

Disability Support Advisory Committee Meeting



By Zoom

Lead Director: Hywel Lloyd, Director Quality and Clinical Governance Solutions

01/03/2022 03:30 PM

Agenda Topic	Presenter	Page
1. Opening Karakia		
2. Apologies		2
3. Interests Register		3
4. Minutes of Previous Meeting		13
5. Matters Arising (not covered by the action sheet)		
6. Review of Action Sheet	DQ&CGS	18
7. Chair's Update	Chair	
8. Patient Story Refresh	DQ&CGS	
9. Disability Working Group Update	John Marrable	20
10. Parent to Parent Meeting Report	DQ&CGS	24
11. People Living with Disability Vaccination Rate Update	DQ&CGS	32
12. Next Meeting	2 May 2022	

APOLOGIES

No apologies had been received at the time of going to print.

FOR INFORMATION/NOTING

Item: **Interests Registers**
Proposed by: Jeanette Kloosterman, Board Secretary
Meeting of: Disability Support Advisory Committee, 1 March 2022

Recommendation

That the Committee receive and note the Interests Registers.

Purpose

To disclose and manage interests as per statutory requirements and good practice.

Changes to Interests Registers since the last Board meeting:

- Nil
-

Background

Board, Committee and Executive Team members are required to declare any potential conflicts (pecuniary or non-pecuniary) and agree how these will be managed. A member who makes a disclosure must not take part in any decision relating to their declared interest.

Interest declarations, and how they are to be managed, are required to be recorded in the minutes and separate interests register (s36, Schedule 3, NZ Public Health and Disability Act 2000).

Appendices

- Board, Committee and Executive Leadership Team Interests Registers

**SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER**

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Pete Hodgson (Board Chair)	22.12.2020	Trustee, Koputai Lodge Trust (unpaid)	Mental Health Provider	
	22.12.2020	Chair, Callaghan Innovation Board (paid)		
	22.12.2020	Chair, Local Advisory Group, New Dunedin Hospital		
	22.12.2020 (updated 26.08.2021)	Ex-officio Member, Executive Steering Group, New Dunedin Hospital		
	22.12.2020	Board Member, Otago Innovation Ltd (paid)		
	25.02.2021	Board Member, Quitta Ltd (unpaid)	Nicotine replacement therapy under development.	
Peter Crampton (Deputy Board Chair)	16.04.2021	Employment: Professor, Kōhatu Centre for Hauora Māori, University of Otago (appointed July 2018)		
	16.04.2021	Member, Health Quality and Safety Commission Board (appointed April 2020)		
	16.04.2021	Member, Expert Advisory Group for WAI claimants related to historical underfunding of Māori PHOs (appointed September 2020)	Removed 09.12.2021	
	16.04.2021	Honorary Fellow, Royal New Zealand College of General Practitioners		
	16.04.2021	Fellow, New Zealand College of Public Health Medicine		
	16.04.2021	Wife, Alison Douglass, is a member of the Health Practitioners Disciplinary Tribunal		
	02.11.2021	Wife, Alison Douglass, Barrister	Has had involvement with SDHB when representing patients.	
	25.06.2021	Director and Shareholder, Kiwood Limited	Nil (farm forestry plot).	
	09.12.2021	Member, Transition Unit's Funding Flows and Incentives Expert Panel (appointed December 2021)		
	09.12.2021	Member: Transition Unit's Primary and Community Expert Panel (appointed October 2021)		
09.12.2021	Member: Transition Unit's Review of the Primary Care Capitation Formula Expert Panel (appointed October 2021)			
John Chambers	09.12.2019	Employed as an Emergency Medicine Specialist, Dunedin Hospital		
	09.12.2019	Employed as Honorary Senior Clinical Lecturer, Dunedin School of Medicine	Possible conflicts between SDHB and University interests.	

**SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER**

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	09.12.2019	Elected Vice President, Otago Branch, Association of Salaried Medical Specialists	Union (ASMS) role involves representing members (salaried senior doctors and dentists employed in the Otago region including by SDHB) on matters concerning their employment and, at a national level, contributing to strategies to assist the recruitment and retention of specialists in New Zealand public hospitals.	
	09.12.2019	Wife is employed as Co-ordinator, National Immunisation Register for Southern DHB		
	09.12.2019	Daughter is employed as MRT, Dunedin Hospital		
Kaye Crowther	09.12.2019	Life Member, Plunket Trust	Nil	
	09.12.2019	Trustee, No 10 Youth One Stop Shop	Possible conflict with funding requests.	
	14.01.2020	Trustee, Director/Secretary, Rotary Club of Invercargill South and Charitable Trust		
	14.01.2020	Member, National Council of Women, Southland Branch		
	07.10.2020	Trustee, Southern Health Welfare Trust	Trust for Southland employees - owns holiday homes and makes educational grants.	
Lyndell Kelly	09.12.2019 Updated 04.12.2021	Employed as Specialist, Radiation Oncology, Locum SMO, Southern DHB	May be involved in employment contract negotiations with Southern DHB.	
	18.01.2020	Honorary Senior Lecturer, Otago University School of Medicine		
	18.01.2020	Daughter is Medical Student at Dunedin Hospital	Updated 29/10/2021	
	25.06.2021	Trustee, New Zealand Brain Tumour Trust	Updated 29/10/2021 (Resigned as Trustee)	
	04.12.2021	Trustee, Healthcare Otago Charitable Trust		
Terry King	28.01.2020	Member, Grey Power Southland Association Inc Executive Committee		
	28.01.2020	Life Member, Grey Power NZ Federation Inc		
	28.01.2020	Member, Southland Iwi Community Panel	ICP is a community-led alternative to court for low-level offenders. The service is provided by Nga Kete Matauranga Pounamu Charitable Trust in partnership with police, local iwi and the wider community.	
	14.02.2020	Receive personal treatment from SDHB clinicians and allied health.		
	03.04.2020	Client, Royal District Nursing Service NZ Ltd		
	12.01.2021	Nga Kete Matauranga Pounamu Trust Board Member		
Jean O'Callaghan	13.05.2019	St John Volunteer, Lakes District Hospital	No involvement in any decision making.	
	26.08.2021	Idea Services Board of IHC	Possible conflict with contracts and service delivery models.	

**SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER**

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Tuari Potiki	09.12.2019	Employee, University of Otago		
	09.12.2019	Chair, Te Rūnaka Ōtākou Ltd* (also A3 Kaitiaki Limited which is listed as 100% owned by Te Rūnaka Ōtākou Ltd)	Nil, does not contract in health.	Updated to include A3 Kaitiaki Limited on 19 October 2020.
	09.12.2019	Member, Independent Whānau Ora Reference Group		
	09.123.2019	*Shareholder in Te Kaika		
	24.06.2021	Te Rau Ora Directorship		
	24.06.2021	Needle Exchange Services Trust (NEST) member		
	28.08.2021	Chair, NZ Drug Foundation (3 month appointment)		
Lesley Soper	09.12.2019	Elected Member, Invercargill City Council		
	09.12.2019	Board Member, Southland Warm Homes Trust		
	09.12.2019	Employee, Southland ACC Advocacy Trust		
	16.01.2020	Chair, Breathing Space Southland (Emergency Housing)		
	16.01.2020	Trust Secretary/Treasurer, Omaui Tracks Trust		
	19.03.2020	Niece, Civil Engineer, Holmes Consulting	Holmes Consulting may do some work on new Dunedin Hospital.	
	21.07.2020	Trustee, Food Rescue Trust		
21.07.2020	Shareholder 1%, Piermont Holdings Ltd	Corporate Body for apartment, Wellington		
Moana Theodore	15.01.2019	Employment: Associate Professor, University of Otago	Updated 08.12.2021	
	15.01.2019	Co-director, National Centre for Lifecourse Research, University of Otago		
	15.01.2019	Member, Royal Society Te Apārangi Council	Removed 01.07.2021	
	15.01.2019	Shareholder, RST Ventures Limited		
	27.04.2020	Nephew, Casual Mental Health Assistant, Southern DHB (Wakari)	Removed 08.12.2021	
	17.08.2020	Health Research Council Fellow		
	14.01.2022	Sister-in-law, Charge Nurse Manager, Wakari, SDHB		
Andrew Connolly (Advisor)	21.01.2020 (updated 02.06.2021)	Employee, Counties Manukau DHB. Currently seconded to Ministry of Health as Acting Chief Medical Officer		
	21.01.2020 (updated 02.06.2021)	Clinical Advisor to the Board, Waikato DHB		
	21.01.2020	Health Quality and Safety Commission		
	21.01.2020	Health Workforce Advisory Board		
	21.01.2020	Fellow Royal Australasian College of Surgeons		
	21.01.2020	Member, NZ Association of General Surgeons		
	21.01.2020	Member, ASMS		
	05.05.2020	Member, Ministry of Health's Planned Care Advisory Group	Will be monitoring planned care recovery programmes.	

**SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER**

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	06.05.2020	Nephew is married to a Paediatric Medicine Registrar employed by Southern DHB		
Roger Jarrold (Crown Monitor)	16.01.2020 (Updated 28.01.2021)	Advisor to Fletcher Construction Company Limited	Have had interaction with CEO of Warren and Mahoney, head designers for ICU upgrade.	
	16.01.2020 (Updated 28.01.2021)	Chair, Audit and Risk Committee, Health Research Council		
	16.01.2020	Trustee, Auckland District Health Board A+ Charitable Trust		
	16.01.2020	Former Member of Ministry of Health Audit Committee and Capital & Coast District Health Board		
	23.01.2020	Nephew - Partner, Deloitte, Christchurch		
	16.08.2020	Son - Auditor, PwC, Auckland	PwC periodically undertake work for SDHB, eg valuations	
	05.04.2021	Financial Advisor, DHB Performance, Ministry of Health		
	18.06.2021	Treasury: Health Reform Challenge Panel		
	26.08.2021	Advisor to Health Transition Unit on Finance/Procurement		
Benjamin Pearson (Crown Monitor)	21.07.2021	Consultant Paediatrician, South Canterbury DHB		
	13.01.2022	Chief Medical Officer, South Canterbury DHB		

**SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM**

Management of staff conflicts of interest is covered by SDHB's Conflict of Interest Policy and Guidelines.

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Hamish BROWN	25.02.2021	Portobello Maintenance Company	Nil, Body Corporate for residential area.
Kaye CHEETHAM		Nil	
Matapura ELLISON	12.02.2018	Director, Otākou Health Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
	12.02.2018	Director Otākou Health Services Ltd	Removed 28.06.2021.
	12.02.2018	Deputy Kaiwhakahaere, Te Rūnanga o Ngai Tahu	Nil
	12.02.2018	Chairperson, Kāti Huirapa Rūnaka ki Puketeraki (Note: Kāti Huirapa Rūnaka ki Puketeraki Inc owns Pūketeraki Ltd - 100% share).	Nil
	12.02.2018	Trustee, Araiteuru Kokiri Trust	Nil
	12.02.2018	National Māori Equity Group (National Screening Unit)	
	12.02.2018	SDHB Child and Youth Health Service Level Alliance Team	
	12.02.2018	Otago Museum Māori Advisory Committee	Nil
	12.02.2018	Trustee, Section 20, BLK 12 Church & Hall Trust	Nil
	12.02.2018	Trustee, Waikouaiti Māori Foreshore Reserve Trust	Nil
	29.05.2018	Director & Shareholder (jointly held) - Arai Te Uru Whare Hauora Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
	28.06.2021	Director, Te Kura Taka Pini Limited	100% owned by Te Rūnanga o Ngai Tahu.
Chris FLEMING	25.09.2016	Lead Chief Executive for Health of Older People, both nationally and for the South Island	
	25.09.2016	Chair, South Island Alliance Leadership Team	
	25.09.2016	Lead Chief Executive South Island Palliative Care Workstream	
	10.02.2017	Director, South Island Shared Service Agency	Shelf company owned by South Island DHBs
	10.02.2017	Director & Shareholder, Carlisle Hobson Properties Ltd	Nil
	26.10.2017	Nephew, Tax Advisor, Treasury	

**SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM**

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	18.12.2017 (updated 26.08.2021)	Ex-officio Member, Executive Steering Group, New Dunedin Hospital	
	30.01.2018	CostPro (costing tool)	Developer is a personal friend.
	30.01.2018	Francis Group	Sister is a consultant with the Francis Group.
	20.02.2020	Member, Otago Aero Club	Shares space with rescue helicopter.
	23.09.2020	Arvida Group (aged residential care provider)	Sister works for Arvida Group (North Island only)
John EASTWOOD	19.01.2022	Clinical Director Localities, Interim Health New Zealand	Conflict with matters related to establishment of Localities. Possible conflict with matters related to the Health Reforms and the establishment of Māori Health Authority and Health New Zealand
	19.01.2022	Clinical Professor Department of Preventative and Social Medicine, University of Otago	Conflict with matters related to Department of Preventative and Social Medicine, and possible conflict with matters related to the three UoO Clinical Schools and the University of Otago
	19.01.2022	Adjunct Professor University of New South Wales	Nil
	19.01.2022	Clinical Professor University of Sydney, Sydney, Australia	Nil
	19.01.2022	Executive Clinical Advisor Sydney Local Health District, Sydney, Australia	Nil
	19.01.2022	Director Early Years Research Group, Ingham Institute of Applied Medical Science, Liverpool, New South Wales, Australia	Nil
	19.01.2022	Director of Centre of Research Excellence for Health and Social Care Integration, Sydney, Australia	Nil
	19.01.2022	Co-Chair Sydney Institute for Women Children and their Families, Sydney Local Health District	Nil
	19.01.2022	Co-Chair International Foundation of Integrated Care Australia	Nil
	19.01.2022	Co-Chair International Foundation of Integrated Care Aotearoa Steering Committee	Nil
	19.01.2022	Member Royal Australasian College of Physicians Policy and Advocacy Committee (CPAC)	Nil
	19.01.2022	Executive Member of the International Society of Social Paediatrics and Child Health (ISSOP)	Nil
	19.01.2022	Consultant to the World Health Organization, Geneva	Nil
	19.01.2022	Fellow of the New Zealand College of Public Health Medicine	Nil
	19.01.2022	Fellow of the Australasian Faculty of Public Health Medicine	Nil

**SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM**

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	19.01.2022	Fellow of the Royal Australasian College of Physicians	Nil
	19.01.2022	Fellow of the Royal Australasian College of Medical Administrators	Nil
	19.01.2022	Fellow and Certified Health Executive of the Australasian College of Health Services Managers	Nil
	19.01.2022	Wife - General Practitioner at Mosgiel Health Centre, Mosgiel	Possible conflict with any SDHB contract negotiations with the General Practice
	19.01.2022	Wife - Contracted medical educator for the Royal New Zealand College of General Practice	Nil
	19.01.2022	Member of the Medical Assurance Society (MAS)	Nil
David GOW	07.12.2021	Private Clinic, Mercy Hospital	
	07.12.2021	Wife employed by SDHB as Nurse Consultant for Quality Improvement	
Andrew LESPERANCE	20.12.2021	Son, employee, HR Department, Ministry of Health (working with IT team recruitment)	
	20.12.2021	Director, Secretan Family Trust	
	20.12.2021	Former Director, North Island PHO (resigned when appointed to SDHB)	
	20.12.2021	Daughter, Project Co-ordinator, Ministry of Education	
	20.12.2021	Son, student, University of Otago (accounting major)	
Hywel LLOYD	16.06.2021	GP, Mosgiel Health Centre	
	16.0.2021	Wife, Nurse, Paediatric Outpatients	
Patrick NG	17.11.2017	Member, SI IS SLA	Nil
	27.01.2021	Daughter, is a junior doctor in Auckland and is involved in orthopaedic and general surgery research and occasionally publishes papers	
	23.07.2020	Wife, Chief Data Architect, Inde Technology	Inde is part of WSP's Digital Health Collective, the consultancy service supporting the NDH Digital Infrastructure and Digital Facility Services
Gilbert TAURUA	05.12.2018	Prostate Cancer Outcomes Registry (New Zealand) - Steering Committee	Nil
	05.04.2019	South Island HepC Steering Group	Nil
	03.05.2019	Member of WellSouth's Senior Management Team	Reports to Chief Executives of SDHB and WellSouth.

**SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM**

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	21.12.2020	Te Whare Tukutuku	Te Whare Tukutuku is sponsored by the NZ Drug Foundation and Te Rau Ora. Programme is designed to increase education and awareness on Māori illicit drug use to primary care and in Māori communities funded by MoH Workforce NZ.
Nigel TRAINOR	17.05.2021	Daughter, Sonographer (works part-time for Dunstan Hospital)	
Jane WILSON	16.08.2017	Member of New Zealand Nurses Organisation (NZNO)	No perceived conflict. Member for the purposes of indemnity cover.
	16.08.2017	Member of College of Nurses Aotearoa (NZ) Inc.	Professional membership.
	16.08.2017	Husband - Consultant Radiologist employed fulltime by Southern DHB and currently Clinical Leader Radiology, Otago site.	Possible conflict with any negotiations regarding new or existing radiology service contracts. Possible conflict between Southern DHB and SMO employment issues.
	16.08.2017	Member National Lead Directors of Nursing and Nurse Executives of New Zealand.	Nil

SOUTHERN DISTRICT HEALTH BOARD
 INTERESTS REGISTER
 DISABILITY SUPPORT ADVISORY COMMITTEE EXTERNAL APPOINTEES

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Kiringāua Cassidy (External Appointee)	10.07.2020	Nil		
Paula Waby (External Appointee)	18.07.2020	Board Member, Association of Blind Citizens NZ		
	18.07.2020	Adaptive Communications Adaptive Technology Trainer, Blind Low Vision NZ		
	18.07.2020	Business Owner of Blind-Sight Limited		
	18.07.2020	World Blind Union Representative for Blind Citizens NZ		
	18.07.2020	Disabled Persons' Assembly Committee		

Southern District Health Board

Minutes of the Disability Support Advisory Committee meeting held on Monday, 6 December 2021, commencing at 3.30 pm, in the Board Room, Wakari Hospital Campus, Dunedin

Present:	A/Prof Moana Theodore Mrs Kaye Crowther Dr John Chambers Prof Peter Crampton Dr Lyndell Kelly Mr Terry King	Chair Deputy Chair
In Attendance:	Mr Pete Hodgson Mr John Chambers Mr Tuari Potiki Mrs Jean O'Callaghan Miss Lesley Soper Mr Roger Jarrold Mr Chris Fleming Dr Hywel Lloyd Ms Sharon Adler Mr Rory Dowding Mr Andrew Lesperance Prof John Eastwood Dr Nicola Mutch Mr John Marrable Mr William Robertson Mr Gilbert Taurua Ms Jeanette Kloosterman	Board Chair Board Member Board Member (<i>until 4.00 pm</i>) Board Member Board Member (<i>by Zoom</i>) Crown Monitor (<i>by Zoom</i>) Chief Executive Officer Director Quality and Clinical Governance Solutions Portfolio Manager, Health of Older People Acting Executive Director Planning, Funding and Population/Public Health (<i>until 4.45pm</i>) Executive Director Planning, Funding and Population/Public Health Chief Medical Officer Executive Director Communications Chair, Disability Working Group Consumer Experience Manager Chief Māori Health Strategy and Improvement Officer/Acting Executive Director MHAID Board Secretary

1.0 WELCOME

The Chair welcomed everyone to the meeting and acknowledged the passing of Paula Waby's mother. The Committee extended its heartfelt condolences to Ms Waby and her family.

The meeting commenced with a round of introductions.

2.0 APOLOGIES

Apologies were received from Ms Paula Waby, Dr Ben Pearson, Crown Monitor, the Chief Nursing and Midwifery Officer, and Chief Allied Health, Scientific and Technical Officer.

3.0 DECLARATION OF INTERESTS

The Interests Registers were circulated with the agenda (tab 3) and noted.

The Chair asked for any changes to the registers and reminded everyone of their obligation to advise the meeting should any potential conflict arise during discussions.

4.0 PREVIOUS MINUTES

It was resolved:

“That the minutes of the meetings held on 4 October 2021 be approved and adopted as a correct record.”

M Theodore/K Crowther

5.0 MATTERS ARISING

Parent to Parent, Southland

The Chair reported that the Southland Board members and Dr Liz Craig, Labour List MP, Invercargill, had met with Parent to Parent Southland, a group of parents raising children living with disabilities. The Chair received a summary report of that meeting the previous day, which included helpful feedback on access to services and DHB processes and practices.

It was agreed that the report would be referred to the Director Quality and Clinical Governance Solutions (DQ&CGS) for review, following which the Chair, Southland Board members and DQ&CGS would meet to determine the best way to address the issues raised.

6.0 REVIEW OF ACTION SHEET

The Committee received the action sheet (tab 6).

The Director Quality and Clinical Governance Solutions (DQ&CGS) reported that:

- Timelines and expected completion dates had been added to the Disability Strategy Action Plan;
- Papers on staff awareness training, community services, and aged residential care were included in the agenda papers.

The Acting Executive Director Planning, Funding and Population/Public Health informed the Committee that the Home and Community Support Services (HCSS) action had not been progressed, as implementation of the vaccine mandate and COVID endemic planning had been given priority.

7.0 CHAIR'S UPDATE

The Chair reported Southern DHB held an Accessibility Week commencing on Monday, 29 November and finishing with the International Day of People with Disabilities on Friday, 3 December 2021. This included a display in the Dunedin Hospital foyer and disability awareness education sessions.

8.0 PATIENT STORY

The Committee viewed a video recording of Dawn Wybrow's story and experience with the health system and what could be improved.

Mr Potiki left the meeting at 4.00 pm.

9.0 PRESENTATION – AGED RESIDENTIAL CARE

The Committee received a presentation from Sharon Adler, Health of Older People Portfolio Manager, on aged residential care in the Southern district (tab 11). This included:

- A description of Aged Residential Care (ARC) facilities within the district, the ARC certification and contracting processes, the referral pathway to ARC, and the quality and collegial support provided to ARC providers;
- An outline of the challenges ARC faced from: the funding model, workforce issues, facilities, and the complexity of residents;
- Details of how ARC providers are funded and Southern DHB's 2020/21 expenditure on ARC (\$97,741,000);
- ARC utilisation compared to other DHBs and future utilisation trends, which showed an exponential increase in deaths in the older age ranges, with the greatest increase in cause of death being dementia.

Following her presentation, Ms Adler responded to questions on ARC registered nurse shortages, funding, and utilisation rates.

Ms Adler was thanked for her presentation and left the meeting.

10.0 DISABILITY STRATEGY AND ACTION PLAN IMPLEMENTATION

Mr John Marrable, Chair of the Disability Working Group (DWG), presented an update on DWG activity and progress on implementing the Disability Strategy and Action Plan (tab 9).

Mr Marrable advised that the DWG had considered three measures in the Southern DHB's 2021/22 Annual Plan at its last meeting:

1. Ongoing training for frontline staff;
2. The Health Passport's current format and the need to produce an improved version;
3. In relation to COVID-19, how information is conveyed in all formats.

The DWG believed that a broad range of formats was needed, including sign language and Easy Read versions.

Mr Marrable informed the Committee that Living Well Disability Resource Centre had a contract with the government to provide free information on disability related subjects and an agreement with Southern DHB to have a display and pamphlet stands in the Dunedin Hospital foyer. It was suggested that Mr Marrable contact the Acting Programme Director, New Dunedin Hospital, to ensure this is carried over to the new hospital.

11.0 MINISTRY FOR DISABLED PEOPLE

The Committee considered a report from the Director Quality and Clinical Governance Solutions (DQ&CGS) on the potential impacts of the government announcement that a Ministry for Disabled People would be set up (tab 10).

The Acting Executive Director Planning, Funding and Population/Public Health left the meeting at 4.45 pm.

The Committee was informed that a budget may be needed to address accessibility issues and to remunerate members of the disabled community for participating in co-developing services, policies and resources, and consideration should be given to this in the 2022/23 budget planning round.

The CEO advised that it was not yet known whether the Ministry for Disabled People would be providing funding to address accessibility issues. It was agreed, however, that 'business as usual' should include implementing the Southern DHB Disability Strategy.

It was resolved:

"That the Committee note the report and endorse the need for a budget to be allocated for disability related activities and the funding of the implementation of Southern DHB's Disability Strategy."

M Theodore/K Crowther

12.0 COVID VACCINATION UPTAKE BY PEOPLE WITH DISABILITY

A report on the current COVID vaccination coverage for people living with a disability within the Southern district was taken as read (tab 12) and the DQ&CGS provided the following updated figures as at 28 November 2021:

	1 st Dose	2 nd Dose
Māori	86%	78%
Pacific Peoples	89%	76%
All	95%	90%

The DQ&CGS advised that the vaccination rate for people living with disabilities was lower than the above figures.

The Chair noted that a mixed delivery model was being used to suit disability residential support service providers and key disability sector leaders had been filmed to encourage their peers to get vaccinated. The DQ&CGS was asked to follow up on the usage of that footage.

13.0 STAFF DISABILITY AWARENESS TRAINING

The Committee considered an update on progress against the Annual Plan measure relating to disability awareness training (tab 13).

It was resolved:

"That the Committee receive the report and endorse the recommendation that disability responsiveness training be made mandatory for all staff from 1 January 2023 or earlier if practicable."

M Theodore/T King

Committee members requested access to the e-module, so they could also complete the training.

14.0 COMMUNITY SERVICES FOR PEOPLE LIVING WITH DISABILITY

The Director Quality and Clinical Governance Solutions (DQ&CGS) presented a high level introductory paper covering the types of services available to people in the Southern district living with disability (tab 14) and invited feedback from Committee members on what they would like to see in a follow up paper.

It was suggested that a map of services provided by NGOs in the community for people living with disability was required to support internal initiatives such as COVID endemic planning and externally for patients and whānau.

