

Community and Public Health Advisory Committee and Disability Support Advisory Committee Agenda



Location:	Board Room Level 1 Hockin Building Waikato Hospital Pembroke Street HAMILTON And by Zoom		
Date:	23 September 2021	Time:	9am

Commissioners:	Emeritus Professor M Wilson, Deputy Commissioner (Chair) Ms T P Thompson-Evans (Deputy Chair) Dame K Poutasi, Commissioner Mr C Paraone, Deputy Commissioner Mr A Connolly, Clinical Advisor to the Commissioner Ms R Karalus Dr P Malpass Mr J McIntosh Mr F Mhlanga Ms G Pomeroy Ms J Small Mr D Slone Mr G Tupuhi		
In Attendance:	Mr K Whelan, Crown Monitor Dr K Snee, Chief Executive Other Executives as necessary		

Next Meeting Date:	25 November 2021		
Contact Details:	Phone: 07 834 3622		
	www.waikatodhb.health.nz		

Our Vision: **Healthy People. Excellent Care** 

Our Values: People at heart – **Te iwi Ngakaunui**
Give and earn respect – **Whakamana**
Listen to me talk to me – **Whakarongo**

Fair play – **Mauri Pai**
Growing the good – **Whakapakari**
Stronger together – **Kotahitanga**

Community and Public Health Advisory Committee and Disability Support Advisory Committee Agenda



Item

1. **APOLOGIES**
2. **INTERESTS**
 - 2.1 Schedule of Interests
 - 2.2 Conflicts Related to Items on the Agenda
3. **MINUTES AND MATTERS ARISING**
 - 3.1 Minutes 24 June 2021
 - 3.2 Matters Arising from the Minutes
4. **COMMITTEE MEMBERS UPDATES**
 - 4.1 The Chair will invite members to provide updates as they relate to Waikato DHB
5. **PRESENTATION**
 - 5.1 *All Things COVID (presentation will be available on the meeting day)*
6. **DECISIONS**
 - 6.1 Waikato DHB Disability Responsiveness Plan 2021/2023
7. **DISCUSSION**
8. **INFORMATION/NOTING**

NEXT MEETING: 25 November 2021



Apologies



Schedule of Interests

SCHEDULE OF INTERESTS FOR COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETINGS TO SEPTEMBER 2021

Dame Karen Poutasi

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Commissioner, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Deputy Chair, Network for Learning	Non-Pecuniary	None	
Son, Health Manager, Worksafe	Non-Pecuniary	None	
Chair, Wellington Uni-Professional Board	Non-Pecuniary	None	
Chair, COVID-19 Vaccine and Immunisation Governance Group	Non-Pecuniary	None	
Chair, Taumata Arowai	Non-Pecuniary	None	
Chair, Transition Programme Assurance Group	Non-Pecuniary	None	

Mr Andrew Connolly

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Clinical Advisor to the Commissioner, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Acting Chief Medical Officer, Ministry of Health (secondment to 31 December 2021, part-time)	Non-Pecuniary	None	
Board member, Health Quality and Safety Commission (position non-active whilst Acting Chief Medical Officer, Ministry of Health)	Non-Pecuniary	None	
Employee, Counties Manukau DHB	Non-Pecuniary	None	
Clinical Advisor to Chair, Southern DHB	Non-Pecuniary	None	
Member, MoH Planned Care Advisory Group	Non-Pecuniary	None	

Note 1: Interests listed in every agenda.

Note 2: Members required to detail any conflicts applicable to each meeting.

Note 3: Roles within the Waikato DHB are recorded but are by definition not conflicts and for practical purposes, non-pecuniary.

Mr Chad Paraone

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Deputy Commissioner, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Strategic Advisor (Maaori) to CEO, Accident Compensation Corporation	Non-Pecuniary	None	
Maaori Health Director, Precision Driven Health (stepped down from role from October 2020 to December 2021)	Non-Pecuniary	None	
Committee of Management Member and Chair, Parengarenga A Incorporation	Non-Pecuniary	None	
Director/Shareholder, Finora Management Services Ltd	Non-Pecuniary	None	
Member, Transition Unit (Health & Disability System Reform), Department of Prime Minister and Cabinet)	Non-Pecuniary	None	

Emeritus Professor Margaret Wilson

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Deputy Commissioner, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Waikato Health Trust	Non-Pecuniary	None	
Co-Chair, Waikato Plan Leadership Group	Non-Pecuniary	None	

