

TATAU POUNAMU

Ki Te Tai o Poutini



MANAWHENUA ADVISORY GROUP

Friday 09 July 2021

@ 10.00 am Te Nikau Hospital – WCDHB IFHC Meeting Room

Agenda and Meeting Papers

**All Information Contained In These Committee Papers Is
Subject To Change**

AGENDA OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING



TATAU POUNAMU MANAWHENUA ADVISORY MEETING

Te Nīkau Hospital – IFHC Meeting Room 1

Zoom Link: <https://cdhbhealth.zoom.us/j/87542444126>

Meeting ID: 87542444126

Friday 09 July 2021 - 10.00am – 12.30pm

KARAKIA

ADMINISTRATION

Apologies

1. **Interest Register**

Update Interest Register.

2. **Confirmation of Minutes of Previous Meetings**

Previous meeting minutes – 28 May2021 – *Chair*.

10.00am

3. **Carried Forward/Action List Items**

4. **Discussion Items**

- Covid 19 Update 10.25am
- Pae Ora o Te Tai o Poutini. – *Kylie Parkin update*. 10.30am
- Ra Whanau Rima Tekau, 50th – *Kylie Parkin update*. 10.35am
- Working group and committee vacancies. 10.40am
- Tumu Whakarae – *Gary Coghlan update*. 10.45am
- Cancer Hui – *Kylie Parkin update*. 10.50am
- Annual Plan – *Hauora Team update*. 10.55am
- Consumer Council 11.00am
- Health Needs Assessment – *Hauora Team update* 11.05am

REPORTS

5. **GM Māori Health Update** Gary Coghlan - *General Manager* 11.10am
6. **Chairs Update** Susan Wallace - *Chair* 11.20am

Discussion

7. **Facilities Team – Margo Kyle**

- Update on the new Buller Health facility. 11.30am
 - Proposed new Mental Health facility.
8. **Covid 19 Update – Covid Team** 11.45am
- Update from the Covid Team

ESTIMATED FINISH TIME 12.00pm

AGENDA OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING

DRAFT

TATAU POUNAMU ADVISORY GROUP MEMBERS INTEREST REGISTER

Susan Wallace - Chair Te Runanga o Makaawhio

- Member, Te Runanga O Makaawhio
- Member, Te Runanga O Ngati Waewae
- Director, Kati Mahaki ki Makaawhio Ltd
- Director, Kohatu Makaawhio Ltd
- Co-Chair, Poutini Waiora Board
- Area Representative – Te Waipounamu Maori Women's Welfare League
- Representative, Te Runanga O Ngai Tahu (Makaawhio)
- Trustee, Te Pihopatanga O Aotearoa Trust

Ned Tauwhare - Ngati Waewae Representative

- West Coast community Response Forum (MSD) Ngai Tahu Rep
- Te Runanga O Ngati Waewae Member
- Te Runanga O Ngati Waewae Advisor – Kawatiri Role
- Te Runanga O Ngati Waewae Advisor – Te Ha O Kawatiri Role
- Te Runanga O Ngati Waewae Advisor – Buller Inter Agency
- Te Runanga O Ngati Waewae Advisor – Reefton Partnership Forum
- West Coast District Health Board Consumer Council – Maori Representative
- Te Whare Akoanga Committee (Grey High School)

Chris Auchinvole – Board Representative

- Director Auchinvole & Associates Ltd
- Justice of the Peace
- Daughter-in-law employed by Otago DHB

Joseph Mason - Ngati Waewae Representative

- Greymouth High School – Te Reo Teacher

MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING FRIDAY 28 May 2021 Te Nikau Hospital – WCDHB IFHC MEETING ROOM 10AM.

PRESENT: Susan Wallace, Te Runanga o Makaawhio (Zoom)
Chris Auchinvole, WCDHB Board Representative (In person)
Ned Tauwhare, Te Rūnanga O Ngāti Waewae (In person)
Joseph Mason, Ngati Waewae Representative (In person)
Gary Coghlan, General Manager Maori Health (In person)
Marion Smith, Portfolio Manager, Maori Health (In person)
Marie Mahuika-Forsyth, Te Runanga O Makaawhio Representative (In person)
Richelle Schaper, Kawatiri Representative (Zoom)
Anne Ginty, Mawhera Community Representative (In person)
Kyle Parkin, Portfolio Manager, Maori Health (In person)

MINUTE TAKER: Melanie Wilson

WANANGA

Consumer Council : Russ Aiton,
Christine Robertson

Mihi Whakatau/Karakia.

Susan Wallace

AGENDA/APOLOGIES.

1. DISCLOSURES OF INTEREST.

- 1.1. Updates or amendments discussed.

2. MINUTES OF LAST MEETING.

- 2.1. Minutes of the previous meeting taken as a correct record.

Moved: Chair

Second: All present

3. ACTION POINTS FROM PREVIOUS MEETINGS.

3.1. Suicide Prevention. – [On-going](#)

- a. Moved to next meeting due to time restraints.

3.2. Strategic Planning Day – [On-going](#)

- a. Interest with Tatau Pounamu to organise strategic planning day.
- b. Invite to MOH transition team to perhaps attend the next Strategic Planning Day.

3.3. Te Tiriti and Maori Health Equity Governance and Leadership Workshop

- a. Report tabled by Chris Auchinvole who gave an overview of the event, emphasised the value of attending.
- b. Discussed the idea of regional workshops.
- c. Upcoming zoom will be available 20 and 21 July. Offered Tatau Pounamu members the use of the IFCH room, for those who would like to attend.

3.4. Covid 19

- a. Discussed West Coast DHB Covid 19 response, vaccination program and data received daily to track progress.
- b. Source information fact sheet/pamphlet just released today 28th of May).

3.5. WCDHB Staff Hui

- a. Staff hui feedback tabled.
- b. Discussed Weekly Waiata being held on Wednesdays 9.15 to 9.45.

4. DISCUSSION ITEMS / A G E N D A.

4.1. COVID 19.

- a. Discussed West Coast DHB Covid 19 response, vaccination program.
- b. Discussed communication around the Covid 19 with local Runanga, and other providers, network is being developed.
- c. Hauora Maori are involved in a steering group ensuring equity is at the forefront of every decision. Key roles are being established to lead the roll-out of the vaccination programme.
- d. **Key aspects, objectives and Strategies**
 - Pamphlet now available.
 - More Maori nurses completing the vaccination training.
 - Second vaccinations are being booked by team after receiving their first one.
 - Video available – Missy Campbell, great resource for whanau promoting vaccination.
 - Data received daily from the Ministry around uptake of vaccination.
 - Funding tranches starting to come through from the MoH for Māori provision.
 - Comms being released currently is overwhelming Flu, Bowel screening, MMR and Covid.
 - Ensure that the information being released is informative and encouraging to whanau.

4.2. Pae ora o Te Tai o Poutini

- a. Discussed Pae Ora o Tē Tai Poutini evaluation undertaken by Dr Melissa Cragg for Poutini Waiora. Potential to transform model of care and work in genuine partnership with the sector moving forward. Fiona Pimm has been contracted to further investigate the potential for this to be developed into a model of care.
 - Hauora Maori team providing support to Fiona.
 - Tatau Pounamu looking forward to seeing the result of the work.

4.3. WCDHB Staff Hui

- a. Discussed planned timetable for the year. The dates have now been confirmed and sent to all Maori staff and their managers.
- b. The second staff hui has been held at St Johns, Holly Weir from South Island Alliance Programme Office presented and held workshops with the staff. This was a very successful Hui and the feedback has been positive.
- c. Tatau Pounamu representatives to be advised of the date, so they may attend these hui.

4.4. Tatau Pounamu Membership

- a. Discussed vacancy for Mawhera area, member Anne Ginty has reconsidered and wishes to continue membership with Tatau Pounamu.

4.5. Working Groups

- a. Hauora team have provided a list of the various working groups, committees, Alliance groups that are currently being attended by Hauora team, Tatau Pounamu members and Poutini Waiora.
- b. Crucial to build capacity of Māori who can contribute.
- c. Discussed the next step which is to prioritise the groups.

d. Key points of Working Group Discussion

- Shortage of Maori representatives, spread too thinly.
- Ensure that a difference can be made for the outcomes of whanau.
- Strategy to ensure representatives are supported by Hauora Māori until they grow confidence.
- Opportunity for training and allow, support and growth of kaimahi.
- Look towards building a succession pathway / plan.
- Rise of focus groups, short term development rather than on-going commitment.

