience/personal issues with breastfeeding and separating their own experience from their professional role.				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
Provide education at a variety of educational situations that will promote thinking and discussion about what information health professionals are saying and whether they are talking from experience or evidence.	Best practice used by all healthcare providers.	Feedback from attendees shows they have found the course helpful. Data: Course satisfaction survey	S: F:	

6.3 Provide hospital doctors and general practitioners with education				
Planned activities •	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
Provide **hospital doctors and general practitioners** with education re: • Impact of contraception on breastfeeding. • When and how to discuss options with women. Communicate HealthPathways for information on breastfeeding and contraception.	Increased hits on HealthPathways		S: F:	

6.4 Provide education and mentoring for all health students (especially doctors, nurses and midwives) to ensure sustainable growth in knowledge and skills in our future workforce.				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
6.4.1 Link with education providers to facilitate educational slots within programmes to introduce breastfeeding.	All students will have basic understanding of breastfeeding and will be developing knowledge and skills to protect, promote and support breastfeeding in any environment they may work in. They will understand what is normal and what is not normal.	Feedback from attendees shows they have found the course helpful. Data: Course satisfaction survey	S: F:	
6.4.2 Identify mentors for students when they are in clinical placements to protect, promote and support breastfeeding.				
6.4.3 Support students to attend any educational opportunities while on clinical placements.				

Civil Emergency/Disaster

Goal 7

All parents will have access to support and up to date information about how to safely feed their infants in a civil emergency or disaster situation

Tracey's story

I was at home with my four week old daughter when Cyclone Ita hit. My husband had gone to work just an hour before the power went off. Little did I know that we would not have power for a week! As the day went by the wind got worse. I was concerned because trees started falling down along our long drive. Luckily my husband arrived home before we were total blocked in.

That evening as I was feeding my daughter by candle light I kept thinking how lucky we were was that I was breastfeeding. I didn't have to worry about sterilising bottles or whether I had enough formula.

It was 24 hours before we could get out of the house and into town. It was an unsettling time for the whole community. I was lucky that my husband looked after things outside the house and kept the fire going so I could concentrate on caring for our daughter.

Current situation

Plunket Line's free phone call service has comprehensive information available for parents

MOH's revised and published Infant Feeding in Emergencies (2011) contains national guidelines.

The Canterbury earthquakes identified areas where unexpected events occurred. E.g. Service providers stated that they had not given thought to providing information to pregnant women about how to be prepared to feed their infant in the event of a civil emergency, and why breastfeeding is the safest option. This needs to occur as part of the planning for their family's emergency pack.

7.1 Establish a planning group with a wide variety of community agencies to consider management of future civil emergencies.				
Planned activities	Expected outcomes from this activity	How we will measure success & data source	Start Finish dates	Leader
The planning group needs to have: • Midwives, Lactation Consultants, Practice Nurses, Red Cross, Well Child /Tamariki Ora, Civil Defence providers etc. The plan needs to: • Review the Canterbury earthquakes and lessons learned. • Use the MOH Infant Feeding in Emergencies (2011) document as a starting point, and then develop further detail relevant to West Coast. • Different emergency scenarios and their management. • What is 'safe' infant feeding: o Safe for age groups and feeding methods o Infection control • Develop a communication plan including: o Public Health communications. o Families being prepared for emergencies. o A simple fact sheet ▪ Pregnant women ▪ Newly birthed women ▪ Getting breastfeeding established ▪ Increasing milk supply if needed ▪ How to hand express ▪ How to re-lactate if weaning has started ▪ How to safely bottle feed ▪ What to do if mother is not there ▪ Dealing with disaster myths about breastfeeding • Consider who will take the lead for what in an emergency. • Develop a process for managing offers/infiltration of infant formula products from manufacturing companies.	All women will be given an information sheet from their LMC when breastfeeding is discussed for the first time during pregnancy. Key services, such as Civil Defence and Red Cross, will have documented information regarding the processes related to infant feeding in a civil emergency. Link to CDHB to develop this work together	Number of education sessions delivered. Number attended Types of groups participating. Data:	S: F:	

Appendix 1: Breastfeeding Interest group Members

Erin Turley	Breastfeeding Advocate WCPHO
Raewyn Johnson	Lactation Consultant & PPE teacher, Buller, WCPHO
Emma Boddington	General Practitioner, Greymouth
Anna McInroe	DHB Midwife & Pregnancy and Parenting Educator , Greymouth
Robyn Bryant	Midwife, Poutini Waiora
Trish Lockington	Community Rep, M4M
Kylie Parkin	Portfolio Manager Māori Health WCDHB
Nicola Harris	Breastfeeding Advocate, WCPHO
Anne-Marie Hewitt	Clinical Leader, Plunket
Clair Robertson	Project Manager, Planning and Funding
Barbara Holland	Manager, Well Women's Centre, Greymouth

Appendix 2: Additional Information

Goal 1: The Ten Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

1. Have a written breastfeeding policy that is routinely communicated to all healthcare staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within half an hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless *medically* indicated.
7. Practice rooming-in – allow mothers and infants to remain together -24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

From: protecting, Promoting and supporting breastfeeding: The special Role of Maternity Services. A joint WHO/UNICEF Statement 1989

Goal 2: The Seven Point Plan for the Protection, Promotion and Support of Breastfeeding in the Community

1. Have a written policy that is routinely communicated to all staff and volunteers.
2. Train all health providers in the knowledge and skills necessary to implement the breastfeeding policy
3. Inform pregnant women and their families about the benefits and management of breastfeeding.
4. Support mothers to establish and maintain exclusive breastfeeding to six months.
5. Encourage sustained breastfeeding beyond six months, to two years or more, alongside the introduction of appropriate, adequate and safe complementary foods.
6. Provide a welcoming atmosphere for breastfeeding families
7. Promote collaboration among health services, and between health services and the local community.

Baby Friendly Community Initiative's Seven Point Plan was adapted with permission from WHO/UNICEF UK Baby Friendly Initiative 1999

Antenatal Education

By the time you are 32 weeks pregnant you should have had antenatal education on breastfeeding.
Research has shown that women who have a good understanding of the importance of breastfeeding and associated topics are more likely to have a successful breastfeeding outcome.

'To overcome obstacles issues surrounding perceived barriers, such as father's attitude, quantity of milk, and time constraints, need to be discussed with each parent. To achieve the goal of 75% of breastfeeding mothers, extensive education regarding the benefits must be provided for both parents and optimally the grandmother by physicians, nurses, and the media before pregnancy or within the first trimester.'[1]

You should ensure the following topics are discussed with you during your pregnancy:

- the Breastfeeding Policy of the maternity unit where you intend to birth and/or stay postnatally.
- the importance of breastfeeding for you and your baby
- the importance of exclusive breastfeeding for the first 6 months
- the effect of drugs, used in labour, on both your baby and the initiation of breastfeeding
- the importance of early skin-to-skin contact for you, your baby and for breastfeeding
- early breastfeeding management
- rooming-in which should include safe and unsafe sleeping practices
- cue-based, or baby-led, feeding
- the importance of frequent feeding to establish and maintain your breastmilk
- positioning and latching advice
- the risks associated with giving formula or other breastmilk substitutes before 6 months of age
- that breastfeeding continues to be important after 6 months when other foods may be introduced
- the implications of using pacifiers, teats and bottles on the establishment of breastfeeding
- breastfeeding support services in your community

Ask your Lead Maternity Carer about these topics (above) and seek out the antenatal education classes in your area.
We also recommend that you contact the local La Leche League and attend a meeting, or two, prior to the birth of your baby.
Contact with your local Plunket group, in the later weeks of your pregnancy, can also mean that you meet another group of women for support after the birth of your baby.
Skin-to-skin contact and Rooming-in pamphlets are available from the NZBA website/resources.

Suggested readings/links include:

- Change for Our Children: www.**changeforourchildren**.co.nz
- La Leche League New Zealand: www.**lalecheleague**.org.**nz**
- 'Impact of Birthing Practices on Breastfeeding' Second edition Linda Smith and Mary Kroeger Jones and Bartlett (2010)
- 'Breastfeeding Made Simple. Seven Natural Laws for Nursing Mothers' N Mohrbacher, K Kendall-Tackett New Harbinger Pub. (2005)
- 'The Oxytocin Factor. Tapping the hormone of calm, love and healing.' K U Moberg. Da Capo Press. (2003)
- 'Baby-led Weaning. Helping your baby to love good food.' G Rapley & T Murkett. Vermilion (2008)

Research:

1. Major factors influencing breastfeeding rates: Mother's perception of father's attitude and milk supply.

Arora S, McJunkin C, Wehrer J, Kuhn P. Pediatrics. 2000 Nov;106 (5):E67.

Goal 6: Additional education point for consideration

- Mothers do not realise breastfeeding is learned and does not necessarily come 'naturally' and that it can take time for milk to 'come-in'.
- Mothers need to make informed choices and have a feeding plan discussed with LMC prior to birth. Informed consent process needs to cover the risks of infant formula and the health care provider (Midwife/G.P.)
- Health providers need to communicate effectively without feeling guilty or sharing personal breastfeeding experiences (especially when personal breastfeeding goals may not have been met)
- Pivotal points in breastfeeding journey:
    - Lactogenesis on day 3 (although delayed for some women).
    - Perception of lack of milk, pain and latching problems at 6 weeks.
    - Paid parental leave finishes at 14 weeks.
    - Pressure for solids teething etc at 4 months
- Need support on how to 'care for your breasts'
- Education on expressing; meeting the needs of different breastfeeding dyads.
- Birth interventions and their effect on breastfeeding
- Educating mothers/fathers/support people
    - How Peer Support Counsellor service works
    - When to access support from a lactation consultant
    - Other support services
    - HealthInfo
- Contraception and its effects on breastfeeding
- Relationship, sex and breastfeeding.
- HealthPathways
    - Normal and complex breastfeeding issues
    - Care of non breastfeeding babies.
    - Referral pathways
- Being sensitive to the 'space' the woman is in at this time
- How to meet the needs of other children while breastfeeding.

Appendix 3: Evidence

Evidence for the effectiveness of Mother to Mother breastfeeding peer counsellor support.

1. ***Early and repeated contact with peer counsellors is associated with a significant increase in breastfeeding exclusivity and duration".***

Morrow, A. L., Guerrero, L. M., Shults, J., Calva, J. J., Lutter, C., Bravo, J., Ruiz-Palacios, G., Morrow, R.C., & Butterfoss, F. D. (1999). Efficacy of home-based peer counselling to promote exclusive breastfeeding: a randomised controlled trial. *The Lancet,* 353: 9160:1226-1231.

2. ***"The overwhelming majority of evidence from randomized controlled trials evaluating breastfeeding peer counseling indicates that peer counselors effectively improve rates of breastfeeding initiation, duration, and exclusivity".***

Chapman, D. J., Morel, K., Anderson, A. K, Damio, G., & Pérez-Escamilla, R. (2010). Breastfeeding peer counseling: from efficacy through scale-up. *Journal of Human Lactation*, 26(3):314-326.

3. ***"Group-based and one-to-one peer coaching for pregnant women and breastfeeding mothers increased breastfeeding initiation and duration in an area with below average breastfeeding rates".***

Hoddinott, P., Lee, A. J. , & Pill, R. (2006). Effectiveness of a breastfeeding peer coaching intervention in rural Scotland. *Birth*, 33(1):27-36.

4. ***"Significant increases in initiation and duration rates were observed among women who expressed an interest in breastfeeding and requested support from a peer counsellor".***

Fairbank, L., O'Meara, S., Renfrew, M. J., Woolridge, M., Snowden, A J., Lister-Sharp, D. (2000). A systematic review to evaluate the effectiveness of interventions to promote the initiation of breastfeeding. *Health Technology Assessment*, 4,(25):1-171.

5. ***"Multifaceted interventions with peer support as one of the main components have also been deemed effective in increasing breastfeeding initiation and duration".***

Sikorsk, J., Renfrew, M. J., Pindoria, S., & Wade, A. (2003). *Support for breastfeeding mothers (Cochrane review)*. In: The Cochrane Library, Issue 3, 2003. Oxford: Update Software.

6. ***Mothers of very low birth weight infants found the shared NICU experience aspect valuable. Positive effects of breastfeeding peer counsellors with personal NICU experience.***

Rossman, B., Engstrom, J. L., Meier, P. P., Vonderheid, S. C., Norr, K. F., & Hill, P. D. (2011). "They've Walked in My Shoes": Mothers of Very Low Birth Weight Infants and Their Experiences With Breastfeeding Peer Counselors in the Neonatal Intensive Care Unit. *Journal of Human Lactation*, 27, (1): 14-24.

7. ***"The findings suggest that peer counsellors, well-trained, and with on-going supervision, can have a positive effect on breastfeeding practices among low-income urban women who intend to breastfeed"***

Kistin, M., Abramson, R., & Dublin, P. (1994). Effect of Peer Counsellors on Breastfeeding Initiation, Exclusivity, and Duration Among Low-income Urban Women. *Journal of Human Lactation*, 10, (1): 11-15

8. ***"Lack of breastfeeding promotion and support hinder successful breastfeeding. In this study, a breastfeeding peer counsellor program improved both the initiation rate and duration of breastfeeding up to three months postpartum among Native American WIC participants".***

Long, D. G., Funk Archuleta, M. A., Geiger, C. J., Mozar, A. J., & Heins, J. N. (1995). Peer Counsellor Program Increases Breastfeeding Rates in Utah Native American WIC Population. Journal of Human Lactation, 11, (4):279-284.

9. ***"Healthcare providers thought the peer counsellors enhanced care of the infant by empowering mothers to provide milk and by facilitating and modelling positive patterns of maternal-infant interactions". Three critical elements that contributed to the effectiveness of the peer counselling program were identified: having a champion for the program, counsellors being mothers of former NICU infants, and a NICU culture supportive of using human milk.***

Rossman, B., Engstrom, J. L., & Meier, P. P. (2012). Healthcare providers' perceptions of breastfeeding peer counselors in the neonatal intensive care unit. *Res Nurs Health*, 35,(5):460-474.

10. ***Peer counselling support had a significantly positive effect on the rates of exclusive breastfeeding up to two months post-partum.***

Anderson, A. K., Damio, G., Chapman, D. J., & Pérez-Escamilla, R. (2007). Differential Response to an Exclusive Breastfeeding Peer Counselling Intervention: The Role of Ethnicity. *Journal of Human Lactation*, 23,(1):16-23.

11. ***Peer counselling has been recognized as an effective intervention in the promotion of breastfeeding among low-income women.***

Bronner, Y., Barber, T., & Miele, L. (2001). Breastfeeding Peer Counselling: Rationale for the National WIC Survey. *Journal of Human Lactation*, 17,(2): 135-139.
The findings emphasize the importance of person-centered communication skills and of relationships in supporting a woman to breastfeed. Organizational systems and services that facilitate continuity of caregiver, for example continuity of midwifery care or peer support models, are more likely to facilitate an authentic presence, involving supportive care and a trusting relationship with professionals.

Schmied, V., Beake, S., Sheehan, A., McCourt, C., & Dykes, F. (2011). Women's Perceptions and Experiences of Breastfeeding Support: A Metasynthesis. *Birth*, 38,(1):49-60.

Evidence to support breastfeeding education for pregnant women

1. ***The results of this study indicate that targeted educational programs designed for the adolescent learner may be successful in improving breastfeeding initiation in this population***.

Volpe, E. V., & Bear, M. (2000). Enhancing Breastfeeding Initiation in Adolescent Mothers Through the Breastfeeding Educated and Supported Teen (BEST) Club. *Journal of Human Lactation,* 16,(3):196-200.

2. ***Antenatal breastfeeding education and postnatal lactation support, as single interventions based in hospital both significantly improve rates of exclusive breastfeeding up to six months after delivery. Postnatal support was marginally more effective than antenatal education.***

Lin-Lin Su, L-L., Chong, Y-S., Chan, Y-H., Chan, Y. S., Fok, D., Tun, K. T., Ng, F. S. P., & Rauff, M. (2007). Antenatal education and postnatal support strategies for improving rates of exclusive breast feeding: randomised controlled trial. *BMJ*,335:596. (7620).