Mr Marrable advised that the Disability Working Group's Action Plan included ensuring "Southern DHB has an up to date directory of community groups that can support consumers, family and whānau and provide that information to clinicians". A lot of this information was held by Living Well and was listed on the Enable New Zealand website.

The Committee requested an update on progress on the directory as part of the Disability Strategy and Action Plan implementation report.

15.0 INFORMATION ITEM

A copy of the Aged Residential Care Registered Nurse recruitment and retention survey results for the period 1 January to 30 June 2021 were circulated with the agenda for Committee members' information (tab 15).

In closing, the Chair noted that it had been a difficult year and acknowledged the work of the Executive Leadership Team, DHB staff, the Disability Working Group, Board and Committee members.

The meeting closed with a karakia at 5.20 pm.

Confirmed as a true and correct record:

Chair: _____

Date: _____

Southern District Health Board
DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
ACTION SHEET

As at 24 February 2022

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
June 2021	Patient Stories (Minute 7.0)	To be added to the agenda as a standing item.	DQCGS		Ongoing
August 2021	Disability Strategy Action Plan (Minute 10.0)	Consideration to be given to adding timelines to the action plan and overlaying it with the Southern Disability Strategy actions (in addition to the NZ Strategy outcomes).	DQCGS	Timelines and expected completion dates added to the action plan.	Complete
October 2021	Home and Community Support Services (Minute 10.0)	Further information, with examples, to be provided on HCSS clients' casemix and hours after reassessment by their provider, particularly in relation to clients who lost functionality but had their hours reduced.	EDPFP/PH	Work in progress due to COVID activity.	May 2022
December 2021	COVID Vaccination Uptake by People Living with Disability (Minute 12.0)	Use of footage of disability sector leaders encouraging their peers to get vaccinated to be followed up.	DQCGS	Vaccination update is a paper on the agenda for 2 March 2022.	
December 2021	Disability Awareness Training (Minute 13.0)	Committee members to be given access to complete the on-line training.	DQCGS	Access to the module requires DHB login emails passwords and authentication services. We are working with the Education Module Providers to have access outside the DHB security.	

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
December 2021	Community Services for People Living with Disability (Minute 14.0)	Progress on a directory of community groups to be included in DWG reporting.	DQCGS		

FOR INFORMATION

Item: Disability Working Group Update
Proposed by: John Marrable, Chair of Disability Working Group
Meeting of: 1 March 2022

Recommendation

To consider the content of this report.

Purpose

1. To update the Disability Support Advisory Committee on the work of the Disability Working Group.
-

Specific Implications For Consideration

2. **Equity**

A digital health passport would help to ensure that disabled people receive the care that they need in the way that they need it.

Background

3. The Disability Working Group has met three times since DSAC last met. The key points from the December and January meetings are attached at Appendix One.
-

Discussion

4. The key points lay out the DWG's discussions and the work that is ongoing and, as such, speak for themselves. However, I would like to highlight the work stream related to the Health Passport, which I believe deserves further discussion.
5. One of the outcomes in the Southern Disability Strategy relates to the Health Passport and encouraging disabled people, tāngata whaikaha and Deaf people to complete one.
6. The Health Passport is 15 pages in the standard A4 version (20 pages for the Easy Read version) and DWG Members felt that it is cumbersome in its current version. It was also felt that it was unrealistic to expect consumers to carry it with them wherever they go.

7. The Health Passport has been launched and relaunched in the past but has never been widely adopted. The fact that it was seen as not being user friendly was cited as one reason that it has not been successful.
8. Furthermore, there also other options, including advance care plans, for members of the disabled community, but there is no single document or system that healthcare workers could access to understand the needs of the consumer.
9. Based on the concept of the vaccination passport the DWG is exploring with IT the possibility of a credit card-sized card that would link to Southern DHB's patient management system, iPM. Work is underway to look at how iPM would alert staff to a consumer's disability and where to store the necessary information.
10. If this can be achieved, then this would remove the need for consumers to carry a Health Passport and would, in addition to improving the rate of take up, improve the way that staff interact with disabled people by alerting staff to the needs of that consumer.
11. It is early days for this initiative and DSAC will be provided with updates as part of the regular reporting cycle.

Next Steps & Actions

12. DSAC to continue to be provided with bi-monthly updates from the Chair of DWG.
13. These updates to include progress on the digital health passport concept.

Appendices

Appendix One: DWG Key Messages December 2021 and January 2022

Appendix One

DISABILITY WORKING GROUP

Key Messages December 2021

Members: John Marrable (Chair), Jasmin Taylor, Simon Fogarty, George Kerr

Standing members: Mel Warhurst, William Robertson, Kathryn Harkin, Jack Devereux

The Disability Working Group members met on Friday 10 December 2021

- Members discussed the need to eliminate discrimination in recruitment at the job description stage by ensuring managers are carefully and accurately wording tasks of the role. Concern was raised that there exists a general unconscious bias towards those with disabilities, particularly mental health.
- Accessibility Week reviewed, went well in all locations (was run in Dunedin, Invercargill and Lakes Hospitals). Group expressed enthusiasm for more awareness weeks – a calendar will be developed however discussed the need to be selective in this regard as resources required to run these are high.
- Concern expressed over front desk not always being manned, crucial to ensure there is a point of contact for queries. This will be re-iterated with the team.
- The Vaccination Team presented some data on the numbers of disabled people who have been vaccinated, both nationally and locally. Difficult to identify all disabled people locally so data limited to those engaged with a service or on ACC. Southern in top 3 DHB's for performance in disabled sector. Autism uptake lower – meeting planned with Altogether Autism in the new year to try and mitigate this. Booster campaign planned and will also hold clinics with disability services.
- Also discussed the planned roll-out to 5-11 year olds commencing in early 2022. Advised the group of a Disability Call Centre which is specifically focused around vaccinations for people with disabilities. Further accessibility information has been added to the website for specific vaccination sites to aid planning. Feedback was sought from members around anything they had heard within their networks in particular that might need to be addressed.
- Concern was raised that Telehealth letters are not printing appointment times, resulting in people waiting several hours for a phone call. The group expressed keen-ness to hear from Telehealth manager so he will be invited to the next meeting.
- Query raised from Community Health Council around the Mosgiel Pool potentially not being deep enough to provide full range of hydrotherapy but agreed it was too late in development to impact this now. Consumer had raised issue of physiotherapy pool but agreed this was not in remit of DWG.

DISABILITY WORKING GROUP

Key Messages 14 January 2022

In attendance: John Marrable (chair), Simon Fogarty, George Kerr, Jasmin Taylor, William Robertson, Mel Warhurst, Kathryn Harkin, Jack Devereux

- A letter was received by the Chair which raised concerns on behalf of a representative group of parents of disabled children from Invercargill and sought engagement from DWG. This was discussed by the group, alongside another communication received recently from a patient with a disabled support person. Some potential solutions identified in the letter for DWG to progress.
- DWG discussed how digitising the current MOH Health Passport could look. Concerns raised that mental health patients in particular would be less enthusiastic about a digital version. Questions were raised around how to get the info in front of relevant staff within the current Patient Management System and with the new system due in 2023. It was identified that a physical copy would still be helpful, albeit in a much more portable version than currently. DWG members identified that it would be important that consumers are able to update their information easily themselves.
- DWG was asked for input into how to capture a more rural membership. It was suggested that rural GP's be engaged with to support this. The group also identified that it was important that the public be able to feed back to DWG directly.
- DWG was updated on the action point "All projects that request community engagement will, in addition to a community advisor, be provided with a member of the disabled community."

FOR INFORMATION

Item: Parent to Parent Southland: Concerns Raised with Board Members

Proposed by: Hywel Lloyd, Director Quality and Clinical Governance Solutions

Meeting of: 1 March 2022

Recommendation

To note the contents of this report and to endorse the approach of direct engagement with Southland board members and Parent to Parent Southland to address the issues raised.

Purpose

1. The purpose of this report is to provide an initial response to the concerns raised by Southland board members on behalf of Parent to Parent Southland.
-

Specific Implications for Consideration

2. **Financial**

- Additional staff should be funded from existing budgets and not require additional funding.
- Any changes to the system of paying mileage claims for consumers needs to be financially prudent and not put additional strain on the travel assistance scheme coordinators.

3. **Workforce**

- Creation of new role in Southland to be funded from existing resources.