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Ms Te Pora Thompson-Evans

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Attendee, Commissioner meetings, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Deputy Chair, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Iwi Maaori Council, Waikato DHB	Non-Pecuniary	None	
Member, Te Manawa Taki Governance Group	Non-Pecuniary	None	
Iwi Maaori Council Representative for Waikato-Tainui, Waikato DHB	Non-Pecuniary	None	
Iwi: Ngāti Hauā	Non-Pecuniary	None	
Maangai Maaori:			
○ Community Committee	Non-Pecuniary	None	
○ Economic Development Committee	Non-Pecuniary	None	
Director/Shareholder, Haua Innovation Group Holdings Limited	Non-Pecuniary	None	
Director, Whai Manawa Limited	Non-Pecuniary	None	
Director/Shareholder, 7 Eight 12 Limited	Non-Pecuniary	None	

Dr Paul Malpass

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Consumer Council, Waikato DHB	Non-Pecuniary	None	
Fellow, Australasian College of Surgeons	Non-Pecuniary	None	
Fellow, New Zealand College of Public Health Medicine	Non-Pecuniary	None	
Daughter registered nurse employed by Taupo Medical Centre	Non-Pecuniary	None	
Daughter employed by Access Community Health	Non-Pecuniary	None	
Eldest son employed by Presbyterian Support, Northern	Non-Pecuniary	None	

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Mr John McIntosh

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Community Liaison, LIFE Unlimited Charitable Trust (a national health and disability provider; contracts to Ministry of Health; currently no Waikato DHB contracts)	Non-Pecuniary	None	
Coordinator, SPAN Trust (a mechanism for distribution to specialised funding from Ministry of Health in Waikato_	Non-Pecuniary	None	
Trustee, Waikato Health and Disability Expo Trust	Non-Pecuniary	None	

Ms Rachel Karalus

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Aere Tai Pacific Midland Collective	Non-Pecuniary	None	
Member, Waikato Plan Regional Housing Initiative	Non-Pecuniary	None	
Chief Executive Officer, K'aute Pasifika Trust	Non-Pecuniary	None	

Ms Gerri Pomeroy

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Co-Chair, Consumer Council, Waikato DHB	Non-Pecuniary	None	
Trustee, My Life My Voice	Non-Pecuniary	None	
Waikato Branch President, National Executive Committee Member and National President, Disabled Person's Assembly	Non-Pecuniary	None	
Member, Enabling Good Lives Waikato Leadership Group, Ministry of Social Development	Non-Pecuniary	None	
Member, Machinery of Government Review Working Group, Ministry of Social Development	Non-Pecuniary	None	
Co-Chair, Disability Support Service System Transformation Governance Group, Ministry of Health	Non-Pecuniary	None	
Member, Enabling Good Lives National Leadership Group, Ministry of Health	Non-Pecuniary	None	

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^aMr Fungai Mhlanga

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Employee, Department of Internal Affairs (DIA) - Office of Ethnic Communities	Non-Pecuniary	None	
Trustee, Indigo Festival Trust	Non-Pecuniary	None	
Member, Waikato Sunrise rotary Club	Non-Pecuniary	None	
Trustee, Grandview Community Garden	Non-Pecuniary	None	
Volunteer, Waikato Disaster Welfare Support Team(DWST) - NZ Red Cross	Non-Pecuniary	None	
Volunteer, Ethnic Football Festival	Non-Pecuniary	None	

Mr David Slone

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Director and Shareholder, The Optimistic Cynic Ltd	Non-Pecuniary	None	
Trustee, NZ Williams Syndrome Association	Non-Pecuniary	None	
Trustee, Impact Hub Waikato Trust	Non-Pecuniary	None	
Employee, CSC Buying Group Ltd	Non-Pecuniary	None	
Advisor, Christian Supply Chain Charitable Trust	Non-Pecuniary	None	

Ms Judy Small

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Consumer Council, Waikato DHB	Non-Pecuniary	None	
Director, Royal NZ Foundation for the Blind	Non-Pecuniary	None	

^a The following statement has been requested for inclusion - All the comments and contributions I make in the Committee meetings are purely done in my personal capacity as a member of the migrant and refugee community in Waikato. They are not in any way representative of the views or position of my current employer (Office of Ethnic Communities/Department of Internal Affairs).