Mattar, C. N., Chong, Y. S., Chan, Y. S., Chew, A, Tan, P, Chan Y. H., & Rauff, M. H. (2007). Simple antenatal preparation to improve breastfeeding practice: A randomised controlled trial. *Obstetrics & Gynaecology,* 109, [1], 73-80.

Dyson, L., McCormick, F., & Renfrew, M.J. (2005). Interventions for promoting the initiation of breastfeeding. *Cochrane Database of Systematic Reviews*, 2, Art No: CD001688. DOI: 10.1002/14651858.CD001688.pub2, 1-24.

Fairbank, L., O'Meara, S., Renfrew, M. J., Woolridge, M., Sowden, A. J., & Lister-Sharp, D. (2000). A systematic review to evaluate the effectiveness of interventions to promote the initiation of breastfeeding. *Health Technology Assessment*, 4, [25], 1-5.

Breastfeeding support/barriers and interventions

1. ***Clinicians' practices regarding formula supplementation of healthy infants and their opinions about the importance of their breastfeeding advice are associated with the likelihood that mothers will continue exclusive breastfeeding. Policies to enhance clinicians' abilities to address breastfeeding problems within the constraints of busy practices could improve their ability to support exclusive breastfeeding.***

Taveras, E. M., Li, R., Grummer-Strawn, L., Richardson, M., Marshall, R., Rêgo, V. H., Miroshnik, I, & Lieu, T. A. (2004). Opinions and Practices of Clinicians Associated With Continuation of Exclusive Breastfeeding. *Pediatrics*, 113,(4):e283-290.

2. ***Explores common personal and societal barriers to exclusive breastfeeding and offers evidence-based strategies to support mothers to breastfeed exclusively, such as ensuring prenatal education, supportive maternity practices, timely follow-up, and management of lactation challenges. The article also addresses common reasons nursing mothers discontinue exclusive breastfeeding, including the perception of insufficient milk, misinterpretation of infant crying, returning to work or school, early introduction of solid foods, and lack of support.***

Neifert, M., & Bunik, M. (2013). Overcoming clinical barriers to exclusive breastfeeding. *Pediatr Clin North Am,* 60,(1):115-145.

Protheroe, L., Dyson, L., Renfrew, & M. J. (2003).*The effectiveness of public health interventions to promote the initiation of breastfeeding*. NHS Health Development Agency. www.nice.org.uk/niceMedia/documents/**breastfeeding** summary.pdf

Renfrew, M., Dyson, L., Wallace, L., D'Souza, L., McCormick, F., & Spiby, H. (2005). *The effectiveness of public health interventions to promote the duration of breastfeeding Systematic review.* National Institute for Health and Clinical Excellence (NICE) NHS, UK. http://www.nice.org.uk/niceMedia/pdf/Breastfeeding_vol_1.pdf

Appendix 4: Estimated cost of implementing each goal[15]

Goal 1: An increased number of new mothers will want to breastfeed because they understand that it is the best option for their baby and themselves; they will want to reach this goal and feel confident that they can do it.

Activity	Estimated cost
1.1.1 Education programmes in community	Nil
1.1.2 Printing revised higher quality book for mothers	$?
1.1.3 Breastfeeding early into PPE courses	Nil

Goal 2: While in the birthing facility all mothers will be supported in initiating breastfeeding.

Activity	Estimated cost
2.1 Refer to Activity 6.1.2 & 6.2	
2.2 Process for referrals to LCs and BF advocacy	Nil
2.3 Weighing babies	Nil
2.4 Pathway for tongue ties	Nil
2.5 Time for women to rest	Nil

Goal 3: Before leaving the birthing facility:

- All mothers will have had a breastfeeding assessment.
- All babies will have had a feeding assessment.
- All mothers with breastfeeding issues will have a care plan for home developed in collaboration with their LMC.

Activity	Estimated cost
3.1.1 Assessment on discharge	Nil
3.1.2 Process for referral to PHO LC & BA service	Nil
3.2 Assessment of feeding at the breast	Nil
3.3 Links with M4M before discharge	Nil

Goal 4: All NICU babies will have access to breast milk and breastfeeding, and mothers will be supported to initiate and establish breastfeeding when appropriate.

Activity	Estimated cost
4.1.1 Supporting nurses in Parfitt	Nil
4.1.2 Ed module for M4M who have experienced NICU	Nil
4.1.3 Policy re breastmilk sharing	Nil
4.2.1 NCON & RNS in teleconference re babies returning from NICU	Nil

Goal 5: All women will be supported by well educated, confident health providers to exclusively breastfeed until at least six months.

Activity	Estimated cost
5.1 Deliver Roadshow	Nil
5.2 Develop HealthPathways	Nil
5.3 Develop referral documents	Nil
5.4Develop breastfeeding Friendly Communities	Nil for DHB

Goal 6: All clinical providers, including LMCs, nurses and doctors will feel confident to promote, protect and support breastfeeding at each step of the maternity journey.

Activity	Estimated cost
6.1.1 Deliver education to LMCs (core competency)	Nil
6.1.2 Deliver to hospital employed midwives	Nil
6.1.3 Deliver primary care	Nil
6.2 Deliver education re separating of own experience from professional role	S?
6.3 Education for hospital doctors and GPs	Nil
6.4 Education for health students	Nil

Goal 7: All parents will have access to support to feed their infants in a disaster or civil emergency

Activity	Estimated cost
7.1 Emergency infant feeding	$?

[15] If activity can be reasonably included in current workload of CDHB staff, PHO or NGOs with a service agreement with Planning and Funding then this has not been counted in the funding.

Appendix 5: Baseline Data

		6 weeks				3 months				6 months			
	Year (Jul-Jun)	Exclusive	Full	Partial	Artificial	Exclusive	Full	Partial	Artificial	Exclusive	Full	Partial	Artificial
All New Zealand	2008-2009	54%	11%	17%	17%	40%	14%	17%	29%	16%	11%	34%	39%
	2009-2010	54%	12%	18%	16%	41%	13%	19%	27%	16%	10%	36%	38%
	2010-2011	56%	10%	18%	15%	42%	12%	19%	26%	16%	9%	37%	38%
	2011-2012	56%	10%	19%	15%	42%	13%	19%	26%	16%	9%	38%	37%
	2012-2013	55%	10%	20%	14%	42%	13%	20%	26%	16%	8%	40%	36%
	2013-2014 to mid Jan	56%	10%	20%	13%	43%	13%	19%	25%	17%	8%	40%	34%
Canterbury + Nelson Marlborough + South Canterbury + Southern + West Coast	2008-2009	60%	8%	15%	17%	45%	11%	15%	29%	22%	10%	32%	37%
	2009-2010	60%	7%	15%	18%	48%	7%	16%	28%	21%	8%	33%	38%
	2010-2011	60%	8%	15%	17%	47%	10%	16%	27%	20%	8%	35%	37%
	2011-2012	60%	7%	16%	17%	48%	8%	17%	27%	20%	7%	36%	36%
	2012-2013	56%	10%	17%	16%	44%	12%	18%	26%	18%	8%	38%	35%
	2013-2014 to mid Jan	58%	10%	18%	15%	45%	12%	17%	25%	20%	9%	38%	34%
West Coast	2008-2009	41%	27%	12%	20%	25%	23%	15%	37%	7%	18%	43%	32%
	2009-2010	56%	13%	6%	25%	42%	14%	5%	39%	14%	22%	17%	46%
	2010-2011	66%	11%	7%	17%	52%	13%	12%	23%	18%	18%	26%	39%
	2011-2012	55%	12%	14%	19%	40%	14%	12%	34%	16%	12%	33%	39%
	2012-2013	53%	8%	18%	21%	42%	9%	17%	32%	17%	5%	38%	41%
	2013-2014 to mid Jan	53%	12%	25%	10%	42%	16%	17%	25%	13%	5%	41%	41%

Kay Jenkins

To: Kay Jenkins
Subject: Ministry of Health publication of A Guide to Community Engagement with People with Disabilities
Attachments: guide-community-engagement-people-disabilities-may16.docx

Subject: Ministry of Health publication of A Guide to Community Engagement with People with Disabilities

Good afternoon

This is to let you know that the Ministry of Health recently published *A Guide to Community Engagement with People with Disabilities.*

Please find it attached, and it is also available on the Ministry's website: http://www.health.govt.nz/publication/guide-community-engagement-people-disabilities

The Guide was developed to provide practical tips to anyone engaging with people with disabilities - in order to reduce the barriers to their access to the services that are easily accessible to those without a disability.

Disabled people have frequently told us about their difficulties in accessing health services, and having the effect of their disability on their health treatments understood by clinical staff.

We would ask that you bring this guide to the attention of the disability sub-committee of your Board, and more widely to clinical and reception staff.

If you would like to know more about disabled people's experiences of the health system, please let me know and I can arrange to meet or discuss this with you.

Thank you and kind regards,

Barbara

Barbara Crawford,
Manager Strategy and Contracts,
Disability Support Services, Service Commissioning,
Ministry of Health, PO Box 5013, Wellington 6145

MINISTRY OF HEALTH
MANATŪ HAUORA

New Zealand Government

A Guide to Community Engagement with People with Disabilities

Released 2016 **health.govt.nz**

The Ministry of Health would like to thank Balance NZ, Disabled Persons Assembly, the Association of Blind Citizens of New Zealand Inc (Blind Citizens NZ), Deaf Aotearoa New Zealand, Kāpō Māori Aotearoa New Zealand (Ngāti Kāpō), Deafblind (NZ) Incorporated and People First New Zealand Ngā Tāngata Tuatahi for their active involvement in, and support for, the development of this guide.

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Contents

Introduction

People with disabilities represent a significant percentage of the community.[1] This guide offers practical advice about consulting with people with disabilities and reducing barriers to their full participation in their communities. It was developed in association with disabled people's organisations, to assist agencies such as government departments, local bodies, district health boards, schools and community groups to engage with people with disabilities.

Disabilities are diverse and can range from obvious impairments to invisible conditions. This includes people with:

- a learning/intellectual disability
- physical impairments including mobility impairments, and those who use mobility devices or other assistive technology
- sensory impairments/loss, including those with a vision impairment or who are blind and those with a hearing loss, who are hard of hearing or who are Deaf
- mental health conditions, including those who experience disabling symptoms such as depression, anxiety or psychosis
- neurological impairments such as brain injury
- chronic illness (such as diabetes), as well as those whose experience of disability is 'invisible' (eg, people with auditory processing disorders might be able to hear well in one-to-one conversation, but not if there is background noise in a crowded room).

This guide focuses on engaging with people with learning/intellectual,[2] physical and/or sensory disabilities. However, much of its advice can also be applied to work with people who experience mental health conditions.

The principles of the Treaty of Waitangi (Te Tiriti o Waitangi), the New Zealand Disability Strategy,[a] the Kia Tūtahi Relationship Accord and the United Nations Convention on the Rights of Persons with Disabilities (the UN Convention) all informed the development of this guide.

The UN Convention was established 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'. This guide will help organisations to ensure people with disabilities can access, on an equal basis with others, the physical environment, information and communications.[b]

This guide is a living document that will change over time. If you have feedback or content to add please contact Disability Support Services within the Ministry of Health: disability@moh.govt.nz

[1] In the 2013 New Zealand Disability Survey, almost one in four New Zealanders or 1.1 million people identified as disabled. The survey noted that: 'disability is defined as long-term limitation (resulting from impairment) in a person's ability to carry out daily activities. The limitations identified were self-reported or reported on behalf of the disabled person by their parent or primary caregiver.'
See Statistics New Zealand. 2014. One in four New Zealanders identified as disabled.
URL: www.stats.govt.nz/browse_for_stats/health/disabilities/DisabilitySurvey_MR2013.aspx
(accessed 16 November 2015).

[2] 'Learning/intellectual disability' refers to people previously labelled as 'intellectually disabled'. It does not include learning difficulties experienced in the school setting (eg, dyslexia).

Why equal participation is important

Equal participation of people with disabilities

People with disabilities have long faced considerable barriers to equal participation and involvement in society. The three main barriers that prevent people with disabilities from being active in their communities and having their voices heard are:

- access to information and services – for example, a person with a vision impairment may have difficulty accessing written information about changes in their community; or a person with a hearing loss, is hard of hearing or Deaf, may have difficulties accessing information available only through an 0800 telephone line
- social attitudes and behaviours – for example, there can be an assumption that people with disabilities do not work or have children and therefore do not need accessible transport or parenting support; or that because a disabled person has a physical or sensory loss they will also have a learning/intellectual disability. Discrimination can result in people being marginalised and devalued
- the built environment – for example, a person who uses a wheelchair cannot access a building where the entrance is only accessible by steps.

Building an inclusive society with strong community relationships

This guide aims to improve the lives of people with disabilities by ensuring their voices are heard and that their views inform decision-making. This guide also focuses on strengthening government and community partnerships.

Kia Tūtahi, signed by the Prime Minister and community representatives in 2011, supports building strong relationships between communities and the government. In particular, it commits the government to listening and responding to those not usually included in policy development.

The New Zealand Disability Strategy, launched in 2001, aims to move from a disabling to an inclusive society. The strategy committed the government to developing meaningful partnerships with people with disabilities; it recognises that disabled people are expert in their own lives and their experience of disability. The strategy aims to ensure people with disabilities are informed about, and involved in, decision-making regarding matters that affect them. In the spirit of the strategy, disabled people's organisations and government agencies together led the design of the Disability Action Plan.

Organisations can promote the rights of people with disabilities through accessible and inclusive community engagement. An important step towards meaningful partnership is ensuring all information and communication methods offered to the public are also available in formats appropriate to the differing requirements of people with disabilities.

Engagement planning

Before engaging with people with disabilities

First find out whether there has been any previous engagement. This shows respect for the time and effort of people who have already provided their expert advice.

Then clearly define the:

- purpose and type of engagement you are planning
- timeframe
- feedback you will provide to participants
- expectations of your organisation and the expectations of the participants.

Consider consulting in a number of ways: some forms of communication may be essential for one group, but totally inaccessible to another. Communication aids such as computer technologies/software, picture-based communication boards, whiteboards/pens and speaking devices may help. Your engagement may involve public meetings with New Zealand Sign Language interpreters, accessible online surveys, postal surveys or one-on-one conversations.

Types of engagement

Identify what level of engagement is appropriate for your purpose. The following table describes different levels of engagement.

Inform	One-way communication of information – from your organisation to the community including people with disabilities. In this form of engagement, the community has no input into decision-making	• Websites • Letters
Consult	Two-way communication – between your organisation and the community including people with disabilities. Its purpose is to seek the opinion of the community	• Surveys • Focus groups • Social media
Involve	Working directly with the community during the engagement process, including by seeking feedback and discussing questions	• Workshops • Working/planning groups
Collaborate	A community partnership, including shared decision-making and a co-design approach	• Advisory committees • Reference groups
Lead	A method of engagement in which final decision-making sits with the community	• Voting

Who to engage with

Depending on the purpose of the engagement, in addition to people with disabilities, consider involving other groups, such as disabled people's organisations, carers/carer groups, advocacy groups and whānau support groups.

Disabled people's organisations represent different disability groups; it may be useful to approach organisations representing the particular groups you wish to engage with. See 'Disabled people's organisations and resources' (page 36).

Make an effort to reach people who are often excluded from community engagement. Disabled people's organisations can help with this. In smaller towns there may not be any active disabled people's organisations. In this situation, find out whether other networks or relationships could serve a similar purpose.

Early planning

Begin the process of engagement with people with disabilities as early as possible, allowing enough time to make arrangements such as booking New Zealand Sign Language interpreters, organising travel, or creating accessible information. Keep in mind that when engaging with people with disabilities, some processes may take longer, or involve additional resources. Allow for the possibility that some people might experience difficulties taking part in your engagement process and allow extra time to address potential accessibility issues before they arise.