4. **Equity**

- The objective is to improve equity for consumers across the district and, in particular, Southland.
-

Background

5. At the invitation of local Labour list MP, Dr Liz Craig three Southland based board members met with a group of Invercargill parents who are raising children with disabilities. All are members of Parent to Parent Southland and they were joined by Parent to Parent's local fieldworker, to support them and corroborate their concerns.
6. A report on the meeting is attached at Appendix One.
7. The group's concerns can be summarised into six key themes:
 - Transport & travel difficulties for Dunedin appointments;
 - Accommodation difficulties;
 - Communication difficulties;
 - Lack of Dietician support when children have food allergies/intolerances;

- Gaps in SDHB staff awareness training, including a lack of cultural sensitivity or cultural support;
 - The lack of a designated Disability Advocate who they & others could approach for support & information.
8. While these concerns are being raised by parents of people with disabilities, many of the issues are broader than just the disabled community and relate to a more general equity of access to health services and are relevant also to consumers across the district.
 9. Many of the issues raised are operational in nature and, as such, do not require endorsement or approval from DSAC or the board. To discuss and progress this issues, the Chair of the Disability Working Group, John Marrable and staff from the Quality and Clinical Governance Solutions directorate, Kathryn Harkin and William Robertson, met on 10 February with the three board members and the fieldworker from Parent to Parent, Southland.
 10. The purpose of this report is to update DSAC on this meeting, the actions agreed to address the concerns of the members of Parent to Parent and to map the path forward (summary of meeting attached at Appendix Two)

Discussion

11. One of the suggestions made by Parent to Parent was that they would welcome the opportunity to liaise more closely with the Disability Working Group. This suggestion was supported by the chair of the DWG and, consequently, Parent to Parent Southland was invited to select one of its members to be a standing member of the DWG. The Parent to Parent fieldworker was also invited to attend the meetings on an, “in attendance” basis.
12. It was also agreed that the DWG would hold quarterly fora with disability-related groups around the district to improve the level of engagement with community groups and increase understanding of the work of DWG. The first of these meetings will be held in April 2022.
13. Furthermore, to support this engagement and to ensure that momentum is maintained, it was agreed that the DWG team would meet bi-monthly with the Southland board members and the representative of Parent to Parent, the next meeting to be in April.
14. Of particular concern to the group was the National Travel Assistance Scheme (NTAS) and, in particular, the way it operates for low income families that need to travel to Dunedin for treatment. The need to fund travel and accommodation cost upfront can put significant strain on low income families and, in the worst case scenario, could see them having to miss appointments.
15. The NTAS is a national scheme and consumer reimbursement is processed centrally in Wellington. DHB travel coordinators are able to ask for claims to be processed as a matter of urgency, but this still takes two or three days for reimbursement to come through.
16. When the NTAS coordinators are aware of affordability issues facing consumers they will look at alternative transport options to minimise the impact.

17. Advances for mileage/travel are currently considered to be administratively cumbersome and problematic, particularly with the need for advances to be reconciled against actual expenditure and possible recovery if and when travel does not happen.
18. Southern DHB has relationships with a number of motels close to Dunedin Hospital, who will bill the DHB directly for the NTAS proportion of the overnight stay, leaving consumers to have to pay only the balance. It is important that this option is made known to parents that are registered for NTAS, so that they can minimise the financial impact.
19. It is recommend, therefore, that Southern DHB look at the options, including fuel cards, for providing consumers with advances for mileage and also ensuring that consumers that are eligible for overnight accommodation are booked into motels that will bill DHB directly.
20. Disability awareness training for Southern DHB staff has already been identified as a priority by the DWG and there are online options for new and existing staff, as well as in-person training that is offered through Julie Woods. This will remain a focus of the DWG and the Organisational Development team. The DWG was pleased to note that DSAC endorsed disability awareness training for existing staff has been made mandatory.
21. A number of the group's concerns come back ultimately to the fact that they do not feel that they have anyone that they can approach for help or advice. Their vision is, to quote, "of a 'go to person' for support & assistance/a listening ear/system navigation & demystifying of services available/ advocacy support when needed/timely answers to queries/ ensuring of cultural awareness & support as appropriate."
22. One issue raised by the group that is of particular concern is around members' reluctance to lay complaints for fear of them and their children being targeted as trouble-makers or missing out on treatment. Complaints are a valuable part of consumer engagement, as they allow the organisation to find out what's not working and gives the organisation the opportunity to put things right. All consumers should feel supported when making a complaint. All consumers who make a complaint can have a support person of their choosing. They can also turn to the Nationwide Health & Disability Advocacy Service. It is policy to ensure that the individuals making a complaint are made to feel supported by all staff interactions.
23. There is significant merit in an advocacy role such as outlined above: not just to support the disabled community but to address issues of equity across the organisation. Ideally consumers with lived experience of disability being directly engaged with services is the ideal mechanism for consumer engagement and advocacy role would provide a useful 'steppingstone' towards the gold standard. Therefore, a business case and role description for a disability advocate will be developed and submitted through SDHB's normal funding channels. The group had floated the idea of roles in both Dunedin and Invercargill but, at this stage, the proposal will be to create one role, which should be based in Invercargill but cover the whole district. This is not to preclude the creation of a second role in Dunedin, should there be further need.
24. Any advocacy position would also have a role in supporting consumers with travel related costs, e.g. possibly administering a petrol voucher scheme, thus addressing one of the principal issues raised by the group and also improving the equity of access to health care for low income consumers.

25. Other operational matters contained in the report will be progressed through the normal channels and the DWG team will work with Parent to Parent and Southland board members to provide responses to the concerns raised. The regular ongoing engagement with Parent to Parent Southland will ensure that these issues are worked through and provide a safe space to discuss issues of concern and, by involving staff from the appropriate operational areas, will create an opportunity to go beyond consultation towards a cooperative co-design model.

Next Steps & Actions

26. A business case for a Southland-based disability advocate role to be developed and submitted through normal operational channels.
27. Regular bi-monthly meetings to be held between the Parent to Parent representatives, Southland board members and the DWG team, starting in April.
28. Parent to Parent Southland to be invited to provide a member for the DWG as a full member.
29. A quarterly forum for DWG to engage with community groups, including Parent to Parent Southland, to improve the understanding of DWG and its work.
30. To provide an update to this report to DSAC's May meeting.

Appendices

Appendix One: Letter from Southland board members to Chair of DSAC

Appendix Two: Record of meeting between SDHB DWG Team, Parent to Parent Southland and Southland board members

Appendix One

4 December 2021

To: Dr. Moana Theodore,
Chair Disability Support Advisory Committee, SDHB.

Hello Moana,

At the invitation of local Labour MP Dr. Liz Craig, Terry, Kaye & I yesterday met with a group of Invercargill parents who are raising children with disabilities. They were all members of Parent to Parent Southland, & also had a local fieldworker with them who was able to corroborate their concerns. While we realise that this Report will be too late to reach the Committee Agenda on Monday, we hope that it can perhaps start the conversation on some short & longer-term work to solutions of some of these concerns.

One possible suggestion is that our Disability Working Group could perhaps look at liaising with this group, as many of their expressed issues would seem to fit into the “*Bold & Purposeful*” and “*Inclusive of Individuals, whanau or family & community*” goals of our Disability Action Plan 2021-2024, and we felt they would welcome the chance to be further involved in understandings & working to solutions. Perhaps one or more of them would be willing to be part of a sub-group looking at delivery of services to children with disabilities & their families?

The group had a range of concerns about SDHB current policies & services, from their own & their family’s personal perspectives. They were also concerned that other parents of children with disabilities are having the same difficulties when they do not fit a “*one size fits all*” system, and are either treated dismissively/insensitively, or expected to just soldier on without complaint.

We would like to emphasise that the group did not have any complaints about the actual Paediatric staff or clinicians at either Dunedin or Invercargill. In fact, it would appear that some of the individual Paediatricians have high credibility & respect with this group.

Major Concerns discussed fitted into 6 areas:

- Transport & travel difficulties for Dunedin appointments;
- Accommodation difficulties;
- Communication difficulties (including correspondence with GP’s about medication changes for children & the slow process caused when In’gill Paediatric letters & prescriptions are sent to Dunedin for typing (??));
- Lack of Dietician support when children have food allergies/intolerances;
- Gaps in SDHB staff training which has often meant inappropriate & insensitive dealing with the child with disabilities & family in stressful situations, including a lack of cultural sensitivity or cultural support [a surprise here was that none of the Maori parents in the group were aware the SDHB had a Maori Directorate in place];

- The lack of a designated Disability Advocate who they & others could approach for support & information.