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Mr Glen Tupuhi

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Iwi Maaori Council, Waikato DHB	Non-Pecuniary	None	
Board member, Hauraki PHO	Non-Pecuniary	None	
Board member , Te Korowai Hauora o Hauraki	Non-Pecuniary	None	
Chair Nga Muka Development Trust, a representation of Waikato Tainui North Waikato marae cluster	Non-Pecuniary	None	

Note 1: Interests listed in every agenda.

Note 2: Members required to detail any conflicts applicable to each meeting.

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Conflicts Related to Items on the Agenda



Previous Minutes

WAIKATO DISTRICT HEALTH BOARD
Minutes of the Community and Public Health Advisory Committee
(Including the Disability Support Advisory Committee
Meeting) held on 24 June 2021 commencing at 9.05am

Present: Professor M Wilson (Chair)
Mr C Paraone
Mr D Slone
Dr P Malpass
Mr F Mhlanga
Ms R Karalus
Ms T Thompson-Evans (9.47am)
Dame K Poutasi (from 10.35am)

In Attendance: Mr K Snee, Chief Executive (from 9.16am)
Ms L Gestro, Executive Director – Strategy, Investment & Transformation
Mr R Nia Nia, Executive Director – Māori, Equity & Health Improvement
Ms M Munro, Programme Lead – Vaccination Rollout
Ms D Chin, Chair – Finance, Risk and Audit Committee
Dr J Carr, Chief Medical Officer – Primary Care
Ms C Lowry, Executive Director – Hospital and Community
Ms C Tahu, Chief Advisor – Allied Health, Scientific & Technical
Mr N Hablous, Company Secretary
Mr N Wilson, Director – Communications (from 9.25am)

Apologies: Ms G Pomeroy
Mr J McIntosh
Ms J Small
Dame K Poutasi (for lateness)
Mr A Connolly

Ms R Karalus opened the meeting with a karakia

ITEM 2: APOLOGIES

Resolved

THAT the apologies from Ms G Pomeroy, Mr J McIntosh, Ms J Small and Dame K Poutasi are accepted.

ITEM 3: INTERESTS

3.1 Register of Interests

No changes were required to the register of interests.

3.2 Conflicts relating to items on the Agenda

Nil

ITEM 4: MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

4.1 Waikato DHB Community and Public Health and Advisory Committee: 29 April 2021

Amendments were required to the minutes relating to meeting the target set for COVID vaccinations for one week only and the spelling of Mr Slone's name.

**Resolved
THAT**

The minutes of the Waikato DHB Community and Public Health Advisory Committee held on 29 April 2021 are confirmed as a true and correct record as amended above.

Moved: Mr D Slone
Seconded: Mr P Malpass

4.2 Matters Arising Nil

ITEM 5: COMMITTEE MEMBERS UPDATES

5.1 Members Updates

Members were invited to provide updates as they relate to Waikato DHB.

Ms R Karalus – vaccination clinics are going well at K'aute Pasifika and over 300 people have been vaccinated there. A barrier to vaccination has been identified where some community leaders are actively discouraging people from attending the fono to discuss vaccinations. A strategy needs to be developed to address and encourage influential leaders in the community.

Dr P Malpass – impressions are that the vaccination rollout has been well managed. Some people in the community are frightened of needles and this should be taken into account with the rollout. The vaccination needs to go to the population rather than other way around. Information will be passed on to Ms Munro to feedback to the Ministry. Rural health has been impacted significantly by the cyber event, particularly for GPs receiving results.

Mr D Slone – adverse reaction and misinformation in the community has been an issue. There has been limited communication on adverse events, but noted that adverse reaction events are reported to the Centre for Adverse Reactions, which are monitored and reported nationally. Links are provided on the Ministry of Health website for those interested in adverse reactions.

Mr F Mhlanga – the migrant and former refugee communities doing well. Refugee Day is being held this weekend to celebrate the integration into the New Zealand community. The community are being actively encouraged to get their vaccinations and ask questions if they are unsure. Those with different language requirements are also being encouraged to access information through appropriate channels.

ITEM 6: PRESENTATIONS

6.1 COVID Vaccination Programme

Ms Munro presented the COVID Vaccination Programme overview and status update for Waikato DHB.

An updated presentation will be sent to Committee members as an incorrect version was provided in the agenda and at the meeting.