4.6. Annual Plan – Melissa McFarlane

- a. Discussed Draft Annual Plan, presented by Melissa McFarlane. First draft was submitted to the MoH early March. Acknowledgement extended to Gary, Kylie and Marion for all the work they put into that draft. All Hauora Māori sections were approved by MOH. Feedback has been received from the Ministry. Feedback from Tatau Pounamu to occur at next draft. Final draft of the Annual Plan to be submitted in June.

b. Key points of Working Group Discussion

- Final draft will be submitted to the Ministry in June (pending further instruction from MoH).
- Tatau members to review Annual Plan via Zoom or in person.
- Papers will be sent out prior to Zoom meeting for review.
- Draft to have highlighted any actions that are around equity directed at Maori health.
- IFHC room available for that meeting.

5. GM Māori Health Update.

- 5.1. Report taken as read.

6. Chairs Update.

- 6.1. Report taken as read.

7. Consumer Council.

- 7.1. Consumer Council wānanga

- a. Discussion about the Terms of Reference which is currently under review
- b. A wananga suggested between Tatau Pounamu and Consumer Council to discuss values and principles and how a genuine Treaty partnership approach could look. Really crucial to have the voice of Maori consumer, well supported at the table. Tatau Poumanu will use Tē Tiriti O Waitangi and the consumer engagement QSM framework to guide their thinking on how to develop the partnership agreement moving forward.

c. Key points of discussion:

- Consideration of governance structure 50% Maori representation.
- Ensure Te Tiriti o Waitangi is the foundation for solid partnership.
- Focus to be on the principles and ensure the primary Po is equity.
- Proposed the idea of a Maori Co- Chair.
- Other option is to consider the establishment a stand-alone Maori Consumer Council.
- Shared proxy to ensure representation at all times.

d. Focus points of discussion:

- Consumer Council to be a reflection of true partnership.
- The voice of Maori consumers are able to be heard clearly.
- Terms of reference currently under review requires a Maori lens to it.
- Ensure framework allows Māori to contribute and that their input is valued.
- Education and awareness of health inequities needed.
- Opportunity for Tatau Pounamu to lead the way in this kaupapa, hard to find robust models across the NZ currently.
- Key objective to overall improve Maori health outcomes by eliminating health inequities for Maori.

7.2. Consumer Council.

a. Joined by Russ Aiton and Christine Robertson from the Consumer Council.

b. Key points of discussion

- Russ provided key information regarding how the Consumer Council was established and how it presently operates. Acknowledged that a review of how Māori voice is incorporated is overdue and that there is a gap currently. There is currently National work occurring on how te Tiriti o Waitangi is embedded in Consumer Councils.
 - Meeting today to discuss how to best fill those gaps and discuss with Tatau Poumanu about partnership, of working together for the community.
 - Consumer Council are undergoing restructuring, partnership opportunities and co design, is essential moving forward.
 - Full meeting of the Consumer Council will be held in August 2021.
- c. Formation of guiding principles to be developed by Tatau Pounamu, the Quality framework, Whakamaui and te Tiriti o Waitangi will provide the foundation.
- d. Meeting to be held with Tatau Pounamu members and the Consumer Council members to discuss proposed framework and partnership approach.

8. Haoura Maori Health Team Update.

8.1. Weekly meetings of the Hauora team are currently being held with a focus on seven key priorities/ projects to ensure completion of key priority areas.

a. Key points of discussion

- Pae ora o Tē Tai o Poutini
- Covid – Vaccination Roll-out
- 50 Yr old free health check
- Workforce
- Community / iwi / hapu
- Workforce / Staff Hui / Waiata

Meeting ended at 12.30pm. Next meeting is to be held at Te Nikau IFHC on the Friday 9th July 2021.

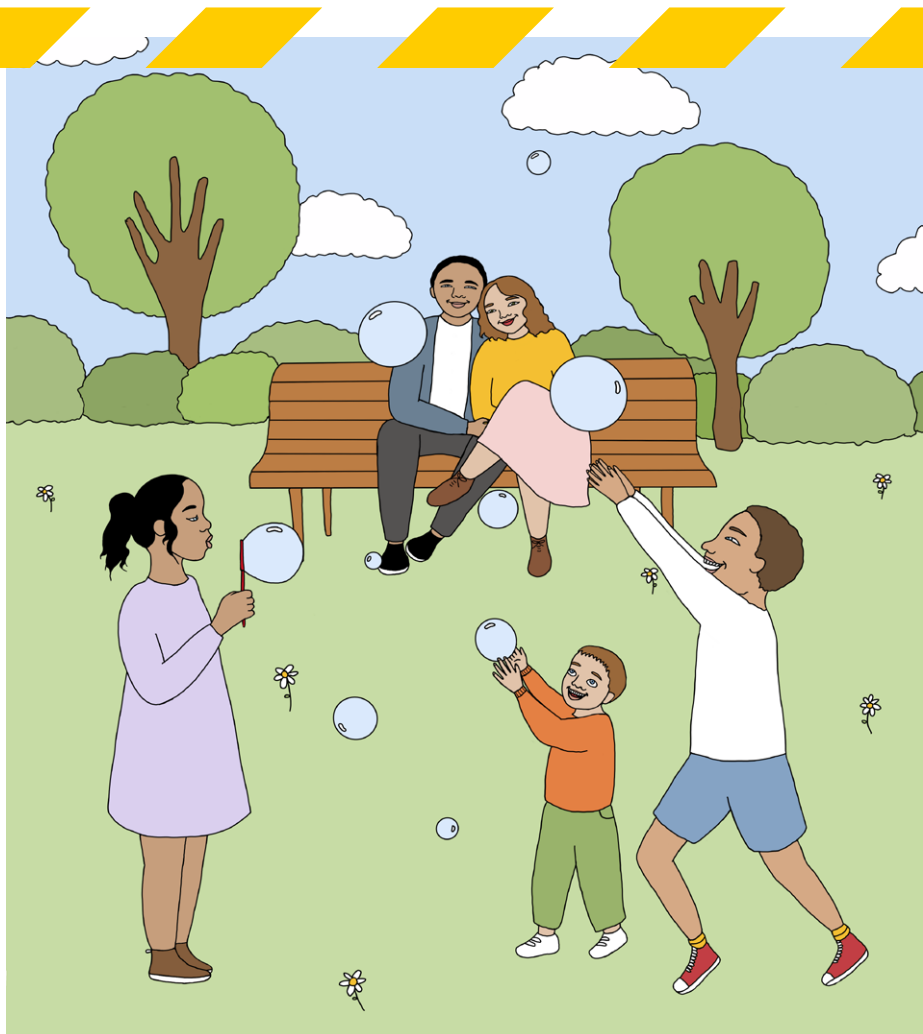
TATAU POUNAMU

ACTION LIST ITEMS 09 April 2021



Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
1.	May 28	1 DISCLOSURES OF INTEREST - Action: All members to update their disclosures of interest, email and confirm before the next meeting.	All Members (To email to PA – MW)	July Meeting
2.	May 28	3.1 Suicide Prevention. – Ongoing - Action: Korero at the next Hui to discuss potential Tatau Pounamu involvement in this kaupapa. - Action: Invite Claire Robinson to join the discussion.	All Members Gary Coghlan	July Meeting
3.	May 28	3.2 Strategic Planning Day - Members who attended commented it was a very valuable exercise. - Action: Schedule another Strategic Planning Day.	Gary Coghlan	July Meeting
4.	May 28	3.3 Te Tiriti and Maori Health Equity Governance and Leadership Workshop - Action: Zoom registration link sent out to Tatau Pounamu members.	Melanie Wilson	July Meeting
5.	May 28	3.4 Covid 19 - Action: Email pamphlet out to Tatau members	Marion Smith	July Meeting
6.	May 28	3.5 WCDHB Staff Hui - Action: Email times / venues to Tatau members	Marion Smith	July Meeting
7.	May 28	4.1 Covid 19 - Action: Continue to source Maori nurses to become vaccinators.	Hauora Team	July Meeting