If the issue you wish to engage on is of widespread interest, allow several months for the engagement process. People with disabilities often find out about an opportunity for engagement or consultation by word of mouth; your time frame should allow for this.

Provide sufficient notice to allow time for people to make arrangements for things like childcare, absence from work and enlisting support people.

Creating Easy Read versions of documents also takes time. Easy Read documents, used by people with learning/intellectual disabilities, use everyday language and use images to assist meaning. See 'Engaging with people with learning/intellectual disabilities' (page 30) for more information and 'Disabled people's organisations and resources' (page 36) for details on People First New Zealand Ngā Tangata Tuatahi's translation service.

Choose a suitable time or times for the engagement, keeping in mind that different people will have different needs. Some people with disabilities prefer to avoid starting a meeting too early in the morning, because they require assistance to start the day. Wheelchair-accessible taxis are often busiest around the time of school runs (9am and 3pm), and are more commonly available during school holidays and at the weekend. Some people with learning/intellectual disabilities may prefer mornings, because they are more rested and find it easier to concentrate at that time.

Personal assistants sometimes help disabled people with tasks such as mobility, communication or personal cares. Ask ahead about personal assistants, and factor them into your planning for engagement.

Allow adequate time for people with disabilities to have proper input. The methods you use (eg, online surveys, focus groups, etc) and people's interest in the topic or issue can influence the time you need to allocate.

Think about whether payment is appropriate to support people with disabilities and/or their support people to participate. Depending on the kind of engagement, an honorarium may be appropriate, or you may consider paying for transport and accommodation costs.

Communication considerations

In order to access information and engage on the same basis as other people, people with disabilities may require particular formats. For example, blind people or those with vision impairments may need you to provide information in a Microsoft Word document (so that it may be read aloud using screen reader software), in a large font, in Braille or in an audible format.

People experience communication difficulties for a range of reasons, including learning/intellectual disabilities, autism spectrum disorder (ASD), brain injuries, cerebral palsy and motor neurone disease. People experience these difficulties in a range of ways. Some may have difficulty in understanding information, or knowing how to respond. Others may have a physical impairment related to the muscles connected to voice or speech. People with ASD experience social and communication impairments. See 'Engaging with people with autism spectrum disorder' (page 32).

Each individual's communication needs will be different; take the time to understand these needs.

On the subject of communication, see also:

- Using written information and printed materials accessibly (page 17)
- Accessible presentations and other verbal communication (page 19)
- Engaging with people with complex communication needs (page 28)
- Engaging with people with learning/intellectual disabilities (page 30) – this includes more information on meeting assistants.

Terminology and language

The Office for Disability Issues, the Ministry of Health and many other agencies use the 'social model of disability'[c] and related terminology.[3] The New Zealand Disability Strategy also uses such terminology.[4] Be aware that not all people with disabilities use the same terminology; some may not even identify themselves as experiencing disability. Some people do not want to be labelled as a person with a disability; others may identify with a particular group – for example the Deaf community – rather than with the group of people with disabilities as a whole. In preference to the term 'people with disabilities', some people prefer 'disabled people' or 'people with impairments'.

3 The 'social model' is based on the notion that although a person may have an 'impairment' (meaning some difference in the body affecting sensory, physical, neurological, mental health or intellectual attributes), disability is created by society. Disability occurs when the world is designed for only one way of being. People are 'disabled' by attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others.

4 Refer to introduction of *The New Zealand Disability Strategy* for information and discussion on the use of the terms 'person with an impairment' and 'disabled people'.

It is best not to make assumptions about preferred terminology; always ask what words the person/group prefers. Respect the preference of an individual or a group in terms of self-identification.

Language has a significant influence on self-identity. Inappropriate language can result in people feeling excluded. The following guidelines may be helpful.

- The word 'disabled' is a description, not a group of people. The collective term 'disabled people' is preferable to 'the disabled'.
- Many people, including People First New Zealand Ngā Tangata Tuatahi, prefer the term 'learning disabilities' instead of 'intellectual disabilities'.
- Many people prefer the term 'psycho-social disability' or 'mental health condition' instead of 'mental illness'.
- Medical labels, such as 'paraplegic', say little about people as individuals, and tend to reinforce stereotypes of people with disabilities as 'patients' or 'sick'. Instead use 'person with/who has/who experiences paraplegia'.
- The term 'vision impaired' is generally accepted by most people. The term 'blind' may not be acceptable, particularly among those who consider they are vision impaired, are partially sighted or have low vision. The term 'legally blind' has different meanings in New Zealand (eg, within the Social Security Act 1964 and within the Blind Foundation's criteria). Therefore, although some people may use this term to describe themselves, avoid using it as a generic term.
- Wheelchairs provide their users with mobility. It is therefore inaccurate to describe people who use wheelchairs as 'confined to' their wheelchairs or 'wheelchair-bound', and can be offensive.
- Most people with disabilities are comfortable with words used to describe daily living that do not apply to them literally. People who use wheelchairs 'go for walks'. People with vision impairments may be pleased to 'see' you.
- In talking about disabilities, avoid emotive language; in particular, phrases such as 'suffers from', 'victim of' or 'afflicted with'. These are likely to evoke discomfort; they are inappropriate, incorrect and potentially offensive.
- People with disabilities prefer to be treated the same as everyone else. For this reason, terms such as 'inspirational' and 'brave' can be perceived as condescending. Just like everyone else, people with disabilities have a range of skills, expertise and life experiences.

Cultural considerations

People with disabilities are members of many groups and may identify more immediately with one of these groups. For example some people who have a hearing loss identify primarily as being Deaf. This identity is grounded within the Deaf culture with its own sign language, beliefs, values and history.

Engagement with Māori

Te Tiriti o Waitangi is the foundation document of New Zealand. It places a significant responsibility on government agencies to address the needs of Māori as the indigenous people of Aotearoa (New Zealand). The Ministry of Health implements the Treaty by applying the principles of partnership, protection and participation. This includes Māori participation in policy development and service delivery.

The New Zealand government has committed to improving outcomes for Māori with disabilities as set out in Whāia Te Ao Mārama, the Māori Disability Action Plan.[d]
www.health.govt.nz/our-work/disability-services/maori-disability-support-services/whaia-te-ao-marama-maori-disability-action-plan

Whāia Te Ao Mārama is a 'culturally anchored approach developed in collaboration with Māori disabled and whānau to support Māori disabled and their whānau through Ministry of Health-funded disability support services. The approach is from a Māori world view which also recognises that Māori disabled know what works for them'. The plan is based on the concept of tino rangatiratanga (personal sovereignty or self-determination) and taking control of one's own life.

Whāia Te Ao Mārama makes a commitment to establishing and maintaining 'Good partnerships with whānau, hapū, iwi and Māori communities'. Accordingly, it aims to improve the quality of community engagement with whānau, hapū and iwi; community leaders; and other groups. It is important to build effective relationships with Māori and to acknowledge and respect the mana and tikanga of Māori individuals and groups when participating in community engagement.

In 2010, Te Roopu Tīaki Hunga Hauā Māori Disability Network Group produced *Te Whakaaheitanga Marae – Kua wātea te huarahi, the Marae Accessibility Report*, a resource which aims to enable 'Kaumātua and whānau with health and disability impairments to actively engage at marae and remain effective contributors to their marae'.[e]
www.kapomaori.com/docs/accessable_marae_toolkit.pdf

For more information on Kāpō Māori Aotearoa, see 'A Guide to Community Engagement with People with Disabilities' (page 36). For more information about accessible marae and disability support services, see the Ministry of Health's website.
www.health.govt.nz/our-work/disability-services/maori-disability-support-services

Engagement with Pacific peoples

The New Zealand government has committed to improving outcomes for Pacific peoples with disabilities, as set out in Faiva Ora, the Pasifika Disability Action Plan.[f]

Pacific peoples in New Zealand usually identify with the Pacific Island nation(s) they or their aiga/families descend from (Samoa, Tonga, Fiji, Cook Islands, Niue, Tokelau or Tuvalu). Each of these nations has a distinct culture, language and set of values. Consider these aspects when engaging with members of the Pacific community. Some older Pacific peoples do not understand spoken or written English, and interpreters may be needed.

Open a meeting/fono with a prayer. Acknowledge individuals who have cultural status in a meeting, such as Tongan nobility, church ministers, Samoan matai (chief), respected elders and others. Pasifika people with disabilities may have aiga present to support them in a fono; in some cases, they may have their aiga speak on their behalf. Take the time to observe protocols and practices. See 'Further resources and organisations' (page 39).

Le Va's *Organisational Guidelines for Disability Support Services*[g] provides useful advice on engaging and working with Pasifika people with disabilities and their families, supported by case studies, best practice and reflective questions.
www.leva.co.nz/library/leva/organisational-guidelines-for-disability-support-services-working-with-pasifika-people-with-disabilities-and-their-families

Engagement with Asian communities

Consider the cultural and linguistic diversity of Asian communities, and whether or not you will need a translator. Although it is unlikely that a qualified tri-lingual Asian language sign language interpreter will be available, a New Zealand Sign Language agency may have alternate suggestions to assist your engagement with a particular group.

Refugees and other culturally and linguistically diverse groups

Different cultures have different understandings of, and attitudes towards, disability. For example, some cultures see disability as a 'curse' and something to be kept hidden from society. This may influence the approach you need to engage with particular communities.

In planning engagement with these communities, consider the role, and attendance, of family members, including their attendance at meetings. A communication plan specifically for culturally and linguistically diverse communities may be helpful. The Ministry of Health's *Refugee Health Care: A Handbook for Health Professionals*[h] contains useful advice on engaging with refugees, supported by case studies, best practice and reflective questions.
www.health.govt.nz/our-work/populations/refugee-health

Keep in mind certain times of year hold particular cultural and religious significance for groups (eg, Christmas, Chinese New Year, Ramadan). Try to avoid these dates when setting meetings and consultation timeframes.

On the subject of cultural considerations, see 'Government agencies and resources' (page 37) for information on:

- refugee health from the Ministry of Health
- working with ethnic communities from the Office of Ethnic Communities
- consulting diverse communities and groups (available on the Community Matters website)
  www.communitymatters.govt.nz/Good-Practice-Participate
- resources designed to strengthen communities (available on the CommunityNet Aotearoa website), including diversity toolkits and communication guides
  www.community.net.nz
- eCald, a website who are migrants and refugees from Asian, Middle Eastern, Latin American and African (MELAA) backgrounds. This website has resources on how to ensure services for culturally and linguistically diverse groups are accessible, culturally appropriate, effective and safe.
  www.ecald.com

Venue accessibility

Choose an accessible venue when you are planning for community engagement, particularly for events with an open invitation. Allow time to secure an accessible venue. Before you book a venue, visit it to ensure that it meets the needs of your intended participants. If you are unsure, consult intended participants themselves.

New Zealand Standard 4121 sets out the accessibility requirements for many public buildings.
www.standards.co.nz/assets/Publication-files/NZS4121-2001.pdf

Often an accessible venue uses the International Symbol of Access (the symbol of a person in a wheelchair) to indicate that it meets this standard and can be used by people with disabilities

(not just those people who use wheelchairs). In addition to letting people know if the venue is accessible, the symbol can also be used on directional signage to let people know where ramps, mobility parks or accessible toilets are located and on these facilities directly.[i]
www.building.govt.nz/international-symbol#aid2

See 'Venue accessibility' (page 21) for more information.

Web accessibility and online engagement

If some or all of your engagement process will be online (eg, surveys, publication of results, etc), consider accessibility. The New Zealand Web Accessibility Standard 1.1 and the Web Usability Standard 1.2 came into effect on 1 July 2013,[j] to bring government websites up to the international Web Content Accessibility Guidelines (WCAG) 2.0.[k]

All website information must be:

- perceivable – available in multiple formats, to suit users' requirements (eg, non-text content is also available in text form)
- operable – able to be navigated by all people without causing issues (including by people who navigate pages solely through the keyboard, or who can have seizures triggered by flashing content)
- understandable – easy to understand, and presented according to a website design that is simple to interact with and minimise user mistakes
- robust – compatible with other technologies (eg, assistive technology such as screen readers).

There are increasing opportunities to New Zealand Sign Language video clips on your website. For more information see the New Zealand Government Web Toolkit.
www.webtoolkit.govt.nz

Remember that many people may not have access to the internet.

Feedback

Prior to or during the engagement process, tell those participating that you will communicate your findings back to them, and follow through on this promise. If you have undertaken a survey, consider publishing the results in your next newsletter or on your website. If people are consulted with, they generally want to know that their views helped inform decision-making.

As with all community engagement, providing feedback helps build trust in your organisation. Poor communication, attitudes, or experiences can compromise future engagement.

When providing feedback to people with disabilities, ensure it is accessible.

Ensuring safety in the engagement process

While you are carrying out an engagement process, you may see or overhear something that indicates that a person with a disability may be a victim of violence, abuse, neglect or exploitation. Such maltreatment can be physical, sexual, verbal, emotional, financial or organisational.

The Crimes Amendment Act (No 3) 2011 requires the reporting of harm to vulnerable adults. The Act defines a vulnerable adult as 'a person unable, by reason of detention, age, sickness, mental impairment, or any other cause to withdraw himself or herself from the care or charge of another person'.
www.legislation.govt.nz/act/public/2011/0079/latest/DLM3650006.html

Protecting vulnerable children is everyone's responsibility. The Vulnerable Children Act 2014 and the Vulnerable Children's Action Plan support the safety and protection of all children. Whether you're a family or whānau member, friend, neighbour, teacher, or workmate, there are things you can do to protect children from abuse and neglect.
www.legislation.govt.nz/act/public/2014/0040/latest/DLM5501618.html

If you suspect a disabled person is being abused, first raise the concerns with that person: he or she has the right to make a complaint and is the only one who understands the situation. If after this discussion you remain concerned, see 'Making a complaint or raising concerns' (page 35) for more details on agencies and organisations that can help.

Ensure that your own actions or inactions, and those of others in your organisation, do not cause injury or harm to those participating.

Undertaking an accessible community engagement process

In undertaking the engagement, the following guidelines may be useful.

- Ask disabled people about the support they require. If you feel the question may be sensitive, wait for an appropriate opportunity to discuss it privately.
- Some people with disabilities will need slightly more time for an activity, or will require alternative forms of communication.
- You may need to conduct conversations at a slightly slower pace than you are used to. Allow people time to finish what they are saying.
- At the beginning of a meeting, facilitate a round of introductions; one important purpose of this is to help people who are blind or those with low vision know who is in the room.
- Make sure that only one person speaks at a time; this will make it easier for everyone including New Zealand Sign Language interpreters. Ask people to raise their hands if they wish to speak, or otherwise visually indicate the intention; this will give Deaf people an equal opportunity to contribute.
- Provide breaks. These may need to be slightly longer than you are used to. Let people know that they are welcome to leave the room to meet their own needs and that they can return when they are ready. Also consider allowing time before and after the meeting for people to talk to each other. People may use this time as an informal opportunity to discuss the issues, to clarify their thoughts and to make community connections.
- Make sure everyone knows where the toilets and the accessible toilets are, keeping in mind that some people may need spoken directions, or may require sighted guide assistance.
- Provide food if necessary. Finger food may be easiest.
  - Make sure the food is accessible to everyone, and that assistance is available if necessary. Think about the placement of food in the room; for example, keep in mind people who use a wheelchair.
  - Supply plenty of napkins and a range of cups, including mugs with handles. Some people may require straws; although some who require straws will bring their own.
- Do not interact with guide or assistance dogs while they are working – even by making eye contact. Never attempt to feed an assistance dog.
- Speak louder only if someone requests it. Respectfully repeat what has been said if someone asks you to.
- When you are communicating directly with someone, make eye contact with that person, rather than with their interpreter or assistant. Some people may come to a meeting with an assistant whose role it is to translate complex information to aid the person's understanding. The assistant's role is to enhance the person's participation and understanding, and to foster opportunities for the person to contribute to discussion.