62,500 people have been vaccinated to Sunday last week. The DHB will be moving to vaccinating 10,000 per week. All rest home residents have had their first vaccinations and the rollout of the second vaccination has started for this group. Consideration is being given to how to vaccinate the broader group of people with disabilities and where they might go for this to occur. Invitations will be ready to go to group 3 people through the national booking system from Monday next week. The constraints with vaccine being available for group 3 will need to be managed carefully. Waikato are currently ahead of the schedule from what was proposed (15%).

The Ministry has been made aware of misinformation and perception issues in the community. Work is underway to get champions from the Ministry to do roadshows for a national message, along with local champions talking about their vaccination and outcomes.

ITEM 7: INFORMATION

7.1 Health and Disability Reform

Mr C Paraone presented the Health and Disability Reform overview.

A copy of this presentation will be made available to the Committee members.

The process started in 2018 with the review of the system, an interim report provided in September 2019, and a final report in April 2020. The review highlighted a number of challenges with the system which included a complicated and fragmented system, widespread inequity of outcomes, lack of leadership and accountability, and inconsistent planning.

Cabinet projected forward what the system would look like in the future – people centred, equitable, accessible, and cohesive. The Minister has strong views around partnership and the Treaty, and the need for a local common set of services to which all should have access.

With the proposed approach, the Ministry of Health will continue to have a role as the chief steward of the system. Health NZ will be created, along with the Māori Health Authority. The Māori Health Authority will report to the Minister and work with Health NZ nationally and regionally. Hospital and specialist services will be regionally planned and locally run.

Health New Zealand will be a large entity to bring together the 20 DHBs. Development of a New Zealand health plan will sit under the strategy – looks at 15-20 years, 3 year budgeted and funded plan. Four regional divisions will be largely the regions we run at the moment, run by regional commissioners. Infrastructure and support requirements will be included.

The Maori Health Authority will take a lead on the system from a hauora Māori perspective. The Ministry will monitor performance and the Māori Health Authority will oversee national performance for Māori, and partner with Health New Zealand on the health plan, as well as regional plans and strategies. Iwi Māori Partnership boards will operate at a local level.

Public Health will be a unit within the Ministry and provide independent advice to the Minister through an expert advisory group. The 12 PHUs will shift into a single operational service.

Hospital and Specialist Services will focus on more national and central regional planning around operation of hospital services.

Localities will bring a much stronger population health focus and lens to the locality commissioning space.

The Transition Unit is completing policy work and early drafts of legislation to set everything up, as well as developing funding and budget bids for the sector going forward. The intent is to stand up the agencies, Health New Zealand and Māori Health Authority, as interim agencies rather than waiting for the legislation. The agencies will be formalised in July 2022. Work will continue with the sector to transition over the next 12 months.

ITEM 8: GENERAL BUSINESS

8.1 There was no general business to discuss.

ITEM 9: DATE OF NEXT MEETING

9.1 26 August 2021

Chairperson: Professor Margaret Wilson

Date: 24 June 2021

Meeting Closed: 10.35am



Matters Arising from Minutes



Committee Members Updates



Presentations

COVID presentation will be available on 23 September 2021



Decisions

**REPORT TO COMMUNITY & PUBLIC HEALTH AND
DISABILITY SUPPORT ADVISORY COMMITTEE
23 SEPTEMBER 2021**

AGENDA ITEM 6.1

WAIKATO DHB DISABILITY RESPONSIVENESS PLAN 2021-2023

Purpose

The purpose of Waikato DHB Disability Responsiveness Plan 2021-2023 is to improve the responsiveness of health services, address barriers and inequities experienced by Whānau Hauā (people with disability) and outcomes.

Recommendations

It is recommended that the Committee:

- 1) Receive the Waikato DHB Disability Responsiveness Plan 2021-2023.
- 2) Approve the Waikato DHB Disability Responsiveness Plan 2021-2023, developed to address barriers and inequities experienced by Whānau Hauā.

**LISA GESTRO
EXECUTIVE DIRECTOR STRATEGY, INVESTMENT & TRANSFORMATION**

APPENDICES

Appendix I: Services' responsible for implementing specific activities
Appendix II: Waikato DHB Disability Responsiveness Plan 2021-2023

SUPPORTING DOCUMENTS

Nil.