8.	May 28	4.2 Pai Ora O Te Tai O Poutini - Action: Steering Group to be established to provide input and guidance	Kylie Parkin	July Meeting
9.	May 28	4.3 WCDHB Staff Hui - Action: When confirmed, advise Tatau Pounamu kaimahi of the next Hui	Marion Smith	July Meeting
10.	May 28	4.5 Working Groups - Action: Hauora Team to prioritise the list of working groups in order of importance to submit to the next meeting.	Gary Coghlan, Kylie Parking	July Meeting
11.	May 28	4.6 Annual Plan - Action: Draft of the Annual Plan sent to KP and disseminated to Tatau Board Members for review - Action: Meeting to be arranged to review the Draft Annual Plan	Kylie Parkin	July Meeting
12.	May 28	7.2 Consumer Council - Action: Principles created and to be sent out to Tatau Pounamu for review. - Action: Meeting with Chairman and key members of the council to discuss equity framework to be added to the terms of reference. - Action: Email to be sent to Russ and Christine. - Action: Advise Tatau Pounamu of where and when the Consumer Council meet.	Gary Coghlan, Susan Wallace On-going Susan Wallace Gary Coghlan	July Meeting



Our COVID-19 vaccination plan

New Zealand Government

Unite
against
COVID-19



Our plan

We have secured enough of the vaccine for everyone, and it's free

We've secured enough Pfizer vaccine for everyone in New Zealand aged 16 and over, to get the two doses they need to be protected. Getting the vaccine is free for everyone, regardless of your residency or citizenship status.

How the vaccine works

The vaccine works by teaching your immune system to recognise and fight off the virus. It doesn't contain the virus, or anything that can affect your DNA. This means the vaccine can't give you the disease.

How we know it's safe

Medsafe (New Zealand's medicines safety authority) only grants consent for a vaccine to be used in New Zealand once they are satisfied it's safe and effective to use.

All COVID-19 vaccines will go through the same safety steps, and must meet the same robust standards. There have been no shortcuts in granting approval.

How the rollout works

We're rolling out the vaccine in stages. We've created four groups that everyone in the country aged 16 and over will fall under.

Groups 1 and 2 - We started by protecting those most at risk of catching COVID-19 or most at risk if they do get it, including: Border, MIQ and high-risk frontline workers; those living in long-term residential care, and older Māori and Pacific people being cared for by whānau, and those at high risk living in Counties Manukau DHB area. This reduces the risk of future outbreaks and lockdowns.

Group 3 - Next, we'll vaccinate other people most at risk of getting seriously sick.

Group 4 - Finally, we'll protect everyone else in Aotearoa aged 16 and over.

Your plan



1. Find out what group you're in

Go to [Covid19.govt.nz](https://www.covid19.govt.nz) to find out which group you are in. People at greater risk will get the vaccine first.



2. Your appointment

Groups 1 and 2 – before June 2021

Groups 1 and 2 will be invited by their local health provider or employer. There's no need to call anyone. We'll contact you.

Group 3 – from May 2021, Group 4 – from July 2021

We'll let you know when to take action. Keep an eye out for more information. We will have a range of places where you can get vaccinated, including community clinics, marae, pop-up venues and pharmacies. We'll let you know when these are ready in your area.



3. Be prepared

Your first vaccination

Once you have your booking, note the time of your first vaccination here:

Remember to share any existing health conditions you have or medications that you take with your vaccinator.



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Kāore he utu o te kano ārai i a KOWHEORI-19, ā, e wātea ana ki ngā tāngata katoa o Aotearoa. Rapua āhea taea ai e koe te whiwhi i te kano ārai mate.

لقاحات COVID-19 مجانية ومتاحة للجميع في نيوزيلندا. متى يمكنك الحصول على اللقاح.

E rāvenga tutaki-kore te au vairākau pāruru COVID-19, e te vai nei no te katoatoa i roto i a Aotearoa. Kimi'ia 'ā'ea koe e patia'ia ei ki te vairākau-pāruru.

واكسن های کووید-۱۹ برای همه افراد در نیوزیلند رایگان و در دسترس است از زمان واکسن زدن خود مطلع شوید

Na icula ni COVID-19 era sega ni saumi qai vakarautaki vei ira kece na vakaitikotiko i Niusiladi. Mo kila na gauna o rawa ni cula kina.

न्यूज़ीलैंड में COVID-19 के टीके मुफ्त और सभी के लिए उपलब्ध हैं। पता करें कि आपको टीका (वैक्सीन) कब लग सकता है।

現在、国内にいる全ての人が新型コロナウイルス感染症のワクチンを無料で接種できます。接種の時期をご確認ください。

E aki kaboaki te iti n totoko ibukin te COVID-19 ao e tauraoi ibukia aomata n kabane iaon Nutiran. Kakaea bwa n ningai ae ko na kona ni itinaki iai n te iti n totoko.

COVID-19 백신은 뉴질랜드에서 누구나 무료로 접종받을 수 있습니다. 언제 백신 접종을 받을 수 있는지 알아보십시오.

Nakai fai togoti e tau vai huki COVID-19 ti maeke ke moua oti he tau tagata i Niu Silani. Kumikumi ke iloa ko e a fe ka maeke ia koe ke moua e huki.

COVID-19 (ਕੋਵਿਡ-19) ਟੀਕੇ ਮੁਫਤ ਹਨ ਅਤੇ ਨਿਊ ਜ਼ੀਲੈਂਡ ਵਿੱਚ ਹਰੇਕ ਵਿਅਕਤੀ ਲਈ ਮੁਫਤ ਅਤੇ ਉਪਲਬਧ ਹਨ। ਪਤਾ ਲਗਾਓ ਕਿ ਤੁਹਾਨੂੰ ਵੈਕਸੀਨ ਕਦੋਂ ਮਿਲ ਸਕਦੀ ਹੈ।

Vai ne COVID-19 kat tōg 'e ra ma sãe ofrāu se te' ne famori 'e Niu Sirāgi. Sākior ne av hes ta 'āe la pō la teak 'e vai ta.

E maua fua tuipuiipui o le COVID-19 ma e maua mo tagata uma i totonu o Niu Sila. Saili poo afea e mafai ai ona fai lou tuipuiipui.

新冠疫苗免费提供给在新西兰的所有人。了解您何时可以接种疫苗。

Tallaalada COVID-19 waa bilaash oo waxaana loo heli karaa qof walba oo ku nool New Zealand. Ogow marka aad heli kartid tallaal.

Las vacunas contra la COVID-19 son gratuitas y están disponibles para todos los que se encuentren en Nueva Zelanda. Averigua cuándo puedes vacunarte.

Ang mga bakuna laban sa COVID-19 ay libre at makukuha ng lahat sa New Zealand. Alamin kung kailan ka maaaring bakunahan.

มีวัคซีน COVID-19 ให้ฟรีแก่ทุกคนที่อยู่ในนิวซีแลนด์ ตรวจสอบว่าคุณจะได้รับการฉีดวัคซีนเมื่อใด

Ko nā tui puipuia o te COVID-19 e hē togotia, ma e avanoa ki nā tino uma lele i luga o Niu Hila. Hakili pe mafai ke fai āfea hō tui puipuia.

Ko e ngaahi huhu malu'i COVID-19 'oku ta'etotongi ia pea 'oku 'atā atu ki he tokotaha kotoa pē 'i Nu'u Sila. 'Ilo'i 'a e taimi te ke ala ma'u atu ai hao huhu malu'i.

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Te suki puipui o te COVID-19 e se 'togi kae avanoa mo so se tino i Niu Sila.

Salasala ke iloa ne koe me mafea e fai iei tau suki puipui.

COVID-19 ویکسینز مفت ہیں اور یہ نیوزی لینڈ میں ہر شخص کو دستیاب ہیں۔

معلوم کریں کہ آپ کب ویکسین لگوا سکتے ہیں۔

Vắc xin COVID-19 được cung cấp miễn phí cho tất cả mọi người đang có mặt ở New Zealand.