To try & express the detail of what was conveyed to us:

- **TRANSPORT:** The families all have had 'up front' difficulties & stress in having to travel to Dunedin for their children's appointments, often at short notice. Even when reimbursement was available, this often took 4-6 weeks to arrive; for families on low incomes & often with more than 1 child, this could lead to missed appointments & further stress; or scrimping on food/activities of daily living to make ends meet. An added frustration was that in some cases claims are not even acknowledged & the parents are not informed why they do not qualify for support. One of the group also had a particular problem with the lack of a wheelchair accessible vehicle/shuttle for travel to Dunedin appointments and wanted to know why the only option available was a taxi at a cost of \$1300.00 [no private vehicle available as family has been on a long wait list for assessment of entitlement].
- As Board members we wondered whether SDHB should explore a system similar to that at Hawkes Bay DHB, which we understand does have petrol vouchers available in advance for such travel by child & family to appointments [with a form signed by the Dept visited to confirm that the appointment was kept]? We also wonder if SDHB could explore the availability of an accessible vehicle as a loan vehicle for Invercargill families who have to attend such Dunedin appointments?
- **ACCOMMODATION:** The parents pointed out that often the timing of appointments & the high stress on the child & family [especially if more than 1 child in the family] meant that an overnight stay in Dunedin is necessary. Suitable accommodation is very hard to find and expensive, & even when there is some reimbursement available it nowhere near covers the cost of the accommodation & food involved. Does SDHB have any further assistance available that could help with this issue? [e.g. food vouchers/ a list of approved accommodation suppliers close to Dunedin Hospital with family rooms available].
- **COMMUNICATION:** This was a specific question about why the system seems slow to notify GP's of medication changes for these children? And why do Invercargill Paediatric Dept letters & prescriptions need to be sent to Dunedin for typing? [As Board members we don't have the answers to such specific points, but they were a concern for this group, & it seems had led to some embarrassing moments when slow communication had led to a suspicion that the parent was trying to access new medication for their own use.] Also why do Child Mental Health Services seem to be so difficult to access [waits of 2 years mentioned], & why is there no Child Psychologist in Invercargill?
- **DIETICIAN SUPPORT:** What we were told is that for children with disabilities, their food allergies/intolerances are often simply not catered for [even when alerted in advance to Dunedin Hospital when children are to be admitted], or the parents are told to bring in their own food. This was a surprise, because as Board members we know we do have dieticians on staff, so it would be useful to know if there is a particular difficulty in supply of some diets?
- **SDHB STAFF TRAINING:** The parents spoke at some length here about personal experiences in ED and other areas where they had felt stressed/not listened to/ not treated with respect or their concerns ignored/ their cultural needs were not recognised or met/in some cases they had felt racially profiled. Listening to these stories, it emphasised for us how important

the roll-out of comprehensive staff training was in the area of listening skills/ cultural sensitivity training, & raising general staff awareness regarding working with disabled children & their families. We are aware as Board members that there are programmes underway; we urge even more speed with delivery, & involvement from the actual groups with the lived experience of formerly inappropriate behaviours. We also note here that it was a concern that the Maori parents in this group were not aware we had a Maori Health Directorate. They would love to think that there could be Maori Health staff in the future who could support their high-needs children & their families to navigate the health system.

- As an aside on this issue, the parents did talk about the need for a second time-out or whanau room at both Dunedin & Invercargill which they could use to help de-escalate when stress & child reactions to treatments became extreme.
- We also found it quite sad to hear some of this group say they were reluctant to complain & risk their children being targeted as trouble-makers or missing out on future treatments. Which leads somewhat neatly to the next point:
- **AVAILABILITY OF A DISABILITY ADVOCATE POSITION:** These parents & others would advocate for a Disability Advocate position at both Dunedin & Southland Hospital. Their vision is of a 'go to person' for support & assistance/a listening ear/system navigation & demystifying of services available/ advocacy support when needed/timely answers to queries/ ensuring of cultural awareness & support as appropriate .

Terry, Kaye & I would be happy to discuss this further, and to assist with contacts for this group if the the Disability Working Group could progress some ongoing liaison.

Lesley Soper

Kaye Crowther

Terry King,

SDHB Members.

Appendix Two

Record of Meeting Between SDHB DWG Team, Parent to Parent Southland and Southland board members.

Attendees: Kaye Crowther, Kathryn Harkin, MaryAnn Hughes, Terry King, John Marrable, William Robertson, Lesley Soper

Actions Arising	Person Responsible
<p>Parent to Parent Southland invited to nominate a member to sit on the Southern DHB Disability Working Group (DWG).</p> <p>MaryAnn to also be invited to be in attendance at the DWG Meetings</p> <p>Kathryn to provide MaryAnn with details of DWG meeting frequency and level of commitment required from person nominated to join DWG</p>	<p>MAH</p> <p>KH</p>
<p>Kathryn to set up quarterly forums for SDHB team to meet with community groups, including Parent to Parent Southland</p>	<p>KH</p>
<p>Kathryn to set up bi-monthly meeting for this group: meeting to take place in the alternate months to Disability Support Advisory Committee (DSAC) to continue beyond 1 July 2022.</p>	<p>KH</p>
<p>William to draft the SDHB response to the report from Southland Board Members and that report to be submitted to DSAC.</p> <p>Report to include, amongst other things, a proposal that SDHB provide families that are eligible for National Travel Assistance Scheme (NTAS) funding with advances to cover travel expenses.</p>	<p>WR</p> <p>WR</p>
<p>William to submit a business case to create a disability advocate role within the Consumer Experience function and that that role should be based in Southland.</p>	<p>WR</p>
<p>Kaye, Lesley, MaryAnn and Terry to identify Southland based consumers, particularly consumers from rural Southland, northern Southland and Fiordland to become consumer advisors and/or members of CHC or DWG.</p>	<p>KC, LS, MAH, TK</p>
<p>MaryAnn to support members that want to submit complaints and will work with William to provide consumers with the reassurance that it is safe to complain.</p>	<p>MAH with WR</p>

FOR INFORMATION

Item: People with Disability Vaccination Uptake
Proposed by: Hywel Lloyd, Director Quality and Clinical Governance Solutions
Demelza Halley, Project Manager, Covid Vaccination Implementation
Meeting of: 2 March 2022 Disability Support Advisory Committee

Recommendation

To consider the content of this report

Purpose

1. To highlight the current vaccination coverage for people with a disability in Southern
-

Specific Implications for Consideration

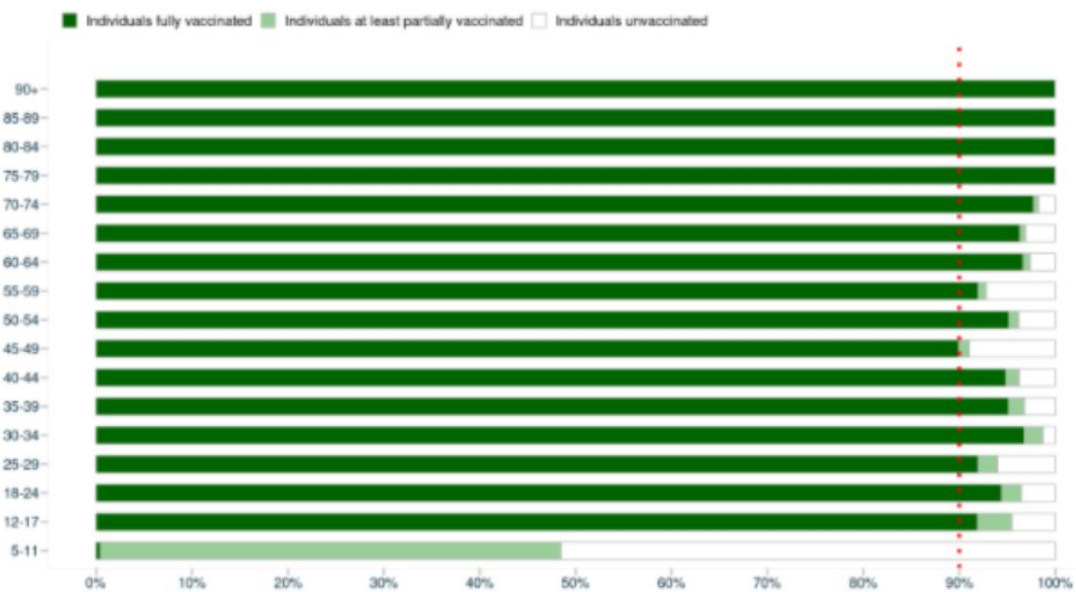
2. **Financial**
 - No budgetary implications
 3. **Workforce**
 - No workforce implications
 4. **Equity**
 - To highlight the current level of vaccination and to understand any potential inequity issues.
-

Background

5. In December 2019, patients began presenting with pneumonia of unknown origin they were centered on Wuhan, Hubei Province, China. The first few cases gave a history of visiting Huanan Seafood Wholesale Market. On 31 December 2019 the Chinese Centre for Disease Control and Prevention reported an outbreak of pneumonia of unknown causes in Wuhan City¹. (World Health Organization, 2020).
6. This novel coronavirus was later named severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2). The World Health Organization (WHO) named this infection, caused by SARS-CoV-2, Coronavirus Disease 2019 (COVID-19). The new coronavirus spread through mainland China and by end of January 2020 cases were reported in Thailand, Japan, and South Korea.
7. Within three months SARS-CoV-2 had spread to 114 countries, with 118,000 reported cases, causing 4,291 deaths.