REPORT DETAIL

Background

The Waikato DHB Whānau Hauā (disabled people) Health and Wellbeing Profile 2021, provided an overview of the health and wellbeing status of people with disability residing in the Waikato District Health Board (DHB) district. According to this report, disability is relatively common and it is estimated to have 118,900 people living with an impairment in the Waikato district. The term Whānau Hauā includes people, who live with physical, mental, learning, or sensory impairments.

Whānau Hauā are active members of society, communities and whanau. Disability happens when people with an impairment face barriers in society, including poor access to health and social services.

Therefore, this plan aims to improve the responsiveness of health services to address barriers and inequities that Whānau Hauā experience when using the services at Waikato (DHB).

Discussion

To develop the Disability Responsiveness Plan, an extensive community consultation was carried out over a period of 10 months. Specific workshops and focus groups (Hui) were held with rangatahi, Maori, Pacific and older people across six localities of the DHB.

Based on the thematic analysis of qualitative data received from the various forums, four key themes were identified, including associated goals and activities to ensure Whānau Hauā have an appropriate and timely access to health services at the DHB.

Following are the four themes:

1. **Theme one: Tāne te wānanga (The collaborator)** - *Listen to and value the voice and experience of Whānau Hauā*
2. **Theme two: Tāne-toko-i-te-Rangi (Pillar of the sky)** - *Provide information and health services that Whānau Hauā can understand and access*
3. **Theme three: Tāne Matua (The present)** - *Support Whānau Hauā to achieve their health and wellbeing*
4. **Theme four: Tāne te Waiora (The life giver)** - *Partner with Whanau Hauā to improve the design, quality, accountability, and delivery of services.*

Each theme is supported with specific actions and activities, delivered by the named services of the DHB (Appendix 1). The key stakeholders consulted strongly advised that the Plan should focus on some prioritised and targeted actions and activities to address commonly experienced barriers, likely to have a positive impact on the outcomes of Whānau Hauā.

This Plan has already been presented to the Consumer Council. The Council was very supportive and wanted it to be finalised and commence the implementation process.

The initial draft of the Plan was also sent to the Executive Leadership Team of Waikato DHB to seek further input and feedback. The feedback received have been integrated into the Plan.

The Plan is aligned to strategies of the DHB, Ministry of Health and principles of the Treaty of Waitangi. It aims to address equity as demonstrated by ngā pou mana below:

Equity

Mana Whakahaere (Article 1)

Māori leadership is evident throughout the planning, design, engagement and completion of the Plan.

Mana Motuhake (Article 2)

Plan was co-developed with Māori Whānau Hauā and includes solutions that uplift Māori.

Mana Tāngata (Article 3)

Equity for Māori is a priority. Equity focused monitoring and evaluation must be prioritized.

Mana Māori (Declaration/Article 4)

Partnership and co-design is guided by tikanga and the Plan actively champions matauranga Māori models and frameworks.

Efficiency

The Plan also aims to make an efficient use of resources across our health system by ensuring that Whānau Hauā are able to access the right information and resources in the right format to meet their needs.

Overall, the successful implementation of this Plan would ensure that Whānau Hauā have an appropriate and timely access to health services at Waikato DHB which is respectful, mana enhancing and improving health outcomes.

Appendix I: Disability Responsiveness Plan 2021-23: Services' responsible for implementing specific activities

Action	Implementation of activities for each theme	Service responsible	Key milestone or completion
Theme one: Tāne te wānanga (the receptor/receiver/dutiful)			
1.1	a) Develop a framework for community engagement	Strategy & Funding	Q2 - Q4, 2021-22
	b) Ensure adoption and application of the community engagement framework for all new projects/initiatives	Project Management Office	Q2 - Q4, 2021-22
1.2	a) Establish appropriate feedback toolkit/s	Consumer Engagement Service	Q2 - Q4, 2021-22
	b) Share results of the feedback received from Whānau Hauā with staff	Hospital, Community & Mental Health Services Directorate	Q4, 2021-22
Theme two Theme two: Tāne-toko-i-te-Rangi (pillar of the sky)			
2.1	a) Develop systems and processes that encourage the engagement of Whānau Hauā to further improve and develop DHB's information and communication resources	Consumer Engagement Service	Q2 - Q4, 2021-22
	b) Ensure DHB plans and strategic documents are accessible to Whānau Hauā	DHB Communications Team	Q2 - Q4, 2021-22
2.2	a) Address specific access barriers related to rural mental health services	Hospital, Community & Mental Health Services Directorate	Q2, 2021-22 - Q4 2022-23
	b) Integration of special needs of Whānau Hauā into the booking and scheduling processes	Information Service	Q3 - Q4, 2021-22
	c) Explore potential solutions to reduce or remove financial barriers preventing Whānau Hauā from accessing medications	Strategy & Funding	Q2 - Q4, 2021-22
	d) Work with Midlands Community Pharmacy Group barriers related to the pharmacy dispensing timeframe and quantity of medication dispensed to meet Whānau Hauā	Strategy & Funding	Q2 - Q4, 2021-22

