**DISABILITY WORKING GROUP**

**Key Messages November 2024**

Members: John Marrable, Kirsten Dixon, Paula Waby, Adam Hall, Jacqui Eggleton, Jaime Randhawa, Te Aroha Aratangi

Standing members: Kathryn Harkin

Apologies: Ruth Zeinert, Jack Devereux,

Guests: Andrew Cunningham

The Disability Working Group members met on Friday 15 November 2024.

* Actions updates:
* John has spoken to Rochell at Living Well about the possibility of donating an old hire wheelchair to the Waitaki Hospital for use.
* Accessibility Audits in Southland on hold currently.
* Andrew Cunningham, Emergency Management Lead for Te Whatu Ora Southern. Has a counterpart in Southland as well. In peacetime, largely planning and when an event occurs, ensuring that the most vulnerable people are able to be cared for. Example of flooding, liaised with other services to ensure that those who may not be able to evacuate. There hasn’t been a mandate previously to engage specifically with the disabled community, but he is very aware how challenging it can be to get the right help so wants to ensure they understand what the needs are. Deaf people communicating is one of the biggest challenges they have. In an emergency situation, mental health for Deaf people is really significant, such as anxiety which makes the situation even harder. For example, how would a Deaf person know who the point of contact was. If there is no power, there are no interpreters. Some education required in Waitaki as well – Andrew will link with local planners to engage with Jacqui. Simulation day planned in February, will also incorporate disability into this as well.
* Kathryn Harkin presented the results of the most recent Consumer Engagement Quality Safety Marker. This is completed twice yearly by all services in Southern. The most recent assessment found that the use of equity data has decreased over the last year – this also reflects directives from the current government. Engagement with community organisations by service leaders has also decreased in this time. One specific question, “Specifically for this service, which population groups have been identified as having poorer health outcomes?” was asked and there was a substantial increase in services identifying the disabled community as falling into this category which was reassuring. The specific question designed by the Disability Working Group was asked again – “What is happening within your service to improve equitable access for the disabled community (including those with physical, sensory, intellectual, mental disabilities)?” and there were a range of responses with many services able to articulate specific activities which have been undertaken but there were also others who had nothing to report. Given the pressures on all services currently, the focus is on trying to achieve something realistic and sustainable so that there is continued progression.
* A recent review of the Southern Disability Strategy showed that there are two goals which currently do not have associated actions. These are *“Southern will undertake a review of how people access assistance and allowances to develop a straightforward process to enable people to navigate their systems with ease and receive the support available to them* and *Information systems will track requests for support, structural alterations or equipment both for the purpose of ensuring prompt responses to meet the person’s needs and as auditable data for later evaluation of the Southern Disability Strategy.* It was noted that these were somewhat ambiguous, particularly the first as assistance and allowances are not provided by Te Whatu Ora Southern but by other agencies. The second item is also problematic as many requests go to an external agency for fulfilment which, with limited funding, means patients are often waiting a long time, and this is not in Te Whatu Ora Southern’s control either. Members were happy that Kathryn will prepare a report outlining what is able to be done in this space and this will be regarded as fulfilling this strategic goal.
* Round Table
* A new Stronger Waitaki Lead has been appointed. Transformation project for council currently, all groups being stood up. New appointee has particular interest in equitable practice with schools –an ideal person to continue the conversation about having an equitable practice.
* Kōrero mai posters and information have been observed in Dunedin hospital and very pleased to see this rolled out.
* Working on Waitaki Health Development project – great response from the community. Has been noted that physiotherapy and occupational therapy in Oamaru if you have a disability were hard to get, Telehealth does not work for communication barriers.
* Braille on medicine bottles, compulsory in some parts of the world, but not in NZ. Would like to see this progressed.
* Access to GPs in Waitaki is still a challenge but a coordinator within WellSouth is going to support with this. GPs also not doing minor operations such as ingrown toenail – referred to hospital, to be done by same doctor – this is likely a financial decision.
* Consumer had been discharged from Dunedin Hospital at night – after being transferred from Oamaru, more information to be provided for escalation.
* Good feedback from some members of blind community who have reported good experiences at the hospital.
* Confusion and noise for Deaf/blind person, confusion and noise made it hard to understand what was happening. Strong accents made this difficult as well.
* Deaf consumer pregnant currently, engaging with services early to ensure they are aware of her needs.