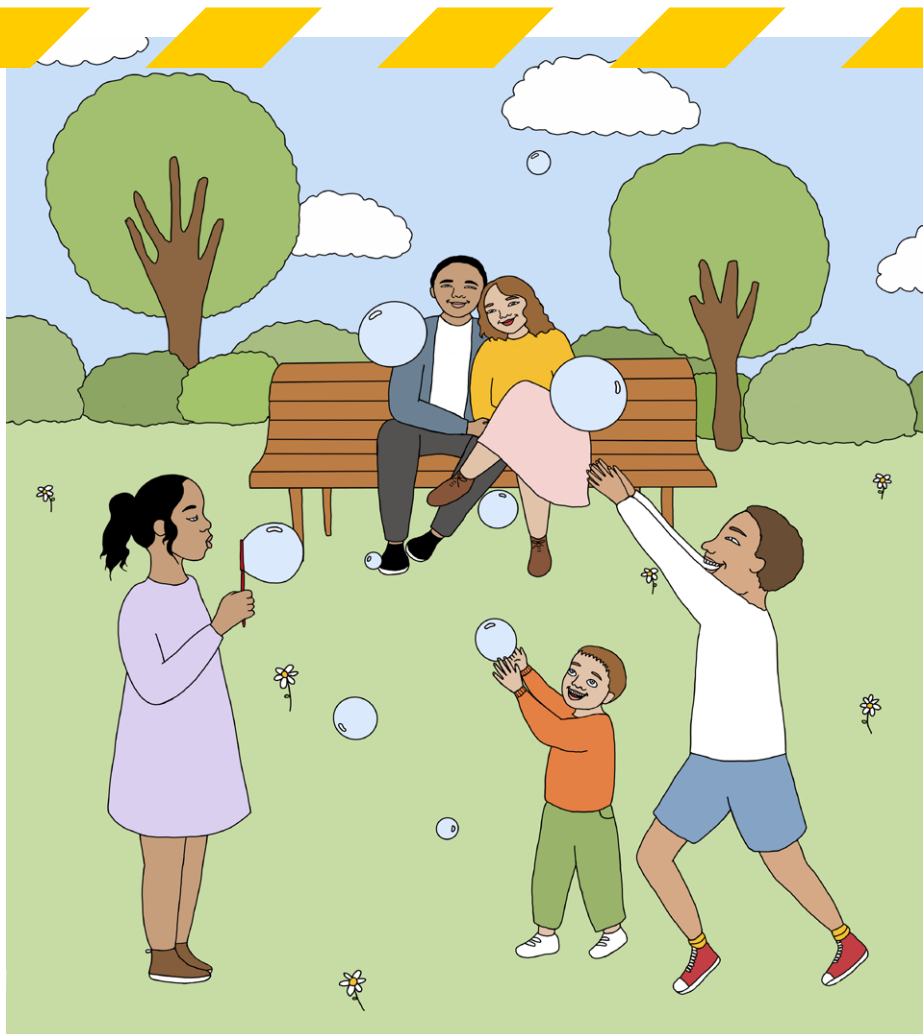
Tìm hiểu khi nào thì bạn có thể được chích ngừa.

You can also find information in New Zealand Sign Language, Braille, Easy Read and Large Print and Audio at www.covid19.govt.nz/alternate-formats

Covid19.govt.nz

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現在、国内にいる全ての人が新型コロナウイルス感染症のワクチンを無料で接種できます。接種の時期をご確認ください。

E aki kaboaki te iti n totoko ibukin te COVID-19 ao e tauraoi ibukia aomata n kabane i aon Nutiran. Kakaea bwa n ningai ae ko na kona ni itinaki iai n te iti n totoko.

COVID-19 백신은 뉴질랜드에서 누구나 무료로 접종받을 수 있습니다. 언제 백신 접종을 받을 수 있는지 알아보십시오.

Nakai fai togoti e tau vai huki COVID-19 ti maeke ke moua oti he tau tagata i Niu Silani. Kumikumi ke iloa ko e a fe ka maeke ia koe ke moua e huki.

COVID-19 (ਕੋਵਿਡ-19) ਟੀਕੇ ਮੁਫਤ ਹਨ ਅਤੇ ਨਿਊ ਜ਼ੀਲੈਂਡ ਵਿੱਚ ਹਰੇਕ ਵਿਅਕਤੀ ਲਈ ਮੁਫਤ ਅਤੇ ਉਪਲਬਧ ਹਨ। ਪਤਾ ਲਗਾਓ ਕਿ ਤੁਹਾਨੂੰ ਵੈਕਸੀਨ ਕਦੋਂ ਮਿਲ ਸਕਦੀ ਹੈ।

Vai ne COVID-19 kat tōg 'e ra ma sãe ofrāu se te' ne famori 'e Niu Siragi. Sākiore ne av hes ta 'āe la pō la teak 'e vai ta.

E maua fua tuipuiipui o le COVID-19 ma e maua mo tagata uma i totonu o Niu Sila. Saili poo afea e mafai ai ona fai lou tuipuiipui.

新冠疫苗免费提供给在新西兰的所有人。了解您何时可以接种疫苗。

Tallaalada COVID-19 waa bilaash oo waxaana loo heli karaa qof walba oo ku nool New Zealand. Ogow marka aad heli kartid tallaal.

Las vacunas contra la COVID-19 son gratuitas y están disponibles para todos los que se encuentren en Nueva Zelanda. Averigua cuándo puedes vacunarte.

Ang mga bakuna laban sa COVID-19 ay libre at makukuha ng lahat sa New Zealand. Alamin kung kailan ka maaaring bakunahan.

มีวัคซีน COVID-19 ให้ฟรีแก่ทุกคนที่อยู่ในนิวซีแลนด์ ตรวจสอบว่าคุณจะได้รับการฉีดวัคซีนเมื่อใด

Ko nā tui puipuia o te COVID-19 e hē togotia, ma e avanoa ki nā tino uma lele i luga o Niu Hila. Hakili pe mafai ke fai āfea hō tui puipuia.

Ko e ngaahi huhu malu'i COVID-19 'oku ta'etotongi ia pea 'oku 'atā atu ki he tokotaha kotoa pē 'i Nu'u Sila. 'Ilo'i 'a e taimi te ke ala ma'u atu ai hao huhu malu'i.

新冠疫苗在紐西蘭免費提供給所有人。

了解您何時可以接種疫苗。

Te suki puipui o te COVID-19 e se 'togi kae avanoa mo so se tino i Niu Sila.

Salasala ke iloa ne koe me mafea e fai iei tau suki puipui.

COVID-19 ویکسینز مفت ہیں اور یہ نیوزی لینڈ میں ہر شخص کو دستیاب ہیں۔

معلوم کریں کہ آپ کب ویکسین لگوا سکتے ہیں۔

Vắc xin COVID-19 được cung cấp miễn phí cho tất cả mọi người đang có mặt ở New Zealand.

Tìm hiểu khi nào thì bạn có thể được chích ngừa.

You can also find information in New Zealand Sign Language, Braille, Easy Read and Large Print and Audio at www.covid19.govt.nz/alternate-formats

Covid19.govt.nz

New Zealand Government

**Unite
against
COVID-19**

Maori Representatives On Committees/Working Groups/Boards 2021

GROUP / COMMITTEE / BOARD	MEMBERSHIP
HQSC Quality Improvement	Kylie Parkin
Mental Health Quality Team	Kylie Parkin
Local Diabetes	Gary Coghlan / Angela Orr
Local Cancer	Kylie Parkin
Child & Youth Workstream – (Davina??)	Kylie Parkin / Tracey Sollitt
Healthy West Coast	Kylie Parkin
Health of Older People	Marion Smith
WCDHB Board	Francois Tumahai
Maternity Quality Safety - MOG	Kylie Parkin, Gemma Rae
ASG	Kylie Parkin
Oral Health - SOG	Kylie Parkin
Tobacco Coalition	Marion Smith
ALLIANCE GROUPS	
- Alliance Northern	Marion Smith + Richelle Schaper
- Alliance Central	Gary Coghlan + VACANT MĀORI REP
- Alliance Southern	Kylie Parkin / Ned Tauwhare
Workforce Development	Marion Smith
CCCN	Marion Smith
South Island Workforce Development Group	Gary Coghlan
Clinical Board Māori Consumer Appointment	Gary Coghlan / Deb Wright / Jenny Bell / Taylor Cadigan
Studentships	Marion Smith
Bowel Screening Steering Group	Kylie Parkin / Marion Smith
Central IFHC Group	Gary Coghlan / Kylie Parkin
Equity Group	
MĀORI REP VACANCY REQUESTS	
Alliance Central Request	Māori Rep Request
Disability Steering Group Request	Māori Rep Request