	e) ALL projects related to new buildings or alterations to existing buildings to seek input from disability experts to develop universally accessible and easy to navigate spaces	Project Management Office	Q3 - Q4, 2021-22
	f) Improve information related to public transport and patient parking at Waikato DHB campuses, and make it available online and other patient communication channels	DHB Communications Team	Q3 - Q4, 2021-22
	g) Assess barriers to access services experienced by Whānau Hauā, to further improve access	Consumer Engagement Service	Q2 - Q4, 2021-22
Theme three: Tāne Matua (the parent)			
3.1	a) Develop and provide training that empowers and supports staff to better understand, engage and work respectfully with Whānau Hauā	Consumer Engagement Service	Q2 - Q4, 2021-22
	b) Promote the Health and Disability Code of Rights and Health and Disability Advocacy Service throughout the DHB services.	DHB Communications Team	Q2 - Q4, 2021-22
3.2	a) Co-design, develop and implement health pathways for complex care services to improve outcomes and experience of care	Hospital, Community & Mental Health Services Directorate	Q2, 2021-22 - Q4 2022-23
	b) Train staff to support Whānau Hauā in the informed decision making process, including taking account of their advanced care directive and other care preferences	Learning & Development	Q2 - Q4 2021-22
3.3	a) Hospital and community services implement interventions likely to improve staff communication with Whānau Hauā when discussing various treatment options and transition discharge planning to other services	Hospital, Community & Mental Health Services Directorate	Q2, 2021-22 - Q4 2022-23
	b) Review and update the process for transitioning from youth disability or health services to adult health services	Hospital, Community & Mental Health Services Directorate	Q2, 2021-22 - Q4 2022-23
	c) Review & update processes for transitioning from youth services to adult health services	Hospital, Community & Mental Health Services Directorate	Q2, 2021-22 - Q4 2022-23
	d) Develop processes and systems to co-ordinate and integrate DHB clinic appointments to eliminate multi-visits	DHB Information Service	Q2 - Q4 2021-22

Theme four: Tāne te Waiora (the life giver)			
4.1	a) Develop disability rights and responsiveness training for staff, including content related to Whānau Hauā lived experience	Learning and Development	Q1 - Q4 2022-23
	b) Encourage staff to further develop knowledge and competencies related to cultural and disability perspectives of Māori, Pacific and other ethnic groups of the Waikato community	Hospital, Community & Mental Health Services Directorate	Q2, 2021-22 - Q4 2022-23
	c) Build workforce capability and capacity to lead change by valuing Whānau Hauā staff as a key resource and identifying opportunities to build a network and grow knowledge and expertise in the DHB	Learning & Development	Q1 - Q4 2022-23



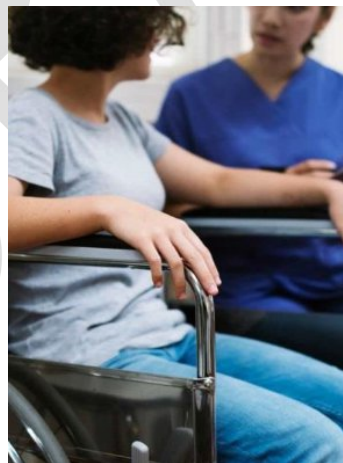
Appendix II



August 2021

Waikato District Health Board **Disability Responsiveness Plan** **2021-2023**

With Guidance by Whānau Hauā/Disabled Peoples



*“Mehemea ka moemoeāhau
Ko au anake
Mehemea ka moemoeā e tātou, ka taea e tātou”*

*“If I am to dream
I dream alone
If we all dream together
Then we will achieve”*

Te Puea Herangi (1883-1952)

Mihi

Ka tuwhera te tatau pounamu o te Ao
E takoto te whāriki o te Atua ki mua i a tātou
He hōnore, he korōria ki te Atua
He maungārongo ki te whenua
He whakaaro pai ki ngā tāngata katoa
Ka huri te kei o te waka ki te Kingi a Tūheitia me te whare Kāhui Ariki whānau whānui tonu
Mā te Atua e tiaki, e manaaki i a rātou
Me ngā whakaaro tonu ki ngā mate o te wā takoto mai, moe mai koutou, haere, haere, haere
Kāti, rātou ki a rātou, tātou ki a tātou
Nō reira, he korowai rau whero o te whare Waiora o Waikato
Haere mai, Haere mai, Nau mai.