8. By 12 May 2020 in New Zealand there had been 1,497 probable and confirmed cases with 21 deaths. Southern DHB had its first, and to date only, community death on 14 April 2020. The gentleman concerned was the 12th person to die of COVID-19 in New Zealand.
9. As of 6 November 2021, there have been 7,138 covid cases in New Zealand with 29 deaths. Globally the figure is just short of 250m cases and just over 5m deaths.
10. There have been no new community cases of SARS-CoV-2 in Southern (Otago & Southland) since 24 April 2020.
11. There were 2 cases of COVID-19 admitted to Southland Hospital in July 2021. These cases were part of the Mattina container ship cluster consisting of 16 Filipino and Ukrainian crew members to test positive for the Delta variant of Covid-19 following the container ship's arrival in Bluff on July 18.
12. The first COVID-19 vaccinations in the Southern district were administered 1 Mar 2021 to port workers based at international ports in Southern.
13. The National Eligible Population vaccination coverage is detailed below:

Vaccine uptake percentage by age band



14. **Vaccinations and Booster uptake by DHB 12+** These three tables use a person view, and only include people aged 12 or over. Booster doses only include those aged 18+. All Ethnicities

DHB of residence	At least partially vacc	% At least partially vacc	Fully vacc	% Fully vacc	Population	Eligible for Booster	Received Booster	% Boosted
Southern	281,708	97.8%	277,890	98.5%	288,015	229,331	166,333	72.5%

15. This equity table shows the rate of people vaccinated (per 1,000 population) to Māori or Pacific Peoples, relative to the rate of doses for Non-Māori and Non-Pacific groups. Less than one means the group is receiving a lower proportion of doses than would be expected if equity is being achieved. More than one means they are receiving a higher proportion of doses than would be expected if equity is being achieved.

DHB of residence	Vaccination status	Māori							Pacific Peoples						
		65+	50-64	35-49	18-34	12-17	5-11	All 12+	65+	50-64	35-49	18-34	12-17	5-11	All 12+
National	Partially	1.03	0.99	0.92	0.89	0.93	0.51	0.93	0.98	1.02	1.03	1.00	0.97	0.70	1.00
	Fully	1.03	0.98	0.90	0.85	0.89	0.60	0.90	0.98	1.02	1.02	0.99	0.96	1.38	0.99
Northland	Partially	1.01	1.01	0.95	0.91	0.97	0.47	0.94	1.01	1.10	1.13	1.13	1.09	0.72	1.08
	Fully	1.01	1.00	0.93	0.85	0.91	0.35	0.90	1.02	1.09	1.13	1.11	1.04	0.63	1.06
Auckland Metro	Partially	1.04	1.00	0.90	0.89	0.93	0.51	0.93	0.98	1.00	0.95	0.94	0.94	0.62	0.96
	Fully	1.03	0.99	0.88	0.86	0.90	0.70	0.91	0.98	1.00	0.95	0.92	0.92	1.01	0.95
Waikato	Partially	1.04	1.00	0.94	0.91	0.94	0.51	0.95	1.03	1.06	1.03	1.01	1.01	0.81	1.02
	Fully	1.04	0.99	0.92	0.87	0.90	0.78	0.91	1.03	1.05	1.02	1.00	1.00	0.90	1.01
Bay of Plenty	Partially	1.04	0.99	0.91	0.81	0.90	0.46	0.91	1.00	1.19	1.57	1.49	1.04	0.72	1.36
	Fully	1.04	0.98	0.89	0.77	0.85	1.15	0.87	0.99	1.19	1.57	1.48	1.02	1.59	1.35
Tairāwhiti	Partially	1.05	1.01	0.93	0.91	0.95	0.59	0.95	1.12	1.13	1.16	1.22	1.03	1.05	1.15
	Fully	1.05	0.99	0.91	0.87	0.90	0.54	0.92	1.12	1.13	1.17	1.20	1.06	0.00	1.14
Lakes	Partially	1.04	0.99	0.96	0.89	0.95	0.49	0.94	1.12	1.01	1.06	0.99	0.88	0.75	1.00
	Fully	1.04	0.98	0.93	0.84	0.89	0.74	0.91	1.12	1.00	1.05	0.98	0.87	0.00	0.99
Taranaki	Partially	1.02	1.02	0.94	0.93	0.97	0.57	0.95	1.00	1.08	1.10	1.15	1.00	0.62	1.07
	Fully	1.02	1.01	0.93	0.88	0.92	0.97	0.92	1.00	1.07	1.11	1.14	0.99	0.00	1.06
Whanganui	Partially	1.01	1.01	0.93	0.90	0.93	0.48	0.93	0.97	0.97	1.05	0.93	1.01	0.59	0.96
	Fully	1.01	1.00	0.91	0.86	0.89	0.30	0.90	0.98	0.97	1.03	0.92	1.00	0.00	0.94
Hawke's Bay	Partially	1.02	1.00	0.94	0.88	0.96	0.48	0.94	0.98	1.11	1.74	1.74	1.04	0.67	1.47
	Fully	1.02	0.99	0.92	0.83	0.92	1.00	0.90	0.98	1.10	1.73	1.73	1.00	1.27	1.46
MidCentral	Partially	1.09	1.01	0.97	0.95	0.95	0.58	0.97	1.01	1.06	1.03	1.05	1.05	0.71	1.04
	Fully	1.08	1.00	0.94	0.92	0.91	0.66	0.94	1.00	1.05	1.03	1.04	1.03	1.28	1.03
Wairarapa	Partially	1.05	0.98	1.00	0.93	1.02	0.57	0.96	1.04	1.15	1.07	1.20	1.00	0.81	1.09
	Fully	1.04	0.97	0.98	0.90	0.97	2.73	0.93	1.04	1.13	1.06	1.21	0.96	0.00	1.08
Capital & Coast and Hutt Valley	Partially	1.05	1.00	0.95	0.94	0.95	0.62	0.96	0.99	0.99	0.98	0.96	0.98	0.64	0.97
	Fully	1.05	0.99	0.93	0.91	0.91	0.68	0.94	0.98	0.99	0.97	0.94	0.96	0.36	0.96
Nelson Marlborough	Partially	1.05	1.03	0.93	0.92	0.98	0.64	0.95	1.08	1.42	2.78	2.88	1.17	0.91	2.27
	Fully	1.04	1.02	0.91	0.88	0.95	0.65	0.93	1.08	1.43	2.80	2.89	1.14	0.75	2.27
West Coast	Partially	1.00	0.98	0.99	0.98	1.00	0.79	0.97	1.30	1.10	1.03	1.26	0.95	1.05	1.08
	Fully	0.99	0.97	0.97	0.95	1.01	1.94	0.95	1.31	1.11	1.02	1.27	0.94	0.00	1.07
Canterbury	Partially	1.05	1.00	0.95	0.91	0.98	0.65	0.95	1.02	1.02	1.04	0.97	0.98	0.72	1.00
	Fully	1.05	0.99	0.94	0.88	0.96	0.59	0.93	1.01	1.02	1.04	0.96	0.96	0.36	0.99
South Canterbury	Partially	1.07	1.03	0.94	0.94	1.03	0.69	0.97	0.96	1.19	1.30	1.35	1.10	1.22	1.23
	Fully	1.07	1.02	0.91	0.91	0.99	0.55	0.94	0.96	1.19	1.30	1.35	1.09	0.00	1.23
Southern	Partially	1.02	0.99	0.94	0.93	0.96	0.67	0.95	1.00	1.07	1.21	1.21	1.04	0.86	1.15
	Fully	1.02	0.99	0.92	0.91	0.93	0.35	0.93	1.00	1.06	1.20	1.20	1.04	0.49	1.14

Discussion

Residential Disabled Persons

16. The first, second and booster dose vaccination clinics for the residential disabled persons cohort are complete.
17. The Vaccination Team worked with thirteen providers and have coordinated a range of support mechanisms for people with disability to access vaccination. This included access and support to mass clinics, clinics held in familiar locations such as day bases and in-home visits to residential facilities.
18. Some providers chose to move to a GP based model for client's booster doses and integrate any future vaccinations into their client's normal cycle of GP visits.