Nomination Form: West Coast Health System Disability Steering Group

Community Positions Available

2x positions for a person who lives with a disability

1x position each for a whānau member, Maori, Pacific, Disability Provider

1x Independent Chair

A total of 7 positions

Please identify if you are interested in the role of Chair

Nominee's contact details:

Name:
Perspective you can contribute to implementation of the Disability Action Plan
Email:
Telephone:
Postal address:
A minimum of 2 referees who we can speak to in regards this application
Date:

Please provide a brief written summary that covers the following points

1. Brief introduction of yourself.
2. Any previous roles that have focused on improving a disabled person and/or their whānau experience of living in our West Coast community.
3. What connections and networks do you have with the disability community.
4. From your perspective can you tell us what you think the key issues re for disabled people and their whanau when they need health services.



Invitation for nominations for membership of the West Coast Disability Steering Group from the disability community

Introduction

On behalf of the health system the West Coast DHB and the Alliance is seeking community members to become members of our new Health System Disability Steering Group (DSG). We are also seeking a Chair.

We support disabled peoples position '*nothing about us without us*' and are therefore seeking people who live with a disability or are whanau.

The DSG will be responsible for the implementation of the objectives and priority actions of the Transalpine Health Disability Action Plan within the West Coast health system and contributes. The Action Plan is attached separately with this email.

Please note this Plan is still in draft as this updated version is yet to be endorsed by the West Coast Executive Management Team and the Alliance. This is planned to occur before the DSG has its first in early 2021.

About the DSG

The DSG, will have both DHB members and community members, will operate according to the Terms of Reference which is attached. You will note that these Terms of Reference are still in draft as they will not be finalised until the West Coast DSG is formed and endorsed them.

Disability Community Members of the DSG

We invite applications from people who :

- personal experience, and knowledge, through their own or family experiences, of issues affecting people who have a disability
- strong personal networks in the community that interacts with disabled people
- good communication and time management skills
- experience in work cooperatively and positively in a group environment to achieve a common goal
- sound problem solving skills

How to apply

If you wish to be considered for DSG membership, please apply by sending:

- a completed the nomination form
- a covering letter, including whether there are particular areas of the WCDHB Disability Action Plan that are of interest to you, and whether you wish to be considered for the position of Chair

If you have any questions about the role of a DSG member, or for a copy of the Disability Action Plan, please contact Kathy O'Neill on 337 8659 or email kathy.o'neill@cdhb.health.nz. Kathy is Disability Portfolio Lead for Canterbury and West Coast DHBs.

Applications should either be emailed to disabilityplan@wcdhb.health.nz or posted to Planning & Funding, West Coast DHB, PO Box 387 Greymouth 7805, or delivered to Planning & Funding at Cowper Hub, Cowper Street, Greymouth by 25 November 2020.

Appointments of Community Members

Applications will be acknowledged and a timeframe for interviews will be provided at that time as timing will depend what can be achieved before the Christmas break .

Interviews will be held with a member of the West Coast disability community, the Canterbury and West Coast DHB Disability Portfolio Lead and a leader from the West Coast health system

The Canterbury and West Coast DHB Executive Sponsor will appoint members to the DSG following the recommendation of the appointment panel. Appointments are made for a three year term, with an opportunity to serve for one further term by mutual agreement.

There may be times when DSG directly appoints a member in order to meet a specific need in the group. These appointees to the group will require the approval of the DSG and the Executive Sponsor.

Remuneration and Expenses

The DSG Community Members receive a meeting fee of \$65 per meeting (gross) and may also be reimbursed for additional parking or transport costs, such as taxi vouchers, if required. Members are responsible for any individual taxation requirements.

Support Requirements

Assistance to enable participation, such as a sign language interpreter, or other support that a person needs to participate in the DSG, will be provided at meetings if required. Also members may bring a support person to meetings as needed. Should any further support be required, members need to discuss their individual support requirements with Kathy O'Neill, Canterbury and West Coast DHB Disability Lead for Planning and Funding.

Accountability

The DSG will be accountable to, and provide regular updates to, the West Coast DHB Executive Management Team via the Executive Sponsor and to the West Coast DHB Board via the Advisory Committee and the West Coast Alliance Leadership Team.

Communication between Community Members and the disability community will be through the member's contacts with the sector. It is expected that members will consult with, and provide feedback to and from the disability sector, on relevant issues as required.



TERMS OF REFERENCE (still in draft)

West Coast Health System Disability Steering Group

Scope	<p>The West Coast Health System Disability Steering Group (WCHS-DSG) is to oversee, influence and ensure that the DHB, primary care and health service providers work together to achieve the objectives by progressing and implementing the priority actions of the West Coast Health Disability Action Plan</p> <p>The WCHS-DSG will also ensure that where work to achieve the objectives of the Disability Action Plan is relevant to West Coast and Canterbury Health system, the work will be shared and where possible support will be given to achieve the priority actions, in a Transalpine approach.</p>
Purpose	<p>The WCHS-DSG will help identify and compel activity that will achieve the transalpine vision that people with disabilities will experience a responsive and inclusive health system that supports them to live lives to their full potential and be safe and well in their homes and communities.</p> <p>The WCHS-DSG will influence behaviours, system and process design across the health system, to enable this vision that will result in improved health outcomes for this population.</p>
Objectives	<ul style="list-style-type: none"> • Oversee the development, implementation and evaluation of the Health Disability Action Plan.

	<ul style="list-style-type: none"> • Facilitate linkages and information sharing to decision makers within clinical, operational and professional groups of the health system and to the Work Streams of the Alliance, to ensure a disability focus is incorporated. • Influence the strategies that develop and support the workforce to be competent and responsive to the needs of people with disabilities • Effectively link to the disability community.
Principles	<p>Definition: The United Nations (UN) Convention on the Rights of Persons with Disabilities, which New Zealand ratified in 2007, describes disability as resulting ‘from the interactions between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others’ (UN General Assembly 2007).</p> <p>The WCHS-DSG will undertake to address and remove these barriers. The key principle to achieve this is to facilitate and support the self determination of people who experience disability by ensuring their active participation in the design of the health system and its services. These Principles are specified in the Plans Position Statement which forms a part of the Disability Action Plan</p>
Accountability	<p>The WCHS-DSG is accountable to the Executive Management Team and will report regularly to them.</p> <p>The WCHS-DSG is endorsed by the West Coast DHB Advisory Committee and the Alliance Leadership Team. This endorsement will include ensuring the</p>

	breadth of membership will guarantee the engagement and voice of people with disabilities and their families.
Membership	<p>WEST COAST DHB -INTERNAL (suggested)</p> <p>Executive Sponsor</p> <p>Disability Lead, Planning and Funding</p> <p>Community and Public Health</p> <p>Clinical Leads</p> <p>People and Capability</p> <p>Operations Manager</p> <p>Quality and Patient Safety</p> <p>Communication</p> <p>COMMUNITY MEMBERS</p> <p>Alliance Members from the 3 areas</p> <p>People with lived experience of a disability, Māori, Pacific, Family</p> <p>Primary Care</p> <p>Disability NGO</p> <p>Other staff and community representatives will be co-opted as required.</p>
Chairperson	A local leader from the disability community
Quorum	50% membership
Meetings	Monthly (11 per year)

Agenda	Approved by the chair and circulated 1 week prior to the scheduled meeting date
Minutes	Minutes will be circulated within 5 working days following the meeting

Appendix 2 Process and Timeframe for Identifying New Disability Steering Group Members

Plan	Estimated Timeframe for completion of the task
Send out Nomination Pack to the Disability Community Network	12 November 2020
Closing date to receive Nominations	25 November 2020
Shortlisting for Interviews concludes and notifications to candidates sent	10 December 2020
Face to Face Interviews	TBC
Referee Checks completed and recommended nominees to become members identified	TBC
Approval by Executive Director Sponsor and Chair of Alliance Leadership Team of members to join DSG	TBC
New members notified and Orientation Pack for new members sent	TBC
Welcome and First Meeting of Disability Steering Group	TBC

Note this is a realistic timeframe in normal times but dates may have to vary if we as a community have to respond to restrictions in the event there is a change in the prevalence of the community transmission of COVID19.