Engagement checklist

Purpose

- What is the purpose of the engagement?
- What will be gained from the engagement process?
- What questions/issues will the engagement process cover?
- Has engagement occurred previously on these issues? If so, consider feedback from that engagement so as to avoid an unnecessary and repetitive process. Similarly, have other organisations undertaken engagement that would be useful to you?

Who are you engaging?

- Which individuals and groups should contribute to the issues and decisions?
- Who is affected by the decisions?
- Have you considered all groups (including people with disabilities, disabled people's organisations, advocacy groups, carers, whānau and associated support groups)?
  - See 'Who to engage with' (page 4) for more information on stakeholder groups and the range of impairments within the disability community.
  - See 'Cultural considerations' (page 6) for information on protocols and other customs to consider when planning the engagement.

For information on working with people with particular impairments, see:

- Engaging with people who are blind or vision impaired (page 23)
- Engaging with people with hearing loss, who are hard of hearing or who are Deaf (page 26)
- Engaging with people with complex communication needs (page 28)
- Engaging with people with learning/intellectual disabilities (page 30)
- Engaging with people with autism spectrum disorder (page 32).

How will the engagement process work?

What type of engagement will you undertake? See 'Types of engagement' (page 3).

Communication

- Is it clear who is being consulted, about what, when and for what purpose?
- Is the information as clear, simple and concise as possible?
- Will the engagement process generate interest from the media? Consider developing a communications plan, key messages and/or media statements.
- See the accessibility section below to ensure your communications are suitable.

Accessibility

- Have you considered the needs of all participants?
- Will you use images, diagrams, graphs or tables in the engagement materials?
  See 'Using images, diagrams, graphs and tables accessibly' (page 15).
- Will you use a website or other online tools in the engagement process?
  See 'Web accessibility and online engagement' (page 9).
- Will you produce written material in the engagement process?
  See 'Using written information and printed materials accessibly' (page 17).
- Will you give presentations in the engagement process?
  See 'Accessible presentations and other verbal communication' (page 19).
- If you are using a venue, is it accessible?
  See 'Venue accessibility' (page 21).

Timelines

- When will things happen or need to happen?
- What are the timeframes for decisions?
- Has sufficient preparation time been allowed?
- Consider the time it will take to book New Zealand Sign Language interpreters and accessible venues, and to make travel arrangements. See 'Early planning' (page 4) for more information.

Resources and budget

- What is your available budget?
- Will you incur costs for the following?
  - Venue hire
  - Catering (food, coffee, tea, etc)
  - Koha
  - Engagement materials (including publication, printing and distribution)
  - Stationery or equipment (rental of projectors, laptops, large paper and pens for workshops, etc)
  - Advertisement or promotion costs (including promoting your event and recruit of participants)
  - External facilitators
  - Interpreters/translators (See 'Further resources and organisations' on page 39 for information on booking New Zealand Sign Language interpreters)
  - Data analysts or data entry
  - Compensation for participants for their time (honorarium or payment) and/or travel (taxis, mileage, petrol and/or parking) or any other associated expenses.

Analysis and reporting

- What information will be collected from participants?
- What reporting is needed? (eg, to decision makers, community, stakeholders)
- Will you use images, diagrams, graphs or tables in your reports?
  See 'Using images, diagrams, graphs and tables accessibly' (page 15).
- Will you use testimonials to support the reports?
  See 'Using testimonials' (page 18).
- How will the success of the engagement be determined?
- After the process is complete, it is helpful to reflect on the engagement. Can any improvements be made next time?
- Is any support required for data analysis or data entry?

Feedback

- Will you provide feedback to participants? If so, what level and type? When will you provide feedback?
  See 'Feedback' (page 9).
- How will you provide feedback? Consider the format – including the accessibility of your communication, follow-up meetings, websites, etc. For information on ensuring feedback is accessible, see:
  - Web accessibility and online engagement (page 9)
  - Using written information and printed materials accessibly (page 17)
  - Accessible presentations and other verbal communication (page 19).
- Will participants continue to be contacted? Is ongoing discussion or communication needed?
- Ensure that participants are acknowledged and thanked for their time and expertise in the consultation process.

Review and reflection

- Will you seek feedback on the engagement process?
- If so, you could ask some of the following questions.
  - Was anyone left out who should have been included?
  - Did participants feel satisfied with the process?
  - Did people feel listened to, heard and respected?
  - Were participants satisfied with the feedback you provided on how their input was used?
  - Was the process useful for achieving the desired outcomes?
  - Were time and money used efficiently?
  - Were there any unintended consequences?
  - What could have been done differently and why?

Using images, diagrams, graphs and tables accessibly

Using images, diagrams and graphs

When using images, diagrams and graphs, include a brief written description of the image, to help those who are blind or vision impaired engage with the material.

Consider these tips.

- Some software programmes offer accessibility features for images. For example, Microsoft uses Alt Text, which allows the writer to include a title and description of the image. The screen reader reads the title of the image and allows the person to choose whether or not to hear the content of the description. Alt Text is accessed by right clicking on the picture, selecting Format Picture, then selecting Alt Text.
- When you are presenting in person, describe images verbally. Do not tell the whole room that this is for the benefit of a particular person or people who are blind or who have a vision impairment.
- Microsoft Office 2010 and Acrobat Pro (and some other programmes) have an 'Accessibility Checker' feature that will check a document for accessibility issues. Note that it may not check for all potential issues (eg, it cannot check for colour contrast).

An example of an image and description

This is a photograph of a young man in his wheelchair on the Wellington waterfront with distant people walking in the background. The man's attention is focused past the camera at whatever he is moving towards.

Using tables

Information provided in table formats is sometimes incompatible with screen reader software. Tables are also difficult when you are producing large print documents – in this case, think about other ways to present the same information without a table.

Consider these tips.

- Use a table only for presenting data, rather than for design/layout purposes.
- Do not merge cells or split cells, as screen readers are unable to interpret this information accurately.
- Keep tables simple to understand by including one piece of information per cell.
- Avoid using blank cells for formatting purposes, as this can be misleading.
- When using Microsoft Word, use the bookmark feature for tables; this enables people using screen readers to effectively navigate the document. To do this, put the cursor in the top right-hand box of the table, click 'insert', then type a bookmark name (eg, 'title1') and click 'add'. Different bookmark names are needed for each table.
- Where available use programmes' 'Accessibility Checker' features, as described in 'Using images, diagrams and graphs' above.

Using written information and printed materials accessibly

When preparing written information for use within your engagement process, consider the following guidelines.

- To meet most people's needs, use a larger-than-usual font size, and ensure the font size is never less than 12 points.
- Produce a large print version (a minimum of 16-point font, but preferably 18) for people with vision impairments or those with learning/intellectual disabilities.
- Use plain sans-serif fonts (a font without the 'serifs' or small lines attached to the bottom of letters or symbols), such as Arial, Tahoma or Calibri
- Information provided in table formats is sometimes incompatible with screen reader software packages used by blind people or those with vision impairments. Tables are also difficult when producing large print – think about ways you could present the same information without a table. See 'Using images, diagrams, graphs and tables accessibly' (page 15).
- Use paper thick enough so that text from the other side of the page will not show through.
- Use standard capital and lower case sentences, even in headings: text in all-capitals is harder to read. Use bold text for emphasis, rather than italics, which are harder to read. Reserve underscored text for hyperlinks.
- Have an identical margin width on either side of the text.
- Set margins justified to the left, with the right margin unjustified.
- Use non-reflective paper in white or pale colours, and print in a dark colour, preferably black: high-contrast text is easier to read. Avoid colour combinations with low contrast (eg, blue print on a green background).
- Include a brief description under images and diagrams. See further 'Using images, diagrams, graphs and tables accessibly' (page 15).
- Do not place text over graphics, background patterns, blocks of colour or dark shading.
- Many PDF files (eg, scanned documents) are incompatible with screen reader software packages (which turn text into speech), and therefore people with vision impairments might find it difficult to use them. In this case, publish a Word document or HTML version (if you are publishing on the web) alongside PDFs.
- Electronic Word documents are generally accessible to people with low or no vision if they are using electronic screen readers. You may also consider providing an audible version of a document (eg, in a DVD/CD or MP3 file) or a Braille translation. Discuss participants' preferences in this regard ahead of time.
- Use everyday language and avoid jargon.
- You may need to provide an Easy Read translation of a document for people with learning/intellectual disabilities. A support person or meeting assistant may be able to assist the person to understand the documents prior to the meeting. Regardless, providing the information in advance to meeting assistants can help them be prepared to support the person during the event. See 'Engaging with people with learning/intellectual disabilities' (page 30).

Using testimonials

Testimonials are a great way of capturing the voice of your participants at the feedback stage. They enable your audience to better understand the material you have provided. They can add credibility and substantiate the results you are presenting.

Seek permission from participants before using a testimonial.

Here is an example testimonial.

Testimonial: government disability strategy development

> During the planning stage of their new disability strategy, one of the government departments got in touch with DPOs [disabled people's organisations] and asked them the best ways to plan a consultation meeting with disabled people. They wanted advice from a diverse range of disabled people on the development and implementation of the strategy, so we worked with them on planning the content and form of the meeting, and they got a disabled person to facilitate it too. It was really great – I thought the meeting was inclusive, and engaged with the right people. And the department were happy too – they said they received helpful feedback on their new strategy and had ideas about how to move forward.
>
> – Feedback from a person after attending a joint planning meeting

Accessible presentations and other verbal communication

When preparing for discussions, presentations and any other verbal communication, consider the following guidelines.

- Speak clearly, at a measured pace, with even intonation.
- Consider how many New Zealand Sign Language interpreters you require. You will need two interpreters, who can take turns, if a meeting goes longer than 1.5 hours or requires technically complicated signing. It is best to discuss this with the interpreting agency.
- It can be difficult to book New Zealand Sign Language interpreters, as there is a shortage, so do so in advance – this is particularly true of tri-lingual interpreters (eg, Te Reo–English–New Zealand Sign Language). See 'Further resources and organisations' (page 39) for information on booking New Zealand Sign Language interpreters.
- Send any written material to be used at the event to the interpreters ahead of time.
- If a sign language interpreter is not available, or you wish to engage with Deaf participants who do not use New Zealand Sign Language, consider using an electronic note-taker/live captioning to transcribe the discussion in real time; this will transfer your material on to a data show or computer screen which the participant can read.
- Ensure there is enough light on the Sign Language interpreter, so that participants can clearly see both the interpreter's hand movements as well as their lips.
- Consider using a hearing loop. Set it up in advance, and test it before the event to ensure it is functioning. Always use a microphone when a hearing loop[5] is in use, and say your name before speaking. People using hearing loops often cannot differentiate between different voices over the loop, as all voices tend to sound mechanical.
- Deafblind people use a variety of communication strategies, depending on the nature and extent of their vision and hearing impairment/loss, including modified sign language and tactile signing. Appropriate lighting is particularly important. Discuss communication options with participants, and contact Deafblind New Zealand for advice.
- If you are conducting a meeting, provide an agenda, and then try to keep to the agenda topics in the order they are listed. This will be helpful for people with learning/intellectual disabilities.
- At times, you may need to conduct conversation and presentations at a slightly slower pace, to enable all participants time to have their say.
- When you are asking for comments from the audience, have at least one person (depending on the size and configuration of the group) ready to take a microphone to participants, and ensure that Sign Language interpreters have a microphone available. Be aware that you may need more than one microphone.
- Be prepared to offer to have a minute taker. Also consider the use of a reader/writer for people who have short-term memory loss and for those with learning/intellectual disabilities, when conducting surveys or asking for feedback.
- Avoid using acronyms, and say all names in full.

[5] A hearing loop is a system that enhances sound sources such as a microphone or PA system, and is transmitted directly to hearing aids that have a telecoil attachment. With a telecoil, hearing aids do not have to use their microphone, and ambient noise is decreased. Hearing loops can be permanently set up in a venue, or portable varieties can be used.

Presentations

- When planning for a presentation, find out the specific needs of the audience in advance, so that you can prepare accessible materials.
- When using a PowerPoint or overhead presentation, keep sentences short and easy to read. Limit key ideas to four per slide.
- Read presentations in full, and describe images, diagrams, graphs and tables. Do not tell the whole room that this is for the benefit of people who are blind or have a vision impairment. See 'Using images, diagrams, graphs and tables accessibly' (page 15).
- If possible, prior to the meeting, provide a copy of PowerPoint presentations or Word documents electronically and/or in large font to anyone with a vision impairment, and to meeting assistants. For more information on meeting assistants, see 'Engaging with people with learning/intellectual disabilities' (page 30).
- Provide a copy of your presentation to New Zealand Sign Language interpreters in advance, so that they can familiarise themselves with the content.
- Consider providing information in advance to people with learning/intellectual disabilities, to allow them time to read and understand your material.
- If you are engaging New Zealand Sign Language interpreters, discuss with them the speed at which presenters should speak, and whether they will need to pause to allow interpreters to swap over.
- If you are going to use videos in presentations, consider inserting captions or video clips of New Zealand Sign Language interpreters.
- Where possible, do not have presenters stand in front of windows or with a lot of light behind them. Lighting may obstruct some people's ability to pick up on visual cues and other non-verbal messages, such as gestures. It also restricts communication with people who depend on lip-reading.

Venue accessibility

New Zealand Standard 4121 sets out the accessibility requirements for many public buildings. It is a useful resource to help understand accessibility requirements for a venue and when looking to confirm if a venue meets these requirements.
www.standards.co.nz/assets/Publication-files/NZS4121-2001.pdf

Some key points to consider when choosing a venue are as follows.

- When planning events with an open invitation, ensure the venue is accessible for all people with disabilities.
- Often an accessible venue uses the International Symbol of Access (the symbol of a person in a wheelchair) to indicate that it meets this standard and can be used by people with disabilities (not just by people who use wheelchairs).
  www.building.govt.nz/international-symbol#aid2
- Allow time to secure an accessible venue for your engagement. Before you book a venue, visit it to ensure that it meets the needs of your intended participants. If you are unsure, consult intended participants themselves.
- Consider availability and cost of transport to and from the venue. Venues should be accessible by public transport. Provide directions and transport information. This is likely to include public transport options, the availability of mobility/accessible parking and kerb ramps, and whether there is a telephone in the venue for ringing taxis. It may be appropriate to organise accessible transport if several people require it.
- Check whether venue, the toilets and the dining areas, are wheelchair accessible.
- Ideally, door widths should be 850mm, to accommodate wheelchairs and mobility scooters, and should be easy to open. Doors should be light, preferably sliding, and with low door handles. If doors are difficult to open, consider having someone to assist people to open them.
- Plan and communicate emergency evacuation procedures. Ask people if they require assistance in an emergency, and be prepared to provide the necessary support. Note how many people indicated that they would require such assistance, and make sure you have a plan to provide it to everybody.
- Ideally, if there are stairs at the venue they should have handrails.
- Check the venue has toilets that are able to be accessed by people using wheelchairs or other mobility aids. Note toilets are not accessible if they are up or down a flight of stairs.
- Preferably, the venue should include a lawn area for guide or assistance dogs, or one should be available close enough that the handler can safely toilet their dogs.
- Ideally, the venue should have high-contrast signage on entries, exits, and toilet facilities for people with vision impairments. The signs should include pictures, as well as text, for people who find reading difficult.
- Make sure the venue has appropriate lighting for people with vision impairments and for users of New Zealand Sign Language. Sign language interpreters need to be well positioned, so that their face, hands and body can be easily seen. Reserve seats opposite the sign language interpreter(s) for Deaf people. Ensure there are no barriers, such as poles, that may obstruct the Deaf person's view of the interpreters.
- Many people who use wheelchairs prefer to sit at tables in meetings.