5–11-year-olds

19. Vaccinations for 5–11-year-olds began in January 2022. There are 71 providers of vaccinations to this age group across the district. The Vaccination Team have met with Parent2Parent Southland and Otago to provide them with advice and support for parents of disabled children.
20. In home vaccinations delivered by the SDHB vaccination outreach team are available to this age group and families can self-refer to this service via a web form or by phoning the team. The national 0800 number and primary care providers are also able to refer families to this service.
21. The Vaccination Team have partnered with Dunedin and Southland paediatric wards and specialist paediatric vaccination clinics now operate fortnightly in Dunedin and on-demand in Southland for children with complex needs. The Dunedin clinic is suitable for those with extreme needle phobia, neurodevelopmental needs e.g., intellectual disability, Autism Spectrum Disorder, and other complex health needs, the Southland clinic provides a similar but reduced service. Referrals to this service are via General Practice.
22. The Vaccination Team have partnered with Pivotal Point Trust and Five Mile Pharmacy to offer a Sensory Calm Clinic in Queenstown in February. Pivotal Point Trust supports families with neurodiverse children in the Queenstown and Wanaka areas. The success of this clinic will be evaluated and will continue if it helps to address the low sensory vaccination service gap that currently exists in the Queenstown Lakes area.

Vaccination rates

23. The most recent data from the Ministry of Health (February 2022), shows the following vaccination rates for those persons identified through Disability Support Services (DSS) and ACC data sets. Note, the DSS and ACC populations are a subset of the identifiable 18+ disability population. There is not a full data set available for those that identify as disabled. There is not a data set available for those under the age of 18.

	Population	Fully Vaccinated	Eligible for booster	Boosted
18+	2526	2352	2155	1746
		93%		81%

24. Booster dose vaccination rates broken down by principal disability or ethnicity are not currently available from the Ministry. Vaccination rates for dose 1 and 2 are available broken down by principal disability and ethnicity and are attached (Appendix 1: CVIP Equity – Disability Dashboard)
25. To address the gaps in disability data the Ministry of Health is currently scoping a project in partnership with disabled people, tāngata whaikaha Māori and their families, whānau and aiga which aims to:
 - a. Identify disabled people by the National Health Index
 - b. Identify their access needs and communicate those needs to health staff
 - c. Measure the degree to which those needs are being provided for by health services.
26. The project aims to identify all 1.1 million disabled people in Aotearoa New Zealand and will include the opportunity to self-identify.

Next Steps & Actions

27. The Vaccination Team will monitor the demand for the Dunedin and Southland specialist paediatric clinics and review the offering at the end of March 2022.
 28. The Vaccination Team will review the success of the Queenstown Sensory Calm Clinic and continue to work with organisations like Parent2Parent and Pivotal Point Trust to understand the needs of their communities and supplement the current vaccination offering as required.
-

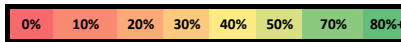
Appendices

Appendix 1 CVIP Equity – Disability Dashboard

COVID-19 vaccination uptake (%) for a subset of the disabled population By DHB, prioritised ethnicity and principal disability

As at 23:59
Mon 07 Feb 2022

		Māori							Non-Māori Non-Pacific					Pacific Peoples					National/ Regional Average					
		ASD	Intellectual	Neurological	Physical	Sensory	Unknown	All Disabilities	ASD	Intellectual	Neurological	Physical	Sensory	Unknown	All Disabilities	ASD	Intellectual	Neurological	Physical	Sensory	Unknown	All Disabilities	All people aged 12+	
National	Population	1,118	2,795	45	1,172	213	1,676	7,019	5,528	10,674	192	5,528	733	5,496	28,151	292	889	11	460	68	379	2,099	4,209,057	
	Dose 1 #	909	2,501	36	1,021	180	1,405	6,052	4,909	9,977	172	5,083	675	4,826	25,642	252	821	9	407	61	336	1,886	4,048,041	
	Dose 2 #	870	2,402	34	992	174	1,333	5,805	4,816	9,843	171	4,995	664	4,723	25,212	249	805	9	399	59	323	1,844	3,973,915	
	Dose 1 %	81	89	80	87	85	84	86	89	89	93	90	92	92	88	91	86	92	82	88	90	89	90	96
	Dose 2 %	78	86	76	85	82	80	83	87	92	89	90	91	86	90	85	91	82	87	87	85	88	94	
Northern	Northland	Dose 1 %	76	84		85	84	73	81	84	89	100	88	94	76	85							78	90
		Dose 2 %	71	82		84	80	69	77	80	88	100	85	87	74	83							74	87
	Auckland	Dose 1 %	76	92		94	81	96	90	92	93		93	90	93	92	84	87					89	99
		Dose 2 %	74	90		94	81	93	88	91	91		92	90	92	91	84	86					88	98
	Counties Manukau	Dose 1 %	84	92		84	88	91	89	91	93	100	92	96	87	92	95	93					89	96
		Dose 2 %	83	88		81	88	86	86	89	93	100	91	93	85	90	93	91					88	94
Waitemata	Dose 1 %	87	89		86	75	84	86	91	94	89	93	84	89	92	88	94					84	96	
	Dose 2 %	83	86		84	69	82	84	89	94	89	93	84	87	91	86	94					82	95	
Midlands	Waikato	Dose 1 %	75	90		88	78	84	86	90	91	67	88	91	89	90	81	89					92	95
		Dose 2 %	71	85		84	78	80	82	87	90	67	86	88	86	88	75	89					81	93
	Bay of Plenty	Dose 1 %	76	89		77	79	82	83	84	93	93	91	77	86	89		100						91
		Dose 2 %	69	84		73	79	79	79	81	92	86	89	75	84	87		100						92
	Tairāwhiti	Dose 1 %	79	89		79			83	85	89		96		78	86								93
		Dose 2 %	74	87		79			82	85	86		92		78	84								90
Lakes	Dose 1 %	79	88		88	64	84	84	88		99	82	90	89		100							83	
	Dose 2 %	71	84		82	55	76	78	84	88		96	82	87	88		100						83	
Taranaki	Dose 1 %	65	88		88			84	83	85	91	88	90	93	85	89							95	
	Dose 2 %	65	85		83			76	80	83	90	88	88	93	84	88							92	
Central	Whanganui	Dose 1 %		87		87			83	85	79	89		94	95	90	89						90	
		Dose 2 %		87		83			80	83	79	89		94	95	88	88							90
	Hawke's Bay	Dose 1 %	89	85	86	84			84	85	85	93	100	90	100	88	91						88	97
		Dose 2 %	86	81		84			80	82	85	92	100	88	94	88	90						82	94
	MidCentral	Dose 1 %	77	91		85	91	91	87	85	93		89	93	89	90	75	89					83	96
		Dose 2 %	70	88		83	91	87	84	84	91		88	89	85	88	75	89					67	94
	Wairarapa	Dose 1 %		88		93			67	83	93	97		91		97	96							88
		Dose 2 %		86		93			67	82	90	95		86		94	93							75
	Hutt Valley	Dose 1 %	87	94		96	86	93	93	92	94		92	92	90	92	91	96					96	97
		Dose 2 %	80	89		89	86	89	88	90	92		90	92	87	91	91	93					92	95
Capital and Coast	Dose 1 %	90	92		93	100	76	88	94	94		90	97	92	93	79	98					87	98	
	Dose 2 %	88	83		93	100	70	83	93	93		90	94	90	92	79	96					87	97	
Southern	Nelson	Dose 1 %	86	84		95			83	87	81	93	100	90	94	83	88						93	97
		Dose 2 %	78	83		95			75	83	80	92	100	88	94	81	87						93	95
	Marlborough	Dose 1 %		92		100			100	92	73	92		89		90	87							93
		Dose 2 %		92		100			89	89	71	92		83		90	85							91
	Canterbury	Dose 1 %	89	92		91	94	84	90	90	95	90	93	95	91	93	78	91					88	99
		Dose 2 %	89	89		87	81	76	86	90	94	90	92	95	89	92	78	89					88	98
South Canterbury	Dose 1 %	100	93		88				92	87	96		99	100	90	95							95	
	Dose 2 %	100	93		88				92	83	93		97	100	90	92							94	
Southern	Dose 1 %	82	94		93	82	89	91	88	97	85	94	97	91	94		100					88	98	
	Dose 2 %	80	91		91	73	87	88	85	94	85	93	97	89	92		96					88	96	



■ Values where the numerator or denominator are less than 6 have been suppressed for privacy

Explanation: This table shows the percentage uptake of first and second dose of the Covid-19 vaccine for people living with a disability supported by Government funded services. This covers the disabled population aged 12+ supported by DSS or ACC clients aged 16+ supported for longer than 6 months

■ Example: 90% of Māori identified as living with a disability in the Auckland DHB region have received their first dose of the COVID-19 vaccination. 78% of Māori identified to be on the Autism Spectrum nationally have received their second dose of the COVID-19 vaccine.

Vaccination data sourced from the Covid Immunisation Register (CIR)

Demographic data sourced from National Health Index (NHI) Dataset

This cohort is a subset of the identifiable population living with a disability identified as people aged 12+ supported by DSS, or ACC clients aged 16+ being supported for longer than 6 months.

ACC clients are categorised in the "Unknown" group. Approximately 1.2 % of clients could not be matched to a prioritized ethnicity or a DHB.