Canterbury

District Health Board

Te Poari Hauora o Waitaha



West Coast

- District Health Board -

Te Poari Hauora a Rohe o Tai Poutini









Canterbury and West Coast Health

Disability Action Plan 2020 – 2030

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



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Implementing and refreshing our Disability Action Plan: 2016 - 2026

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

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

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

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

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

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



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

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

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



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

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

The Plan is structured around the eight strategic outcomes in the 2016 -2026 NZ Disability Strategy. As District Health Boards, we emphasise the Health and Wellbeing strategic outcome, but also have a wider role, consistent with our Position Statement.

This statement is to inform our population and other agencies of the prevailing organisational view on key issues for disabled people.

The Canterbury DHB Disability Steering Group the West Coast and Canterbury Alliance Leadership Teams and the Advisory Committees to the DHB Boards have the responsibility and the role for ensuring the Plan is implemented consistent with the priorities identified by disabled people and their family/whānau, the following systemic priorities will be assessed by all members of these groups, but is a particular role of the disability community members on these groups, and their networks, as the priority actions are progressed:

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



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

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

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



Back row from left: Lara Williams (Administrator), Jane Hughes, Sekisipia Tangi, Rāwā Karetai, Rose Laing, Paul Barclay, Kathy O'Neill, Tyler Brummer, Kay Boone, WaikuraTau-McGregor, Maureen Love, Lemalu Lepou Suia Tuula

Front row from left: Joyce Stokell, Thomas Callanan, Grant Cleland (Chair), Allison Nichols-Dunsmuir, Shane McInroe, Harpreet Kaur, Mick O'Donnell

Absent: Simon Templeton, Jacqui Lunday-Johnstone, Catherine Swan, George Schwass, Dave Nicholls, Susan Wood

Position Statement – Promoting the health and wellbeing of disabled people

Purpose

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

Key points

We recognise that a significant proportion of the New Zealand population experience impairments, which may result in disability and disadvantage. In addition, the population is aging which will increase the number of people experiencing impairment. Accessibility and inclusion are rights to be protected. They are also catalysts for new ideas and innovation that can lead to better services and outcomes.



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

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

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

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

Alignment with Core Principles and Philosophies

The philosophies of whānau ora and Enabling Good Lives (EGL) are compatible with each other, with a mutual emphasis on building whānau capacity, collective leadership, whānau planning and kaitūhono.

The whānau ora outcome goals and EGL principles are outlined in the following table and are shown to be aligned with the UNCRPD Articles and the strategic objectives of this Action Plan:



Whānau Ora outcome goals	Enabling Good Lives principles	UNCRPD Articles	Transalpine Health Disability Action Plan 2020 -2030
Whānau are self-managing	Self-determination	<ul style="list-style-type: none"> • Self-direction • Clauses N and O in the Preamble 	<ul style="list-style-type: none"> • Improve Health Literacy • Improve access to personal information
Whānau are living healthy lifestyles	Beginning Early	<ul style="list-style-type: none"> • Health, Article 25 • Habitation, Article 26 	<ul style="list-style-type: none"> • Offer appropriate treatments • Monitor Quality
Whānau are participating fully in society	Person Centred	<ul style="list-style-type: none"> • Awareness raising Article 8 • Living independently and being involved in the community Article 19 • General obligations – human rights and fundamental freedoms 	<ul style="list-style-type: none"> • Implement a Pasifika disability plan • Develop better approaches for refugee, migrant and culturally and linguistically diverse groups
Whānau are confidently participating in Te Ao Māori	Ordinary life outcomes		<ul style="list-style-type: none"> • Work towards equitable health outcomes for Māori
Whānau are economically secure and successfully involved in wealth creation	Mainstream first		<ul style="list-style-type: none"> • Be an equal opportunity employer
Whānau are cohesive, resilient and nurturing	Mana enhancing	<ul style="list-style-type: none"> • Article 17 - Liberty of movement and nationality • Article 18 - Respect for home and family • Article 23 - Protecting the integrity of the person 	<ul style="list-style-type: none"> • Provide accessible information and communication • Increase staff disability awareness, knowledge and skills • Develop leadership of people with disabilities who have a role in the health system
Whānau are responsible stewards of their living and natural environment	Easy to use	<ul style="list-style-type: none"> • Accessibility Article 9 	<ul style="list-style-type: none"> • Integrate services for people of all ages with a disability • Services and facilities are designed and built to be fully accessible
	Relationship building	<ul style="list-style-type: none"> • Living independently and being involved in the community Article 19 	<ul style="list-style-type: none"> • Implement the plan in partnership



Our Vision

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

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

Outcomes, Strategic Focus and Priority Actions

1. Education (NZ Disability Strategy 2016-2026)

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

Our Strategic Focus – Improve health literacy

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

Priority Actions:

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

1. In Canterbury this includes expanding the current shared plan pilot at New Brighton Health Centre and New Zealand Care to other large residential disability providers. Evaluate the potential effectiveness of this with the disability community.
2. In the West Coast work with the Co-ordinated Care Team of the Canterbury Clinical network to explore these opportunities on the West Coast.

2. Employment and Economic Security (NZ Disability Strategy)

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

Our Strategic Focus – Be an equal opportunity employer

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

Priority Actions:

3. Increase the numbers of disabled people being employed and supported in their role within the Canterbury and West Coast health system.
4. Develop and implement an appropriate quality tool for current employees who identify as having a disability, that can inform and identify opportunities to improve staff wellbeing.
5. Work with Work and Income NZ and the Ministry of Social Development in achieving employment of people with disabilities
6. Develop and implement affirmative action initiatives that will result in more people with disabilities being employed in the Canterbury and West Coast health system. We will work towards achieving a percentage people employed in the workforce as having a disability that is reflective of the districts population e.g. 24% as identified in the 2013 NZ Disability Survey.
7. Explore and implement ways to engage staff living with disabilities to help identify and inform how Canterbury and the West Coast DHBs can continuously support their wellbeing at work.

-
8. Utilise updated workforce data to track progress
 9. Explore the development, with support from external agencies, of pathways that support people living with disabilities into leadership positions.
 10. Undertake an environmental scan of a pilot site within our workplace to assess inclusivity and subtle messages in our environment - with a focus on accessibility.

3. Health and Wellbeing (NZ Disability Strategy)

We have the highest attainable standards of health and wellbeing.