- Check the venue has sufficient space for people using wheelchairs and mobility scooters to enter, exit and circulate easily. Ideally, hallways should be able to accommodate two people using wheelchairs side by side.
- Check whether the venue has a hearing loop; if not, consider hiring one. Set it up in advance, and test it before the event to ensure it is functioning.
- Some people with disabilities use electronic equipment such as laptops and tablets for communication, and will need access to a multi-plug power outlet.
- Provide participants with the name of a contact person (and their phone number and email address) who will be available to answer questions or address issues on the day.
- There may be people unable to attend a venue regardless of its level of accessibility. In this case, consider using teleconferencing facilities. Bear in mind that teleconferences do not work well for people with learning/intellectual disabilities and Deaf people, and do not work at all for people who use hearing loops.
- If you are planning a standing-only event, provide some seating for those who may require it.
- Consider how to accommodate people who benefit from a quiet space free from a lot of people and noise.

Engaging with people who are blind or vision impaired

This section provides a summary of the information in this guide, and additional tips to support an effective engagement process with people who are blind or who have a vision impairment.

General

The term 'vision impaired' is generally accepted by most people. The term 'blind' may not be acceptable, particularly among those who consider they are vision impaired, are partially sighted or have low vision. The term 'legally blind' has different meanings in New Zealand (eg, within the Social Security Act 1964 and within the Blind Foundation's criteria). Therefore, although some people may use this term to describe themselves, you should avoid using it as a generic term.

As a general principle, when you are undertaking engagement with people who are blind or vision impaired, let people know what is happening. For example, let people know where their chair is, and where you have placed their tea or coffee, or what food is available.

Where possible, keep pathways clear to allow people to easily navigate throughout the room.

Accessible materials

In creating accessible materials for people who are blind or vision impaired, follow these guidelines.

- Consider providing written information in advance in large print format, as a Word document (so that it may be read aloud using screen reader software), in Braille or in audible format.
- In electronic publications, provide descriptions below images, or, alternatively, use Microsoft's feature for screen readers called Alt Text. Alt Text allows the writer to include a title and description of the image. The screen reader will read the title of the image and allow the person to choose whether or not to hear the description of its content. Alt Text is accessed by right clicking on the picture, selecting Format Picture, then selecting Alt Text. Other software programmes may offer similar features. See 'Using images, diagrams, graphs and tables accessibly' (page 15).
- Information provided in table formats is sometimes incompatible with screen reader software packages used by blind people or those with vision impairments. Again the Alt Text function can be used to give the table a title and description which can be read by the electronic screen reader.
- Tables are also difficult when producing large print – think about ways you could present the same information without a table. See 'Using images, diagrams, graphs and tables accessibly' (page 15).
- Expense claim and feedback forms need to be accessible. If possible provide these to people in advance or accept feedback in alternative forms, such as electronically after the meeting.
- Microsoft Office 2010 and Acrobat Pro (and some other programmes) have an 'Accessibility Checker' feature that will check a document for accessibility issues. Note that it cannot check for all potential issues (eg, it cannot check for colour contrast).

Presentations

In planning presentations for people who are blind or vision impaired, follow these guidelines.

- At the beginning of a meeting, facilitate a round of introductions. If it is not possible to introduce everyone, ensure you note key people and presenters. One important purpose of this is to help people who are blind or those with low vision know who is in the room.
- Read presentations in full, and describe images, diagrams, graphs and tables. Do not tell the whole room that this is for the benefit of people who are blind or have a vision impairment. See further 'Using images, diagrams, graphs and tables accessibly' (page 15).

Inclusive meeting practices for blind participants

Blind Citizens NZ is a disabled people's organisation that provides advocacy for blind and vision impaired people. The material that appears here was originally produced by the Association of Blind Citizens NZ, and is reproduced with their kind permission.
www.abcnz.org.nz

The following guidelines are designed to assist organisations to make their meeting practices and/or committee processes inclusive of the needs of blind and vision impaired people.

1. **Meeting agendas and minutes:** Blind representatives must be able to specify the format in which they choose to receive these documents (ie, large print, Braille, audio cassette or an electronic format). Their first choice should be honoured regardless of their ability to access the material by other means. Some forward planning may be needed to ensure that blind participants receive their material at approximately the same time as sighted participants receive theirs.

2. **Venue:** As a common courtesy, it is often helpful for a blind person to receive information about and/or a 'conducted tour' of the facilities being used. If the blind participant uses a guide dog as a mobility aid, the dog's toileting requirements must also be considered when choosing a venue. If the venue has no grass or garden area, or such areas are not in easy reach of the venue, then some other party may need to be on hand to accompany the blind dog-handler to find a suitable area.

3. **Roll call:** Every meeting should begin with a 'roll call' in which participants are asked to clearly identify themselves. This also indicates to the blind person where everyone is seated. If someone arrives late or departs during the meeting, this information should also be conveyed at the earliest possible opportunity. These steps are critical, since even if all meeting participants are known to one another, a blind person can often be unaware of who is in the room. The roll call should be repeated in future sessions if a change has occurred in those present or seating arrangements have altered.

4. **Establishing the process for seeking the floor:** The process for gaining the right to speak at a meeting should be made clear by the chairperson at the beginning of discussion. Unless clearly indicated, a blind person may be unclear as to whether hands are being raised to catch the attention of the chairperson, whether people simply speak up, or some other method is being used. Whatever the method, visual techniques such as catching the chairperson's eye to get their attention should be avoided.

5. **Use of printed or visual material in meetings:** Any material distributed in print during a meeting must also be available in the blind participant's preferred format. As the reading speed of some participants may not permit them to read the information as quickly as a standard print user, and certain computer technologies may not be portable, such material should be circulated in advance if at all possible. The use of overheads and

black/whiteboards should be accompanied with copies of the material in the blind person's preferred format in advance of the meeting. At the very least, a verbal description of the content of each overhead or white/blackboard currently displayed should be standard practice.

6. **Taking notes:** When a blind participant wishes to take notes of a meeting, and an audio recording is the only option available to them, they should be allowed to do so but must inform the meeting that a recording is being made. It must be clear that the audio recording is for the blind participant's exclusive use unless otherwise agreed, that recording will take place only in those parts of the meeting when taking notes is permitted and that any misuse of the recording may constitute a breach of confidentiality.

Guidelines for interacting with guide dogs

The Blind Foundation is an organisation that provides support to people who are blind or have low vision. The material that appears here was originally produced by the Blind Foundation, and is reproduced with their kind permission. www.blindfoundation.org.nz

Guide dogs are friendly by nature; your help is required to maintain their good manners.

Please DO NOT interact with a guide dog unless the dog's handler gives permission.

When settling a guide dog into a new environment, no interaction is advisable for the first couple of weeks. Once the dog has settled in, the handler may start to allow limited interaction, dependent on the dog's behaviour.

No interaction includes:

- avoid eye contact with the dog
- don't talk to the dog
- don't feed the dog.

If the dog attempts to interact with you, please ignore it, move away if necessary, or turn your back on the dog.

These guidelines are for the safety of the guide dog handler. If a guide dog gets distracted or excited by people then it can be a safety risk and may have to be withdrawn from guiding work.

If the handler does give permission for you to interact with the guide dog, please ensure you maintain a calm voice and gentle handling. The aim is not to excite the dog too much in a workplace or public place. Guide dogs get plenty of time to play and have fun when off duty. But when in a workplace we must ensure appropriate behaviour is maintained.

If you have any questions please feel free to contact Blind Foundation Guide Dogs (09 269 0400) or talk to the guide dog handler directly.

For more information also see:

- Using written information and printed materials accessibly (page 17)
- Accessible presentations and other verbal communication (page 19).

Engaging with people with hearing loss, who are hard of hearing or who are Deaf

This section provides a summary of the information in this guide, and gives additional tips to support an effective engagement process with people with a hearing loss, who are hard of hearing or who are Deaf.

General

In general, follow these guidelines.

- Make sure that only one person speaks at a time; this will make it easier for everyone, including New Zealand Sign Language interpreters. Ask people to raise their hands if they wish to speak, or otherwise visually indicate the intention; this will give Deaf people an equal opportunity to contribute.
- Some people who have a hearing loss identify as being Deaf. This identity is grounded within the Deaf culture with its own language, values and history.
- Many people with a hearing loss do not use sign language interpreters. They may however use a personal assistive listening system. This can either be in the form of a personal microphone which amplifies sound, or it may use FM radio frequencies to send sound from the source e.g. a presenter using a microphone, directly to the listener. The system can be connected to a hearing aid, a cochlear implant, or received through a headset.
- Make sure that people with hearing impairments have the option of sitting near the front of the room as many people with hearing loss need to be able to see body language and lip movements in order to understand what is being said.
- If you are using breakout groups, be prepared to offer a separate room for people with hearing impairments, as the background noise of multiple groups working in the same room can make it very difficult for people using hearing aids or other assistive listening devices to hear what is being said in their own group.
- Always use a microphone when a hearing loop is in use, and request speakers to say their names before speaking. People using hearing loops often cannot differentiate between different voices, as all tend to sound mechanical.

New Zealand Sign Language interpreters

If you are considering hiring a New Zealand Sign Language interpreter, follow these guidelines.

- Preferably, book New Zealand Sign Language interpreters at least four weeks in advance, as there is a shortage of trained interpreters. This is particularly true of tri-lingual interpreters (eg, Te Reo–English–New Zealand Sign Language).
- Although it is unlikely that a qualified tri-lingual sign language interpreter will be available, a New Zealand Sign Language agency may have alternate suggestions that could assist the engagement with a particular non-English speaking group; discuss your needs with them.
- Consider how many interpreters you require. You will need at least two interpreters, who can take turns, if a meeting goes longer than 1.5 hours or requires technically complicated signing. It is best to discuss this with the interpreting agency.
- If you are engaging interpreters, discuss with them the speed at which presenters should speak, and whether they will need a pause to allow interpreters to swap over.
- Send any written material you will use at the event to the interpreters ahead of time, to allow them to familiarise themselves with the content.

- Make sure the venue has appropriate lighting for hard of hearing people who rely on lip-reading and for users of sign language. Sign language interpreters need to be well lit, so that their face, hands and body can be easily seen. Reserve seats opposite interpreters for Deaf people. Ensure there are no barriers, such as poles, that may obstruct people's view of the interpreters.
- When you are asking for comments from the audience, have at least one person (depending on the size and configuration of the group) ready to take a microphone to participants, and ensure that sign language interpreters have a microphone available. Be aware that you may need more than one microphone.
- If a New Zealand Sign Language interpreter is not available, or you wish to engage with Deaf participants who do not use New Zealand Sign Language, consider using an electronic note-taker/live captioning to transcribe the discussion in real time; this will transfer your material on to a data show or computer screen which the participant can read.
- If you are going to use videos in presentations, consider inserting captions or video clips of New Zealand Sign Language interpreters.
- See 'Further resources and organisations' (page 39) for information on booking New Zealand Sign Language interpreters.
- For more information about working with interpreters, see *Effective communication with deaf people: A guide to working with New Zealand Sign Language interpreters*, produced by the Office for Disability Issues.
  www.odi.govt.nz/resources/guides-and-toolkits/working-with-nzsl-interpreters/index.html

Working with hearing dogs

This information is adapted from the information produced by the Blind Foundation's guidelines for interacting with guide dogs.

- Hearing dogs need to concentrate on doing their job. Do not interact with them unless the dog's handler gives permission – avoid eye contact with the dog, do not talk to or pat the dog and do not feed him/her.
- Ideally, the venue should include a lawn area for hearing or assistance dogs, or one should be available close enough that the handler can safely toilet their dogs.
- For more information contact Hearing Dogs New Zealand.
  www.hearingdogs.org.nz

For more information, see also:

- Using written information and printed materials accessibly (page 17)
- Accessible presentations and other verbal communication (page 19).

Engaging with people with complex communication needs

This section provides a summary of the information in this guide, and gives additional tips to support an effective engagement process with people with complex communication needs.

General

In general, follow these guidelines.

- People experience communication difficulties for a range of reasons, including learning/intellectual disabilities, autism spectrum disorder (ASD), brain injuries, cerebral palsy and motor neurone disease.
- People experience communication difficulties differently. Some may have difficulty in understanding information, or knowing how to respond. Others may have a physical impairment related to the muscles connected to voice or speech. People with ASD experience social and communication impairments. See 'Engaging with people with autism spectrum disorder' (page 32).
- Take the time to understand these needs – start by asking them how they prefer to communicate.
- Speak to the person, not their support person.[l]
- Start by assuming a person can understand you, and then adjust your approach according to their response. For example, some people find it difficult to respond to open-ended questions. Try these first, and if you need to, move to yes or no or closed option questions. If using closed questions, consider including a 'something else' option, so the person is not limited to the options you have provided. For example, ask, 'would you like a coffee, tea or something else?'
- Some people may prefer whānau members or carers to express their preferences on their behalf, as they trust them to understand and communicate their individual needs and communication methods. Ask permission from the person to gather this information.
- People with complex communication needs may make use of various methods of communication, including communication aids or devices (eg, computer technologies/software, picture-based communication boards, whiteboards or speaking devices), gestures (eg, eye gaze or head/hand movements), facial expressions or visual aids (eg, pictures, diagrams, signs or objects).

Communication aids/technologies

In terms of communication aids/technologies used by people with complex needs, consider the following.

- The tips in the above section also apply when you are having a conversation with someone who uses a communication aid. It is important to respect a person's individual methods of communication.
- Allow the conversation to take place at a slightly slower pace. Allow the person time to respond to questions, and take the time to listen and understand their response.[m]
- Be patient, and allow the person sufficient time to use an aid to finish what they are saying. Never attempt to finish a sentence for the person. If it is not clear what the person has said, politely ask them to repeat themselves.

For more information, see also:

- Using written information and printed materials accessibly (page 17)
- Accessible presentations and other verbal communication (page 19)
- Engaging with people with learning/intellectual disabilities (page 30).

Engaging with people with learning/intellectual disabilities

This section provides a summary of the information in this guide, and additional tips to support an effective engagement process with people with learning/intellectual disabilities.

Meeting protocols

In planning a meeting involving participants who have learning/intellectual disabilities, follow these guidelines.

- When considering a suitable time, keep in mind that some people with learning/intellectual disabilities prefer mornings, as they are more rested at this time of the day, and find it easier to concentrate.
- Provide an agenda and then keep to the agenda topics in the order they are listed.
- Be prepared to offer to have a minute taker. Also consider the use of a reader/writer when conducting surveys or asking for feedback.
- Avoid teleconferences. This will make it easier to ensure information is provided at the right pace and is understood.
- Make sure that only one person speaks at a time.

Verbal information

In providing verbal information, follow these guidelines.

- Keep information simple, and avoid jargon. Also avoid using acronyms, and say all names in full.
- Where possible, accompany information with relevant pictures or visual aids.
- Speak at a pace that allows people time to consider your questions and how they might respond. Pause where you need to. Ask one question at a time.
- Provide a copy of your presentation to participants in advance, to allow them time to familiarise themselves with it.
- Let people know they are entitled to their opinion.
- Allow time for people to have their say, and listen to them carefully.
- Check your understanding of what people have said. Ask questions to clarify your understanding, or get people to repeat what they have said so that you are sure you understand. Do not pretend to understand.
- Check that people have understood what has been said. If someone does not understand, consider using an alternative approach; for example, by moving from open-ended to closed questions (yes or no, etc), repeating or rephrasing information, or using pictures or visual aids.
- To check that someone has understood, consider asking them to put the information into their own words. This will eliminate the risk of people saying ‘yes’ because that is what they believe they should say, and allow them to avoid having to answer ‘no’ to the question ‘Do you understand?’.
- Some people may prefer that whānau members or carers express their preferences on their behalf, as they trust them to understand and communicate their individual needs. Ask permission from the person to gather this information.

Meeting assistants

In relation to meeting assistants for people with a learning/intellectual disability, follow these guidelines.