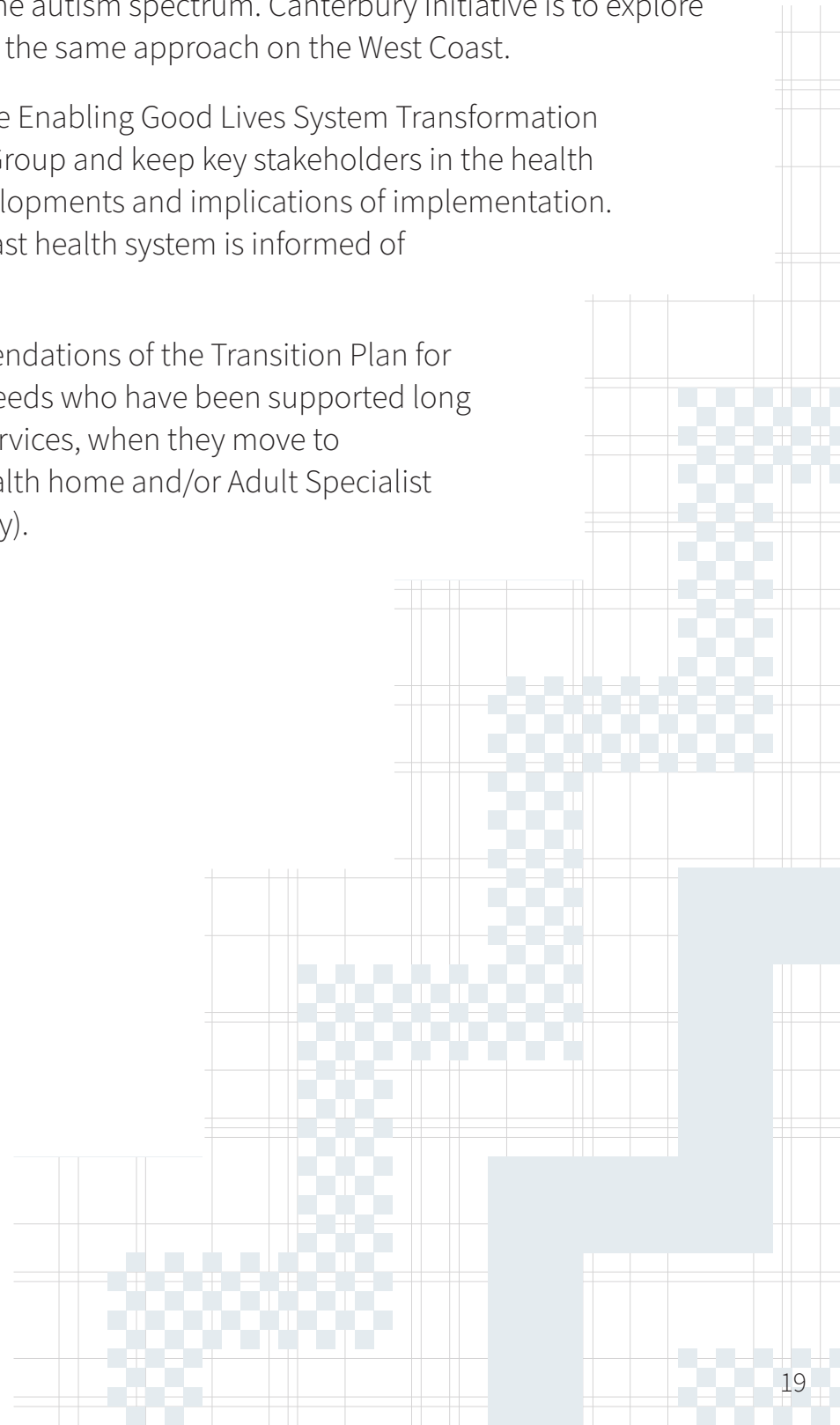
Our Strategic Focus – Integrate services for people of all ages with a disability

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

Priority Actions:

11. Work with disabled people and their family/whānau/carers to identify opportunities for achieving an integrated and co-ordinated approach between cross government services and local providers, so that infants/children and youth with impairments and adults with a disability, including those with age related conditions, can live lives to their full potential.
12. Ensure Funded Family Care is implemented equitably across the Canterbury and West Coast health system.

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13. Integration of the Mental Health, Pediatric and Child Development Services through a Health Pathways approach as developed in full engagement of these clinical services, the Child and Youth Workstream and Canterbury Initiative. Note that the pathway needs to ensure it has inclusive and equitable responses for those on the autism spectrum. Canterbury Initiative is to explore the applicability of using the same approach on the West Coast.
 14. Remain engaged with the Enabling Good Lives System Transformation Canterbury Leadership Group and keep key stakeholders in the health system informed of developments and implications of implementation. Ensure that the West Coast health system is informed of key developments.
 15. Implement the recommendations of the Transition Plan for children with complex needs who have been supported long term in the Paediatric Services, when they move to Primary Care as their health home and/or Adult Specialist Services (Canterbury only).



Our Strategic Focus – Offer appropriate treatment

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

Priority Actions:

16. Explore opportunities and identify how to support a timely response for disabled people and their families/whānau who require:
 - Aids to daily living
 - Housing modifications
 - Driving assessments
17. The geographical equity across NZ of the provision of hearing aids will be explored and options considered.
18. Work with Specialist Mental Health Services and the disability sector to identify how to build capacity and capability across the system in an evidence-informed way for those accessing the Intellectually Disabled Persons Health inpatient services. Explore what is needed to ensure progress can be made based on the Enabling Good Lives ‘Try, Learn, Adjust’ approach
19. Work with Primary Care and General Practice to adapt the Mental Health Equally Well approach to be able to be implemented for those with an intellectual disability and other disabilities at highest risk of poor health outcomes.

Our Strategic Focus – Implement a Pasifika disability plan

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

Priority Actions:

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

Our Strategic Focus – Develop better approaches for refugee, migrant and culturally and linguistically diverse groups

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

Priority Actions:

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

Our Strategic Focus – Monitor quality

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

Priority Actions:

22. Develop measures and identify data sources that will provide baseline information about disabled people who are accessing the health system. Using the Health System Outcomes Framework for each strategic goal, use data analysis to understand the population and evaluate progress towards improving health outcomes for disabled people.
23. The quality of life for disabled people while in Canterbury and West Coast long term treatment facilities is measured and monitored and that actions occur to address any identified areas of improvement quality actions occur.
24. Regular reporting occurs to the Disability Steering Group on the analysis of the Patient Experience Surveys response from people identified as having a disability. Where possible this information will be used to target quality initiatives that will improve the experience of the health system for disabled people.

4. Rights Protection and Justice (NZ Disability Strategy)

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

Our Strategic Focus – Work towards equitable health outcomes for Māori

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

Priority Actions:

25. All the priority actions of this plan are to include culturally appropriate actions tāngata whaikaha* and their whānau, and that this promotes and supports whānau ora and rangatiritanga.
26. Equity is a key consideration in planning and carrying out all priority actions, including making use of the Health Equity Assessment Tool where indicated.
27. As part of the development of a longer-term collective strategy for improving Māori health ensure each part of the co-design process is inclusive of those and tāngata whaikaha their whānau and that their needs are captured in the strategy. Conversely that the actions of this Plan is inclusive of the strategy.

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

■ 5. Accessibility (NZ Disability Strategy)

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

Our Strategic Focus – Services and facilities are designed and built to be fully accessible

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

Priority Actions:

28. The Canterbury DHB Accessibility Working Group scope is expanded to include the West Coast DHB. And includes engagement with the West Coast Accessibility Coalition and the implementation of the West Coast Accessibility Strategy.
29. Technical accessibility experts will be engaged at key stages of the design and or rebuild, and involve disabled people to remove physical barriers.
30. Information will be sought about accessibility of our services and facilities from patients, family/whānau, and staff. The information gathered will be used to plan services and facilities improvements

■ ***Our Strategic Focus – Provide accessible information and communication***

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

Priority Actions:

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

■ 6. Attitudes (NZ Disability Strategy)

We are treated with dignity and respect.

Our Strategic Focus – Increase staff disability responsiveness, knowledge and skills

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

Priority Actions:

34. Support the development of an employee network group for staff living with disabilities to create a sense of community and amplify voices range of employee networks
35. Work with Talent, Leadership and Capability and professional leaders to identify relevant education programmes that are already developed and offered by disability-focused workforce development organisations e.g. Te Pou.
36. Work with the Talent, Leadership and Capability, professional leaders and people with lived experience to progress the development of targeted responsiveness trainings
37. Deliver and evaluate a targeted disability equity training programme including telling stories of our workforce who live with disabilities
38. Review and update the Corporate Orientation Package
39. Work with the Maori and Pacific Reference Group who are providing guidance to People and Capability on building a diverse workforce that in turn increases systems capability to meet the diverse needs of our community.

7. Choice and control (NZ Disability Strategy)

We have choice and control over our lives.

Our Strategic Focus – Improve access to personal information

Priority Actions:

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

8. Leadership (NZ Disability Strategy)

We have great opportunities to demonstrate our leadership.

Our Strategic Focus – Develop leadership of people with disabilities who have a role in the health system

Priority Actions:

41. Identify and support opportunities for leadership development and training for disabled people within the health system. This includes further development of peer support as a model of care for people with long term conditions.
42. Engage workforce development training providers from the disability sector to identify opportunities to support disabled people and their family/whānau who are providing a voice for disabled people within the health system. This will include exploring options for appropriate leadership training e.g. Be Leadership.

Our Strategic Focus – Implement the plan in partnership

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

Priority Actions:

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

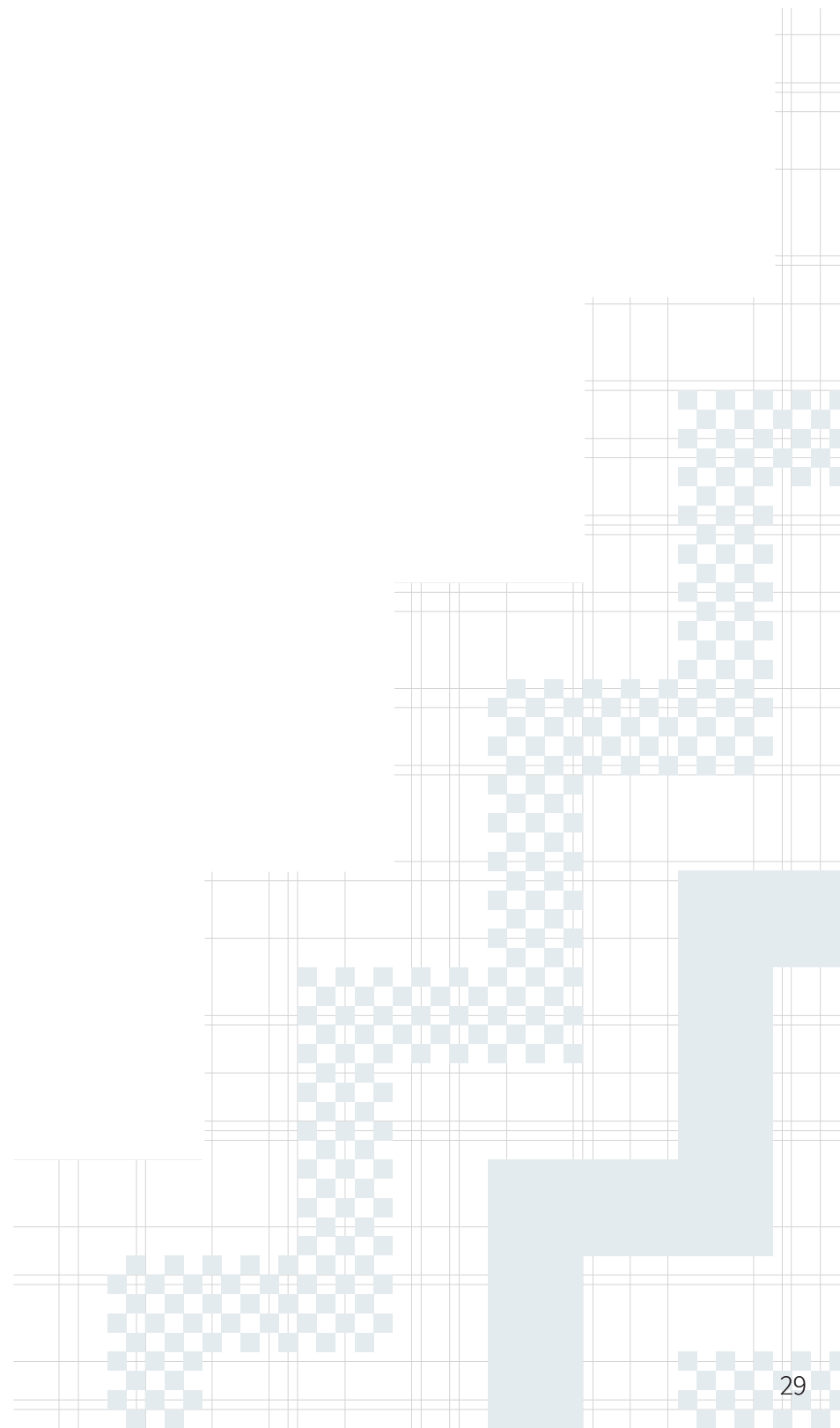
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44. A West Coast DHB Disability Leaders Working Group is formed consisting of Transalpine Divisional Leads and members for the Consumer Council who identify as having lived experience of disability or as a family/whānau member. The purpose of the group is to progress the priority actions where their division holds the responsibility. The West Coast DHB Disability Leaders Working Group is accountable to the West Coast Alliance Leadership Team. (West Coast only)
 45. Monitor progress against the priority actions to be undertaken annually, a report written and endorsed by the responsible implementation groups and communicated to the sector as a key part of the communication plan.
 46. The priority actions will be refreshed at a minimum of 3 yearly through engagement with the health system and the disability sector and input from the disabled people, family/whānau and the wider disability sector.

Our Strategic Focus – Promote the health, wellbeing and inclusion of people of all ages and abilities

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

Priority Actions:

47. Community and Public Health for both DHBs continues to co-ordinate submissions on behalf of Canterbury and West Coast DHBs. They will use the Plan's underpinning principles to inform their submissions.
48. The Canterbury and West Coast health system hosts, in partnership with the DPOs, a bi-annual forum to show case developments and initiatives to improve the experience of the health system for disabled people and their family/ whānau.





Appendix A

CORE DOCUMENTS

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

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



Appendix B

GUIDING PRINCIPLES OF THE CONVENTION

There are eight guiding principles that underpin the Convention:

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

KEY THEMES FROM THE 2019 CONSULTATION

1. The importance building capacity and services to intervene early.
 - Child Development Service is under-resourced, and is especially hard for those with Autism Spectrum Disorder to access. Autism and ADHD repeatedly came up as under-resourced.
 - There are not enough psychology services, there are gaps in key roles, services need to be integrated and have co-ordinated approaches between agencies.
 - Transition of child to adult secondary care services needs to improve, and needs to include the transfer from specialist to general practice care.
2. There is not enough about learning(intellectual) disability in the Plan. It seems to be more weighted to physical or sensory disability.
3. Disabled people are still expressing their frustration about re-telling their story and what they need when accessing health services. Disabled people want their voice involved in treatment. When described in the forums it was agreed that HealthOne as the electronic shared health record between General Practice and Secondary Care, on its own, doesn't seem to be changing the experience of disabled people and their family/whānau of the health system. Electronic Shared Plans were suggested as a suitable electronic alternative to Health Passport and attendees at the forums saw this as an opportunity that would be crucial to improving experience of health services.
4. A recurring theme is people wanting to have control of their information. This is seen as a key to their self determination. People wanted access to their records through patient portal. They also want to know what is being communicated about them.
5. There was significantly more feedback about General Practice this time compared to the first consultation round in 2015. Specifically, frustration was expressed about cost, not getting timely appointments, GP rooms poorly equipped and often no accessible toilets etc. There were questions about why appointments have to be at the Practice rooms - what about skype or zoom appointments? This was seen as working well for people where physically getting to appointments is challenging or there is a lack of accessibility at the facility.

6. While employing more disabled people in the DHB was still a high priority people communicated what disabled people wanted to see happen is slightly differently this time. People wanted the workforce to reflect the community. Feedback included employing more Maori and Pacific people – 'whānau just know what is needed'. This approach is seen as improving awareness, enhancing equity and shifting the culture of health services to being more responsive and inclusive of diversity more generally.
7. Disabled people repeatedly stated that effective communication at every level was essential in engaging with them and their family/whānau. It was highlighted that the Canterbury DHB is still not using plain language or Easy Read. Deaf Aotearoa also gave useful feedback about having TV's with captions and the increasing the use of technology such as iPads.
8. Every forum raised the challenge of finding what they needed in a complex system. Suggestions were made that a person or a place where they could go to assist them to navigate them to what they needed was necessary. People said that they often don't even know what's out there or what to ask for. Specific suggestions is for a central place that people could go to, within the health system for disability information and/or a dedicated role that could provide advice to people and staff. Alliance type structures between health, disability and social services was seen as crucial in unlocking services and stopping people bouncing from service to service.
9. Issues with getting transport to appointments and parking came up every forum.
10. There is a lack of confidence that new builds were getting people with lived experience of having a disability involved in planning layout and fit out early enough or at all. This was a theme on the West Coast and Canterbury.
11. General feedback that access to equipment had improved but there could still be unacceptable delays.
12. Older People make up the highest proportion of the population with a disability but the current Plan does not seem to recognize this.