- The role of meeting assistant can be helpful for a person with a learning/intellectual disability when meetings run at a fast pace or use complex or conceptual information that can be a barrier to that person's equal participation. Meeting assistants guide people to build trusting relationships within the group/meeting.
- An assistant's role depends on the individual's support needs. The person and their assistant agree on a plan prior to the meeting. The focus is always on enhancing the person's participation and understanding and providing support for equal opportunities for the person to contribute to discussions and decisions.
- A meeting assistant often:
  - helps to translate complex information so as to aid the person's understanding
  - helps with the complex social skills required to engage within a large group at a meeting, or during break times
  - discusses items or completes tasks with the person after the meeting.
- Assistants often quietly talk to the person they are assisting during the meeting. Often at this time the assistants are helping to foster the person's better understanding of conceptual or complex information.
- Allow time for people to have their say in whatever way suits them.
- People First New Zealand Ngā Tangata Tuatahi, a disabled people's organisation directed by people with learning/intellectual disabilities, provides trained meeting assistants. See 'Disabled people's organisations and resources' (page 36) for more information on People First.
  www.peoplefirst.org.nz

Written information and Easy Read documents

Easy Read is a way of producing information in everyday language that is consistent, acronym- and jargon-free and includes images to assist meaning. Easy Read documents have a large amount of clear/white space. Easy Read can also be used to support people with low literacy levels, or who have English as a second language. When putting together written information including Easy Read documents for people with a learning/intellectual disability, follow these guidelines.

- Contact People First about their Easy Read translation service, 'Make it easy'. Make contact early, as translations take a minimum of three weeks.
- Consider producing a large print version (at minimum a 16-point font, but preferably 18) of written information. If you are not producing an Easy Read document, consider the clarity of your documents anyway, to ensure the information will be understood.

For more information, see also:

- Using written information and printed materials accessibly (page 17)
- Accessible presentations and other verbal communication (page 19)
- Engaging with people with complex communication needs (page 28).

Engaging with people with autism spectrum disorder

This section provides a summary of the information found within this guide, and gives additional tips to support an effective engagement process with people with autism spectrum disorder (ASD).

What is autism spectrum disorder?

Autism spectrum disorder refers to a range of conditions that affect communication, social interaction and behaviour. Each person with ASD tends to experience some difficulties with the following areas:

- understanding and using verbal (language) and non-verbal (facial expression, gesture and body language) communication
- understanding social behaviour, which affects their ability to interact with other people
- thinking and behaving flexibly, which may show in restricted, obsessional or repetitive activities.[n]

Some people may experience sensory issues, such as a hypersensitivity to sound.[o]

Verbal information and communication

When you are planning to engage with people with ASD, follow these guidelines.

- Some people may prefer whānau members or carers to express their preferences on their behalf, as they trust them to understand and communicate their individual needs. Ask permission from the person to gather this information.
- Be aware that some people with ASD may:
  - operate according to a particular set of routines or rules. Being aware of these will help you to avoid inadvertently doing or saying something that triggers difficulties[p]
  - have difficulty engaging in a face-to-face interview. Some people may prefer to sit side by side, to minimise eye contact[q]
  - have difficulty in understanding and following verbal information. It might be helpful to send questions in advance or have a printed copy for the person to refer to
  - have difficulty organising and planning, and recognising what information is important
  - have difficulty thinking flexibly and problem solving. For example, the person may return to one or a few specific topics, or may not know how to resolve a particular problem
  - be anxious about making mistakes, which may mean they say nothing or too much. They may overanalyse information, or second guess it.
- Use simple, clear and concise words. Be mindful of using words that have multiple meanings, sarcasm, irony and figures of speech, as some people with ASD may take words quite literally.[r, s]
- Allow the conversation to take place at a slightly slower pace. Allow the person time to respond to questions, and take time to listen and understand their response.[t]
- Be prepared to communicate in ways other than verbally, for example through writing or using pictures or visual aids (eg, visual timetables, photographs/pictures, social stories, objects and symbols).[u]

- Check that you have understood what the person has communicated. Ask questions to clarify your understanding, or get people to repeat what they have said so that you are sure you understand. Do not pretend to understand.
- Try to choose a venue that has minimal distractions. Avoid rooms with high background noise, such as traffic, and rooms with harsh lighting/bright sunlight. Keep distractions to a minimum.[v, w]

For more information, see also:

- Using written information and printed materials accessibly (page 17)
- Accessible presentations and other verbal communication (page 19).

Legal rights and obligations

Disability is one of the prohibited grounds of discrimination under the Human Rights Act 1993. The New Zealand Human Rights Commission has stated that '[the] right to participate in political and public life [is] integral to a functioning democracy … through involvement in political activity, law and policy reform'.[x] The Commission has emphasised that disabled people's participation in political process is an integral part of the full realisation of their human rights.[y] It has also noted the need to provide 'information intended for the general public to disabled people in accessible formats and technologies appropriate to different kinds of disabilities'.[z]

New Zealand was one of the first signatories to the United Nations Convention on the Rights of Persons with Disabilities 2008. The Convention aims 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'.

The Convention does not set out any new human rights; it clarifies the government's role to ensure that people with disabilities enjoy human rights on an equal basis with others. The Convention's 50 articles clarify the rights of people with disabilities covering all aspects of economic, social, political, legal and cultural life.[aa] One of the core tenets of the Convention is that people with disabilities 'should have the opportunity to be actively involved in decision-making processes about policies and programmes, including those directly concerning them'.[bb]

The Convention addresses the protection and promotion of the human rights of people with disabilities in all policies and programmes (Article 4.1c). It specifies the need for government agencies to closely consult with and actively involve people, including children, with disabilities in the development and implementation of legislation and policies, through their representative organisations (Article 4.3).

The Treaty of Waitangi (Te Tiriti o Waitangi) is both the founding document of Aotearoa New Zealand and includes the concept of partnership. The principles of the Treaty have been translated as 'active protection, the […] right to self-regulation, the right of redress for past breaches, and the duty to consult'. The duty to consult and the right to self-regulation underpin this guide.

Making a complaint or raising concerns

This section contains information on how to make a complaint or raise concerns about potential violence, abuse, neglect and exploitation. For further information see the section on 'Ensuring safety in the engagement process' (page 9) in this guide.

If you suspect a person is being abused, it is respectful to first raise the concerns with the person first and involve them in the decision-making process.

If your concerns relate to disability support services funded by the Ministry of Health, contact the manager of the service. The service will have a complaints process which they are required to make known.

Alternatively, you can contact one of the following organisations if:

- you or the person feel unable to make a complaint to the organisation that provides the services
- the complaint is not about a service provider
- you want to take your complaint further.

Disability Support Services within the Ministry of Health: responsible for funding supports and services for people with disabilities. You have the right to make a complaint about the disability support services you, your whānau, people you are working with, or others are receiving.

The Health and Disability Commissioner: responsible for ensuring the rights of people receiving health and disability services are upheld. This includes making sure complaints about health or disability service providers are taken care of fairly and efficiently.

If you need support and information to raise your concerns or make a complaint, you can contact the Health and Disability Advocacy Service.

The Human Rights Commission: promotes and protects the human rights of all people in Aotearoa New Zealand. The Commission can help if you are not sure of your rights or want to make a complaint about discrimination.

The Commission's website publishes a plain language resource about making complaints: *Your human rights and making complaints: A guide for disabled people and their families*. www.hrc.co.nz/enquiries-and-complaints/what-you-can-complain-about/disability

The Police: responsible for protecting public safety and maintaining law and order. If you feel that your complaint involves a criminal act, you should contact the police.

Child, Youth and Family: Ministry of Social Development. Contact Child, Youth and Family if you have concerns about the safety of child or young person and need some advice.

The Office of the Ombudsman: an independent resource to help the community deal with government agencies, with a focus on fairness and impartiality. It will undertake investigations where necessary.

See 'Government agencies and resources' (page 37) for contact details for all of these agencies and organisations.

Disabled people's organisations and resources

Disabled people's organisations are organisations run by and for people with disabilities. The table below lists New Zealand disabled people's organisations and some of the resources they produce.

Organisation	Resources
Association of Blind Citizens of New Zealand An advocacy organisation for blind and vision impaired people. www.abcnz.org.nz	• Inclusive meeting practices for blind or vision impaired participants www.hdc.org.nz/publications/other-publications-from-hdc/disability-resources/inclusive-meeting-practices-for-blind--or-vision-impaired-participants-(association-of-blind-citizens-of-nz)
Balance NZ An organisation of people with mental health issues and mood disorders that provides support and advocacy. www.balance.org.nz	• *Living Well Booklet* (compiled for the information of those who suffer from bipolar disorder (manic depression) and their families and friends www.balance.org.nz/index.php/information/bipolar-disorder/living-well-booklet • Information on bipolar disorder for families www.balance.org.nz/index.php/information/bipolar-disorder/family-booklet • Information on Seasonal Affective Disorder www.balance.org.nz/index.php/information/sad
Deaf Aotearoa New Zealand An organisation that provides information and resources on life for Deaf New Zealanders, Deaf culture and New Zealand Sign Language. Deaf Aotearoa also provides New Zealand Sign Language classes and Deaf awareness training. www.deaf.org.nz	• *Tips for Communicating with Deaf People* www.deaf.org.nz/resources/communication-tips • Deaf awareness training www.deaf.org.nz/services/awareness • New Zealand Sign Language classes www.deaf.org.nz/services/sign-language
Deafblind (NZ) Inc An organisation that provides advocacy and support for Deafblind people in New Zealand. www.deafblind.org.nz	• Information about deafblindness www.deafblind.org.nz/learn
Disabled Persons Assembly NZ A national pan-disability organisation. Its website publishes various resources, including on the rights of disabled people. www.dpa.org.nz	• Disabled Persons Assembly Resources and links to sector resources www.dpa.org.nz/resources
Kāpō Māori Aotearoa New Zealand (Ngāti Kāpō) An organisation that offers kaupapa Māori-based disability support services with a focus on kāpo Māori and their whānau. www.kapomaori.com	• *Te Whakaaheitanga Marae – Kua wātea te* haurahi: a resource which aims to enable 'Kaumātua and whānau with health and disability impairments to actively engage at marae and remain effective contributors to their marae' www.kapomaori.com/docs/accessable_marae_toolkit.pdf
People First New Zealand Ngā Tangata Tuatahi A national self-advocacy organisation that is led and directed by people with learning disabilities. The organisation provides an Easy Read translation service, which involves translating a document into an accessible format. It also provides trained meeting assistants. www.peoplefirst.org.nz	• 'Guide to writing Easy Read Information' - Easy Read Version www.peoplefirst.org.nz/news-and-resources/easy-read-resources - Online version at Office for Disability Issues website www.odi.govt.nz/resources/guides-and-toolkits/disability-perspective/resources/plain-language.html#Aboutthisguide1

Government agencies and resources

The table below lists some government agencies relevant to people with disabilities and some of the resources they produce.

Organisation	Resources
Ministry of Health Disability Support Services (DSS) within the Ministry of Health is responsible for funding support and services for people with disabilities. It also leads the development and implementation of strategic plans that aim to ensure people with disabilities and their families are supported to live the lives they choose. www.health.govt.nz/our-work/disability-services	• Disability Support Services Strategic Plan 2014 to 2018 www.health.govt.nz/publication/disability-support-services-strategic-plan-2014-2018 • Whāia Te Ao Mārama: The Māori Disability Action Plan for Disability Support Services 2012 to 2017 www.health.govt.nz/publication/whaia-te-ao-marama-maori-disability-action-plan-disability-support-services-2012-2017 • Māori disability support services (including information on accessible marae) www.health.govt.nz/our-work/disability-services/maori-disability-support-services • Faiva Ora – National Pasifika Disability Plan www.health.govt.nz/our-work/disability-services/disability-projects-and-programmes/faiva-ora-national-pasifika-disability-plan • Refugee health www.health.govt.nz/our-work/populations/refugee-health • Information on making a complaint www.health.govt.nz/your-health/services-and-support/disability-services/more-information-disability-support/contact-disability-support-services
Accident Compensation Corporation The Accident Compensation Corporation (ACC) provides funding and support for individuals who have an impairment as a result of an accident. www.acc.co.nz	• Serious injury and disability – help for people affected by injury-related disabilities https://disability.acc.co.nz • A range of resources are available on the ACC website on specific injuries, disabilities, rights and advocacy as well as information for parents, carers https://disability.acc.co.nz/useful-resources
Department of Internal Affairs The Department of Internal Affairs (DIA) website hosts the Kia Tūtahi Relationship Accord. The DIA's Community Matters website provides advice for involving the community in decision-making, targeted at government officials but generally applicable. The DIA is also responsible for the New Zealand Government Web Toolkit. www.dia.govt.nz	• Kia Tūtahi Relationship Accord www.dia.govt.nz/kiatutahi • Good Practice Participate on Community Matters www.communitymatters.govt.nz/good-practice-participate • CommunityNet Aotearoa is 'an online hub of resources designed to strengthen communities'. It enables organisations to post and share resources on a variety of topics, including leadership, communication and evaluation. Materials include Diversity Toolkits, a how-to guide on communications and project management templates www.community.net.nz • The New Zealand Government Web Toolkit, 'provides standards, guidance, tips and strategic advice on effectively using the online channel'. It outlines the Web Accessibility Standard www.webtoolkit.govt.nz

Organisation	Resources
Health and Disability Commissioner The Health and Disability Commissioner (HDC) aims to 'ensure that the rights of consumers are upheld. This includes making sure complaints about health or disability services providers are taken care of fairly and efficiently'. The HDC also provides the support of free independent advocates to assist with concerns or complaints about a health or disability service. www.hdc.org.nz	• Disability Resources www.hdc.org.nz/about-us/disability • Health and Disability Advocacy advocacy.hdc.org.nz • *Making communication easy – Useful tips to make it easy to communicate effectively with people with impairments* www.hdc.org.nz/publications/other-publications-from-hdc/disability-resources/making-communication-easy---useful-tips-to-make-it-easy-to-communicate-effectively-with-people-with-impairments
Human Rights Commission The Human Rights Commission (HRC) promotes and protects the human rights of all people in Aotearoa New Zealand. It provides information about discrimination and offers a free and confidential service for people with human rights enquiries or complaints of unlawful discrimination. www.hrc.co.nz	• *Your human rights and making complaints: A guide for disabled people and their families* www.hrc.co.nz/enquiries-and-complaints/what-you-can-complain-about/disability • How to make a complaint www.hrc.co.nz/enquiries-and-complaints/how-make-complaint
Ministry of Education Special education supports children and students to access the curriculum by providing extra help, adapted programmes or learning environments, and specialised equipment or materials. www.education.govt.nz	• Students with special education needs www.education.govt.nz/school/student-support/special-education
Ministry of Pacific Island Affairs The Ministry of Pacific Island Affairs liaises and communicates with Pasifika communities about government policies, processes and services. It aims to foster greater engagement with, and participation by, Pasifika peoples in government decision-making. www.mpia.govt.nz	• Pacific Analysis Framework, with Pacific Consultation Guidelines (written 'to provide assistance to government agencies in the development of policies and programmes aimed at Pacific people') www.mpia.govt.nz/engaging-with-pacific-communities
Ministry of Social Development The Ministry of Social Development (MSD) runs a range of services to support people with disabilities through: • Community Investment www.familyservices.govt.nz • Community Link www.msd.govt.nz/what-we-can-do/community/community-link • Work and Income www.workandincome.govt.nz Child, Youth and Family is a service of the Ministry of Social Development. The service employs social workers who are able to help if you have concerns about the safety of a child or young person. www.cyf.govt.nz	• Think Differently is a social change campaign to encourage and support a fundamental shift in attitudes and behaviour towards disabled people. It's about maximising opportunities and focusing on what people can do rather than what they can't'. The campaign is led in partnership with the Office for Disability Issues. www.thinkdifferently.org.nz Think Differently produces a Social Change Toolkit with a range of useful resources, templates and tips. socialchangetoolkit.org.nz • Child, Youth and Family: *'If you are worried'* www.cyf.govt.nz/keeping-kids-safe/if-you-are-worried
New Zealand Police The Police are responsible for protecting public safety and maintaining law and order. www.police.govt.nz	• How to report a crime www.police.govt.nz/contact-us/how-report-crime • 'I suspect a child is being abused. What should I do?' www.police.govt.nz/faq/i-suspect-a-child-is-being-abused-what-should-i-do

Organisation	Resources
Office for Disability Issues The Office for Disability Issues (ODI) is a strategic and whole-of-government focused policy group, located within the MSD. It promotes and monitors the implementation of the New Zealand Disability Strategy and the United Nations Convention on the Rights of Persons with Disabilities. It also works in partnership with the MSD to lead the Think Differently campaign (see the MSD resource list above). The ODI's website publishes helpful access guides and toolkits to inclusive practice. www.odi.govt.nz	• New Zealand Disability Strategy www.odi.govt.nz/nzds • Key points on running an accessible meeting www.odi.govt.nz/resources/guides-and-toolkits/disability-perspective/resources/running-accessible-meeting.html • Effective communication with deaf people: A guide to working with New Zealand Sign Language interpreters www.odi.govt.nz/resources/guides-and-toolkits/working-with-nzsl-interpreters/index.html • The United Nations Convention on the Rights of Persons with Disabilities www.un.org/disabilities/convention/conventionfull.shtml
Office of Ethnic Communities (previously the Office of Ethnic Affairs) The Office of Ethnic Communities provides advice and information to support people working with ethnic communities. ethniccommunities.govt.nz	• Language Line (a telephone interpreting service available in 44 languages) www.ethniccommunities.govt.nz/story/how-language-line-works
Office of the Ombudsman The Office of the Ombudsman is an independent resource to help the community deal with government agencies, with a focus on fairness and impartiality. It undertakes investigations where necessary. www.ombudsman.parliament.nz	• Make a complaint www.ombudsman.parliament.nz/make-a-complaint • Information about the Ombudsman's role under the United Nations Convention on the Rights of Persons with Disabilities www.ombudsman.parliament.nz/what-we-do/protecting-your-rights/disabilities-convention

Further resources and organisations

The table below lists further disability sector organisations and service providers and some of the resources they produce.

Organisation	Resources
Altogether Autism Altogether Autism is a nationwide information and advisory service for people living on the autism spectrum, their families/whānau and the professionals who work with them. www.altogetherautism.org.nz Altogether Autism is a service funded by the Ministry of Health. It is provided in partnership by Parent to Parent (see below) and Life Unlimited (a charitable trust whose mission is 'to enhance individual wellbeing by enabling people to live the life they choose'). lifeunlimited.net.nz	• Altogether Autism Journal (a publication for professionals, families and people on the Autism spectrum) www.altogetherautism.org.nz/subscribe-journal • Questions People Ask (answers to commonly asked questions) www.altogetherautism.org.nz/question-people-ask • Resources www.altogetherautism.org.nz/information/resources
Autism NZ Autism NZ provides support, training, advocacy, resources and information on autism spectrum disorder (ASD) to those with these conditions, their family/whānau, caregivers and professionals. www.autismnz.org.nz	• About Autism www.autismnz.org.nz/about_autism • Resources www.autismnz.org.nz/links
Blind Foundation The Blind Foundation provides its members with adaptive skills, technology, resources and support with moving around (including through the use of guide dogs) and accessing information. It also provides services to the wider community, including: web accessibility consultation, accessible format production, built environment advice and awareness training. www.blindfoundation.org.nz	• Information for businesses www.blindfoundation.org.nz/learn/information-for-businesses • Information on guide dogs – contact Blind Foundation Guide Dogs (09 269 0400)
Brain Injury Association The Brain Injury Association provides support, education and information services throughout New Zealand to people living with brain injuries. www.brain-injury.org.nz	• Information on brain injuries www.brain-injury.org.nz/html/brain_injury.html • Brain injury resources www.brain-injury.org.nz/html/resources.html
Carers New Zealand Carers New Zealand is the national body supporting family, whānau and aiga carers. It provides information, advice, learning and support for families with health and disability needs. www.carers.net.nz	• Resources for Carers www.carers.net.nz/information
CCS Disability Action CCS Action's purpose is to strengthen communities and provide information, advocacy and support so people with disabilities are included in the life of their family and in their community. It also has 16 branches nationally that provide frontline support and services, create local awareness and education around disability issues. www.ccsdisabilityaction.org.nz	• Information about mobility parking spaces across New Zealand mobilityparking.org.nz/index.php/mobility-parking-near-you • Disability awareness and education www.ccsdisabilityaction.org.nz/regions/northern-region/working-with-the-community/disability-awareness-and-education

Organisation	Resources
Cerebral Palsy Society The Cerebral Palsy Society of New Zealand's purpose is to enhance the lives and wellbeing of people with cerebral palsy (CP). It provides programmes designed to enhance the independence and quality of life of people living with CP and their families, and grants to its members for this purpose. www.cerebralpalsy.org.nz	• About Cerebral Palsy www.cerebralpalsy.org.nz/Category?Action=View&Category_id=88
eCALD eCALD is a website developed and managed by Waitemata District Health Board Asian Health Support Services. CALD refers to culturally and linguistically diverse groups who are migrants and refugees from Asian, Middle Eastern, Latin American and African (MELAA) backgrounds. It provides resources for the health workforce with the aim of ensuring services are accessible, culturally appropriate, effective and safe for culturally and linguistically diverse communities. www.ecald.com	• Cross-cultural Resources and translated information www.ecald.com/Resources
Hearing Association The Hearing Association is a volunteer-based organisation that helps people with any type of hearing problem. Local branches offer one-to-one support for members and non-members alike, socially and in the workplace. www.hearing.org.nz	• Hearing information cards www.hearing.org.nz/info_cards.php
Hearing Dogs Hearing Dogs supports and trains hearing dogs for people with hearing problems. www.hearingdogs.org.nz	• Information on 'What is a hearing dog?' hearingdogs.org.nz/What-is-a-Hearing-Dog/0,2710,11032,00.html
IHC New Zealand IHC New Zealand is a membership-based organisation that supports people with intellectual disabilities to live satisfying lives in the community. IHC provides a range of services, including advocacy and a library related to intellectual disability. www.ihc.org.nz	• Information and resources on intellectual disability www.ihc.org.nz/resources
iSign iSign is a nationwide booking organisation providing New Zealand Sign Language interpreters. www.isign.co.nz	• Information on 'What is an interpreter?' www.isign.co.nz/interpreters/what-is-an-interpreter • Interpreter booking process www.isign.co.nz/services/interpreter-booking-process
Te Pou o Te Whakaaro Nui Te Pou o Te Whakaaro Nui is a national centre of evidence-based workforce development for the mental health, addiction and disability sectors. www.tepou.co.nz	• Let's get real: Disability (a workforce quality initiative created to help the disability workforce meet the needs of disabled people, whānau and communities) www.tepou.co.nz/disability-workforce/lets-get-real-disability/101
Mental Health Foundation The Mental Health Foundation provides a range of services and campaigns addressing all aspects of mental health and wellbeing. It provides free information and training, and advocates for policies and services that support people with experience of mental illness and their families/whānau and friends. www.mentalhealth.org.nz	• Mental Health Awareness Week www.mentalhealth.org.nz/home/our-work/category/16/mental-health-awareness-week • Like Minds Like Mine www.mentalhealth.org.nz/home/our-work/category/15/like-minds-like-mine

Organisation	Resources
Multiple Sclerosis Society of New Zealand Inc The Multiple Sclerosis (MS) Society of New Zealand is a non-profit organisation that provides on-going support, education and advocacy for people with MS and their support networks. It also aims to educate the general public, employers and health professionals about MS and actively funds key research into the condition. https://www.msnz.org.nz	• Information on MS www.msnz.org.nz/Page.aspx?pid=276 • MS publications www.msnz.org.nz/Page.aspx?pid=329
Muscular Dystrophy Association The Muscular Dystrophy Association is a New Zealand not-for-profit organisation which provides information and support to people affected by neuromuscular conditions. Its services include a national fieldwork service, as well as specialist information and advice. www.mda.org.nz	• Information and resources on specific neuromuscular conditions www.mda.org.nz/information
National Foundation for the Deaf The National Foundation for the Deaf works to promote the rights, interests and welfare of people with hearing loss. It offers support, prevention and advocacy programmes. The Foundation's website publishes various resources. www.nfd.org.nz	• Communication tips www.nfd.org.nz/help-and-advice/your-hearing/communication-tips
Needs Assessment Service Co-ordination Association The Needs Assessment Service Co-ordination Association (NASCA) is the national association for managers of NASC organisations. The Ministry of Health contracts these organisations to: • work with people with disabilities to identify their strengths and support needs • tell people about available support services • determine people's eligibility for Ministry of Health-funded support services • allocate Ministry-funded support services • help people access other supports. Support services are then delivered by their respective service providers. www.nznasca.co.nz	• Regional contacts/locations www.nznasca.co.nz/services/younger-peoples-nasc-services
New Zealand Disability Support Network The New Zealand Disability Support Network is a national association of disability support providers. www.nzdsn.org.nz	• Directory of member service providers www.nzdsn.org.nz/directory
New Zealand Down Syndrome Association The New Zealand Down Syndrome Association promotes the participation of people with Down syndrome in their community. It provides: • information, support, education and advocacy services for the Down syndrome community • support for parents and families/whānau • information resources and a quarterly journal • support for regional groups so that they can offer support and services to the Down syndrome community in their area through family events, social groups, guest speakers, individual support and advocacy. www.nzdsa.org.nz	• Information on Down Syndrome www.nzdsa.org.nz/whatis.htm

Organisation	Resources
Le Va Le Va is the national hub for Pasifika mental health and addiction workforce development and coordination for the disability support services sector. www.leva.co.nz	• *Organisational Guidelines for Disability Support Services: Working with Pasifika People with Disabilities and their Families* www.leva.co.nz/library/leva/organisational-guidelines-for-disability-support-services-working-with-pasifika-people-with-disabilities-and-their-families
Parent to Parent Parent to Parent supports parents of children with a disability, health impairment or health issue by connecting them with trained volunteer support parents who have a child or family member in a similar situation. It also provides training programmes for families and siblings. www.parent2parent.org.nz	• Parent to Parent Magazine www.parent2parent.org.nz/parent-parent-magazine • Parent to Parent Library www.parent2parent.org.nz/library/nationallibrary
Vaka Tautua Vaka Tautua is a charitable organisation that aims to help improve the health and wellbeing of Pasifika people in New Zealand. It provides community support for older people, people with a disability and those needing support for mental health. www.vakatautua.co.nz	• Resources and publications www.vakatautua.co.nz/#!resources/ckoy
Rescare NZ Rescare NZ is an umbrella organisation for support groups and individuals who support people with an intellectual disability. www.rescarenz.org.nz	• RescareNZ publications and resources www.rescarenz.org.nz/publications.html
Sign Language Interpreters Association of New Zealand Sign Language Interpreters Association of New Zealand is a national professional association of sign language interpreters. www.slianz.org.nz	• SLIANZ Member Directory (includes qualifications and areas of specialty) www.slianz.org.nz/directory/member-directory
Weka Weka is a website providing information on a range of disabilities, resources, support and services. www.weka.net.nz	• Regional information centres www.weka.net.nz/information-centres • General information sheets on a range of disabilities www.weka.net.nz/Information-by-Category/fact-sheet-test

Endnotes

[a] Minister for Disability Issues. 2001. *The New Zealand Disability Strategy: Making a World of Difference: Whakanui Oranga*. Wellington: Minister for Disability Issues.

[b] The full text of the UN Convention can be found at www.un.org/disabilities/convention/conventionfull.shtml (accessed 16 November 2015).

[c] Oliver M. 1990. *The Politics of Disablement*. MacMillan.

[d] Ministry of Health. 2012. *Whāia Te Ao Mārama: The Maori Disability Action Plan for Disability Support Services 2012 to 2017*. Wellington: Ministry of Health.

[e] Available on Kāpō Māori Aotearoa (Ngāti Kāpō)'s website: www.kapomaori.com/resources/index.htm (accessed 17 November 2015).

[f] Ministry of Health. 2010. *Faiva Ora: Pasifika Disability Action Plan*. Wellington: Ministry of Health.

[g] Le Va. 2014. *Organisational Guidelines for Disability Support Services: Working with Pasifika People with Disabilities and their Families*. Auckland: Le Va.

[h] Ministry of Health. 2012. *Refugee Health Care: A Handbook for Health Professionals*. Wellington: Ministry of Health.

[i] See www.building.govt.nz/international-symbol#aid6 (accessed 14 December 2015)

[j] See www.webtoolkit.govt.nz (accessed 18 November 2015).

[k] See www.w3.org/TR/WCAG20 (accessed 18 November 2015).

[l] Communication Matters. 2015. Having a conversation with someone who uses AAC. URL: www.communicationmatters.org.uk/page/having-conversation (accessed 21 November 2015).

[m] Communication Matters. 2015. Having a conversation with someone who uses AAC. URL: www.communicationmatters.org.uk/page/having-conversation (accessed 21 November 2015).

[n] Ministry of Health. 2014. *Working with People with Autism Spectrum Disorder: A guideline for Ministry of Health needs assessment and service coordination organisations*. Wellington: Ministry of Health, p 2.

[o] Ministry of Health. 2014. *Working with People with Autism Spectrum Disorder: A guideline for Ministry of Health needs assessment and service coordination organisations*. Wellington: Ministry of Health, p 2.

[p] Ministry of Health. 2014. *Working with People with Autism Spectrum Disorder: A guideline for Ministry of Health needs assessment and service coordination organisations*. Wellington: Ministry of Health, pp 14–15.

[q] Ministry of Health. 2014. *Working with People with Autism Spectrum Disorder: A guideline for Ministry of Health needs assessment and service coordination organisations*. Wellington: Ministry of Health, pp 12, 14.

[r] Ministries of Health and Education. 2008. *New Zealand Autism Spectrum Disorder Guideline*. Wellington: Ministries of Health and Education, p 96.

[s] Ministry of Health. 2014. *Working with People with Autism Spectrum Disorder: A guideline for Ministry of Health needs assessment and service coordination organisations*. Wellington: Ministry of Health, p 5.

[t] Communication Matters. 2015. Having a conversation with someone who uses AAC. URL: www.communicationmatters.org.uk/page/having-conversation (accessed 21 November 2015).

[u] Ministries of Health and Education. 2008. *New Zealand Autism Spectrum Disorder Guideline*. Wellington: Ministries of Health and Education, p 99.

[v] Ministries of Health and Education. 2008. *New Zealand Autism Spectrum Disorder Guideline*. Wellington: Ministries of Health and Education, pp 111–112.

[w] Ministry of Health. 2014. *Working with People with Autism Spectrum Disorder: A guideline for Ministry of Health needs assessment and service coordination organisations*. Wellington: Ministry of Health, p 15.

[x] Human Rights Commission. 2012. *Political Participation for Everyone: Disabled People's Rights and the Political Process*. Wellington: Human Rights Commission, p 4.

[y] Human Rights Commission. 2012. *Political Participation for Everyone: Disabled People's Rights and the Political Process*. Wellington: Human Rights Commission, p 6.

[z] Human Rights Commission. 2012. *Better Information for Everybody: Disabled People's Rights in the Information Age*. Wellington: Human Rights Commission, p 6.

[aa] See www.un.org/disabilities/default.asp?id=223 (accessed 18 November 2015).

[bb] Preamble (o).

AGENDA – PUBLIC

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

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Waterwalk Road, Greymouth
on Friday 24 June 2016 commencing at 10.15am

KARAKIA			
ADMINISTRATION			***10.15am***
	Apologies		
1.	**Interest Register**		
2.	**Confirmation of the Minutes of the Previous Meetings** • *13 May 2016*		
3.	**Carried Forward/Action List Items**		
REPORTS			***10.20am***
4.	**Chair's Update** **(Verbal Update)**	Peter Ballantyne *Chairman*	*10.20am – 10.30am*
5.	**Chief Executive's Update** - Wellbeing Health & Safety Update - Verbal	Michael Frampton *Programme Director*	*10.30am – 10.45am*
6.	**Clinical Leader's Update**	Karyn Bousfield *Director of Nursing & Midwifery* Dr Cameron Lacey *Medical Director*	*10.45am – 10.55am*
7.	**Finance Report**	Michael Frampton *Programme Director*	*10.55am – 11.05am*
8.	**Health Target Report – Q3**	Philip Wheble *Team Leader, Planning & Funding*	*11.05am – 11.15am*
9.	**Maori Health Plan Update**	Gary Coghlan *General Manager, Maori Health*	*11.15am – 11.25am*
10.	**West Coast DHB Disability Action Plan – Proposed Amendment to Governance Structure**	Carolyn Gullery *General Manager, Planning & Funding*	*11.25am – 11.35am*
11.	**Reports from Committee Meetings**		
	- CPH&DSAC *9 June 2016*	Elinor Stratford *Chair, CPH&DSA Committee*	*11.35am – 11.45am*
	- Hospital Advisory Committee *9 June 2016*	Sharon Pugh *Chair, Hospital Advisory Committee*	*11.45am – 11.50pm*
12.	**Delegations for Annual Accounts**	Michael Frampton *Programme Director*	*11.50am – 11.55am*
13.	**Resolution to Exclude the Public**	*Board Secretariat*	*11.55am*

INFORMATION ITEMS

- 2016 Meeting Schedule

ESTIMATED FINISH TIME *11.55am*

NEXT MEETING

Friday 12 August 2016

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 9 JUNE 2016

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

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Chair, Community & Public Health & Disability Support Advisory Committee**

DATE: **24 June 2016**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 9 June 2016.

For the Board's information the functions of CPH&DSAC, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000:

"*With respect to Community and Public Health, is to provide advice and recommendations to the Board of the West Coast District Health Board on:*
- *the health needs of the resident population of the West Coast District Health Board; and*
- *any factors that the Committee believes may adversely affect the health status of the resident population, and*
- *the priorities for the use of the health funding available*

With respect to Disability Support, are to provide advice and recommendations to the Board of the West Coast District Health Board on:
- *the disability support needs of the resident population of the West Coast District Health Board, and*
- *the priorities for the use of the disability support funding provided.*"

The aim of the Committee's advice must be:
- *to ensure that the services that the West Coast District Health Board provides or funds, along with the policies it adopts, will maximise the overall health gain for the resident population of the West Coast District Health Board, and*
- *to ensure that the kind of disability support services that the West Coast District Health Board provides or funds, along with the policies it adopts, will promote the inclusion and participation in society, and maximise the independence, of people with disabilities within the resident population of the West Coast District Health Board."*

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 with the Strategic Plan and the Disability Support Action Plan of the West Coast District Health Board."

2. RECOMMENDATION

That the Board:

i. notes the Community & Public Health & Disability Support Advisory Committee Meeting Update – 9 June 2016.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

a) DISABILITY ACTION PLAN – AMENDMENT TO GOVERNAMCE STRUCTURE

An amendment to the Disability Action Plan Governance Structure, that was approved by the Board at the meeting held on 1 April 2016, was provided to the Committee. It is proposed that the Governance Structure for the implementation of the Strategic Disability Action Plan be amended to sit within the scope of the Alliance Leadership Team and the Workstreams. This would reduce duplication of processes and the burden of an additional governance structure that will draw on many of the same individuals across the health system.

The Committee recommend to the Board that the amendment to the plan be approved.

b) COMMUNITY AND PUBLIC HEALTH UPDATE

This report was provided to the Committee with updates as follows:

Alcohol Licensing
Community and Public Health staff presented before the Westland District Licensing Committee (DLC) in opposition to a proposed new off licence in Hokitika. The DLC has reserved its decision on the application.

West Coast DHB Healthy Food and Drink Policy
Following feedback from key national and local stakeholders, the nationally aligned West Coast DHB Healthy Food and Drink Policy has been finalised. The policy has been informed by the NZ Eating and Activity Guidelines (2015), National Heart Foundation guidelines for healthy cafeteria food and the Health Star Rating for packaged goods. The local endorsement process has begun and includes a number of groups within the DHB.

Stop Smoking Services RFP
Community and Public Health has been identified as a preferred supplier for a new stop smoking service on the West Coast conditional upon negotiations. Community and Public Health and Healthy West Coast Governance Group partners met with Ministry representatives on Monday 30th May to discuss the proposed service which will deliver cessation support to identified priority groups: Maori, Pacific people, pregnant women and mental health clients. Negotiations with the Ministry over contract service specifications continue and they are aiming for a smooth transition to the new service from 1st July.

World Smokefree Day
Tuesday 31st May was World Smokefree Day. The theme this year was "It's about Whānau". Members of the West Coast Tobacco Free Coalition were promoting smokefree lives outside Mitre 10 in Greymouth on the day. The recent Budget announcement of 10% increases in the price of tobacco products each year for the next four years is also timely.

Nutrition Health Promotion
As part of their ongoing work with Early Childhood Education Centres, Community and Public Health were involved in the Teddy Bears Picnic held recently in Westport. This event was aimed at engaging families with children under five, whether or not they currently attend an Early Childhood Centre. The day had a strong emphasis on nutrition, oral health and healthy lunchboxes. Community and Public Health also ran an Early Childhood Nutrition workshop in Ross, it was a great way to promote oral health in a rural community.

Community and Public Health have recently started their nutrition workshops for the Mana Tamariki Mokopuna project, working with Poutini Waiora. This is aimed at mothers with young children and we will be covering topics such as lunchbox ideas, breakfasts, quick healthy kai, supermarket shopping, and healthy eating when out and about. A Greymouth Appetite for Life course has started in Greymouth, with strong numbers.

Council Annual Plan Submissions
Community and Public Health have submitted on all four West Coast Council Annual Plans and are in the process of speaking to their submissions. Submissions focussed on public health issues such as water, sewerage, emergency management, environments that encourage physical activity and support for implementing healthy homes initiatives.

Healthy Homes Project in Buller
Community and Public Health is a member of the Te Hā o Kawatiri Healthy Homes project which is currently developing a plan to improve housing quality in the Buller area. The project is initiating relationships with stakeholders including Community Energy Action in Christchurch, Te Puni Kokiri and other interested parties.

Safe Communities Westland
Community and Public Health is a member of the Westland Safer Community Council which is in the process of being accredited as a New Zealand Safe Community. The group have recently met with the accreditors and it is expected that sign off will occur in the next month or two.

Mindfulness in Schools
Community and Public Health and Buller REAP have been facilitating the Mental Health Foundation's Mindfulness in Schools programme - Pause Breathe Smile - in Reefton Area School. Two classes finished the programme in week 1 of term 2 with positive feedback from students and teachers. An evaluation of the programme is currently being completed which will include feedback from school staff and the facilitators. A new course has started at Paparoa Range School which will run through term 2.

The report was noted.

c) HEALTHY FOOD AND DRINK POLICY

The Healthy Food and Drink Plan was received by the Committee and is included in today's Board papers with a recommendation for endorsement.

d) PLANNING & FUNDING UPDATE

Philip Wheble, Team Leader, Planning & Funding presented this update. The report provided the Committee with an update on progress made on the Minister of Health's health and disability priorities and the West Coast DHBs Annual Plan key priority areas as follows:

Key Achievements
- Performance continues to be impressive against the ED health target with 98.9% of patients admitted, discharged or transferred from Grey Base ED within six hours during March 2016. A significant 96% were seen within just four hours.
- West Coast DHB was 71 discharges ahead of our year-to-date target toward delivering 1,889 elective and arranged purchase unit code (PUC) discharges in the 2015/16 financial year.
- The more heart and diabetes checks target was met in Quarter 3 with 90% of the eligible enrolled West Coast population had a cardiovascular risk assessment (CVDRA) in the last 5 years.

Key Issues & Associated Remedies
- One ophthalmology, four orthopaedics, and one plastics patient are showing as exceeding wait times from first specialist assessment to surgical treatment in March (ESPI 5). The ophthalmology patient has since been seen, and the plastics and two orthopaedic patients are being rebooked. There have been significant disruptions to the orthopaedic service both in Canterbury and on the West Coast.

- B4 school check results show 56% of our total eligible population and 47% of our high deprivation population have received their B4 School Check against our 75% year-to-date target for April 2016. Investigation has shown 44 children moved out of area, 32 declined to have their check entered in the database, and 10 children were unable to be contacted despite multiple attempts.
- Performance disappointingly continued to decrease in Quarter 3, 81.7% of smokers enrolled with the PHO provided cessation advice in the 15 months ending March 2016. All best practices continue.

Upcoming Points of Interest
Older Persons' Health: The Falls Champion has commenced their role and has completed training in Canterbury. Referrals and reporting for this service have now begun.

Discussion took place regarding the low B4 school check numbers against the target number. The Committee noted that the DHB will struggle to meet the targets set due to significant movement of children out of the area and the 46 Glorivale children receiving the checks but opting out of putting their numbers in the database.

The report was noted.

e) ALLIANCE UPDATE

This report provided an update of progress made around the West Coast Alliance regarding:

Alliance Leadership Team (ALT)
At their meeting in April the ALT reviewed the latest draft of the annual plan and provided its support of the plan. The new System Level Measurement Framework (SLMF) was also discussed with Helen Reriti taking the ALT through the details of the framework. The ALT discussed developing a plan to engage local stakeholders in understanding SLMF and identifying local improvement goals.

Health of Older Persons
- The newly appointed Falls Champion has been orientated to the position, meeting with Falls Champions from Canterbury over two days this month.

Grey/Westland & Buller Family Health Services (IFHS)
- The Homecare Medical (HML) trial has been, in the most part, successful in achieving the outcomes we set out to achieve. Community meetings in three locations have taken place to gain feedback from the community on the trial with positive responses. A further two community meetings will be held in the coming month.
- A group focusing on common practices across Greymouth primary has met twice now and is looking at a number of opportunities to improve processes and ensure they are common to all three practices.
- Interest in the use of telehealth and the desire to understand how it could work in individual specialities has increased with the instigation of the telehealth report.
- Data for the past year is showing an increase in Māori engagement in Buller Health.
- The Alcohol and Other Drug project has commenced in relation to both Maori and youth in Buller. Issues have been identified and implementation planning is underway at an inter-agency planning meeting in mid-May.

Healthy West Coast (HWC)
- The Ministry have notified HWC that they have been shortlisted as a preferred provider of the new local stop smoking services. HWC will now begin the next phase of negotiations with MoH regarding the detail of how the new model will operate.

- The National DHBs Healthy Food & Drink Policy has now been finalised and is being distributed for local endorsement by 1st July.

Child and Youth

- A Quality project is underway to improve completion of the West Coast Newborn Multi-enrolment Form for women birthing at Christchurch Women's Hospital. Work is also underway to trial a new process to improve handover from Maternity to Well Child Tamariki Ora service in the Buller region.
- Work is progressing with the B4SC team to develop an appropriate referral pathway for children identified at >98th percentile for BMI.
- A youth well-being promotion afternoon took place in May in Greymouth, focused on promoting services available and providing an informal setting for young people to talk to professionals.

Pharmacy

- Analysis of leasing benchmarks for the Greymouth IFHC Community Pharmacy have been completed and discussed with pharmacies. Next steps are to progress formal negotiations for an agreement.
- There has been agreement to progress medicines use reviews on patients discharged from hospital on referral from the CCCN.

Discussion took place regarding vulnerable children in the community. The Committee was informed there are robust measures in place through the whole West Coast DHB system to ensure any children of concern are captured.

The report was noted.

f) HEALTH TARGET REPORT – QUARTER THREE

The Health Target Report for Q3 was received by the Committee and is included in today's Board papers.

g) MAORI HEALTH UPDATE

This report is included in today's Board papers.

Report prepared by: Elinor Stratford, Chair, Community & Public Health & Disability Support Advisory Committee

AGENDA

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 9 June 2016 commencing at 9.00am

ADMINISTRATION — 9.00am

Karakia

Apologies

1. **Interest Register**
   Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.

2. **Confirmation of the Minutes of the Previous Meeting**

   28 April 2016

3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS — 9.10am

4.	**Disability Action Plan – Proposed Amendment to Governance Structure**	Kathy O'Neill *Service Development Manager, Planning & Funding*	*9.10am – 9.20am*
5.	**Community and Public Health Update**	Claire Robertson *Team Leader, Community and Public Health*	*9.20am - 9.30am*
6.	**Healthy Food and Drink Policy**	Claire Robertson *Team Leader, Community and Public Health*	*9.30am – 9.40am*
7.	**Planning & Funding Update**	Philip Wheble *Team Leader, Planning & Funding*	*9.40am – 9.50am*
8.	**Alliance Update**	Philip Wheble *Team Leader, Planning & Funding*	*9.50am – 10.00am*
9.	**Health Target Quarter 3 Update**	Philip Wheble *Team Leader, Planning & Funding*	*10.00am – 10.10am*
10.	**Maori Health Plan Update**	Gary Coghlan *General Manager, Maori Health*	*10.10am – 10.20am*
11.	**General Business**	Elinor Stratford *Chair*	*10.20am – 10.30am*

ESTIMATED FINISH TIME — 10.30am

INFORMATION ITEMS

- **Board Agenda – 13 May 2016**
- **Chair's Report to last Board Meeting**
- **2016 Committee Work Plan (Working Document)**
- **C&PH 6 Monthly report to MoH (July – December 2015)**
- **West Coast DHB 2016 Meeting Schedule**

NEXT MEETING

Date of Next Meeting: Thursday 28 July 2016

WORKPLAN FOR CPH&DSAC 2016 – BASED ON WEST COAST DHB PRIORITY PLAN (*WORKING DOCUMENT)*

	28 January	10 March	28 April	9 June	28 July	8 September	27 October	1 December
STANDING ITEMS	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items
STANDARD REPORTS	Planning & Funding Update Community & Public Health Update Alliance Update	Health Target Q2 Report Maori Health Plan Update Planning & Funding Update Community & Public Health Update Alliance Update	Planning & Funding Update Community & Public Health Update Alliance Update	Health Target Q3 Report Maori Health Plan Update Planning & Funding Update Community & Public Health Update Alliance Update	Planning & Funding Update Community & Public Health Update Alliance Update	Health Target Q4 Report Maori Health Plan Update Planning & Funding Update Community & Public Health Update Alliance Update	Planning & Funding Update Community & Public Health Update Alliance Update	Health Target Q1 Report Maori Health Plan Update Planning & Funding Update Community & Public Health Update Alliance Update
PRESENTATIONS	Mana Tamariki Programme Child & Youth Health		Alliance Workstreams: - Healthy West Coast			Consumer Council		
PLANNED ITEMS		West Coast Public Health Annual Plan		Healthy Food and Drink Policy	Breastfeeding Plan Update	Suicide Prevention Update		
GOVERNANCE AND SECRETARIAT	2016 Work Plan							
DSAC Reporting	As available	Disability Action Plan	As available	Amendment to Disability Action Plan Governance	MoH publication - A Guide to Community Engagemen with People with Disabilities	As available	As available	As available
INFORMATION ITEMS	Latest Board Agenda Chair's Report to Board from last meeting C&PH 6 Monthly report to MoH (Jan – July 2015) 2016 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2016 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2016 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan C&PH 6 Monthly report to MoH (July – Dec 2015) 2016 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2016 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2016 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2016 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan C&PH 6 Monthly report to MoH (Jan – July 2016) 2017 Schedule of Meetings

WEST COAST DHB – MEETING SCHEDULE

JANUARY – DECEMBER 2016

DATE	MEETING	TIME	VENUE
Thursday 28 January 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 January 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 January 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 12 February 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 10 March 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 10 March 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 10 March 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 1 April 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 28 April 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 April 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 April 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 13 May 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 9 June 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 9 June 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 9 June 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 24 June 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 28 July 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 July 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 July 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 12 August 2016	BOARD	10.15am	St Johns Waterwalk Rd, Greymouth
Thursday 8 September 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 8 September 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 8 September 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 23 September 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 27 October 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 October 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 October 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 4 November 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 1 December 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 1 December 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 1 December 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 9 December 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth

The above dates and venues are subject to change. Any changes will be publicly notified.