The vision for this plan

Health Services are provided in accessible and equitable ways to meet the diversity of Whānau Hauā (disabled people and their families).

This Disability Responsiveness Plan has been developed from the voices of local Whānau Hauā and stakeholders to assist Waikato DHB to improve health and wellbeing outcomes for our Whānau Hauā / Disabled people and their whanau. The plan offers a set of themes, goals and actions that aim to improve the responsiveness of services and therefore address barriers and inequities Whānau Hauā experience when using health services at the Waikato District Health Board (DHB)¹.

Whānau Hauā, in health services, understood as those people who live with physical, mental, learning, or sensory impairments. Our society and health system however has not been designed for people living with impairments. Disability is something that happens when people with impairments face barriers in society; it is society that disables people, rather than their impairments and all disabled people have it in common.

The Waikato DHB Whānau Hauā Disabled Peoples Health and Wellbeing Profile 2021, provides an overview of the health and wellbeing status of disabled people residing in the Waikato DHB district. It has been developed as a tool for driving conversations toward equitable health outcomes for whānau hauā / disabled people. Equity for disabled peoples is about removing unjust barriers and this plan aims to make measurable and sustainable improvements in some key areas that local whānau hauā /disabled people and their whānau voiced as important.

For positive change as health services we need to:

- *Listen to and value the voice and experience of Whānau Hauā*
- *Providing information and health services that Whānau Hauā can understand, access and aligned to their needs*
- *Support Whānau Hauā to achieve their health and wellbeing*
- *Work with Whānau Hauā to improve the design, quality, accountability and delivery of services*

¹ Waikato District Health Board Consumer Council Terms Of Reference, 2018



Developing the Whānau Hauā Action Plan

Over 150, Whānau Hauā and key stakeholders were involved in the development of this plan. They engaged in discussions to identify issues important to them and also selecting priorities for action.

Acknowledgement and thanks go to Whānau Hauā who shared their experiences and learning in the development of this plan.

Thanks also to Waikato DHB Consumer Council, Waikato DHB Disability Rōpū, Te Rōpū Tiaki Hunga Haua (Māori Disability Forum), Waikato Tainui, Enabling Good Lives and other disability providers who have provided valuable insight.

The principles of Te Tiriti o Waitangi of active protection, participation, partnership, tino rangatiratanga, equity and options have guided how this plan has been developed. These principles will also guide the implementation and monitoring of this plan.

Whānau Hauā asked for the plan to focus on actions which will have a positive impact. These actions are to be aligned with existing documents, including:

- “Healthy people, Excellent care”, Waikato DHB Strategy 2016
- Waikato Health System Plan, Te Korowai Waiora 2019
- The Waikato DHB Strategic Priority, Remove barriers for people experiencing disabilities
- Whāia Te Ao Mārama 2018 - 2022: The Māori Disability Action Plan NZ
- He Korowai Oranga) and Whakamaau: Māori Health action Plan 2020-2025
- NZ Disability Strategy 2016 - 2028
- Code of Health and Disability Services Consumers’ Rights
- United Nations Convention on the Rights of Persons with Disabilities.



The Whānau Hauā Action Plan sits within the broader context of Te Korowai Waiora (Waikato DHB Health System Plan). This plan describes the determinants of health and wellbeing which apply to all people, including those with impairments.

The Action Plan is also aligned to the NZ Disability Strategy 2016-2028. This strategy is based on the three principles and two approaches. The principles are: Te Tiriti o Waitangi, the Convention on the Rights of Persons with Disabilities, and ensuring disabled people are involved in decision-making that impacts them. The two approaches are: investing in our whole lives – a long-term approach, and Specific and mainstream services – a twin-track approach. In addition the strategy has identified eight outcome areas and outcome three is directly related to health and wellbeing.

The Whānau Hauā Action Plan recognises that certain groups, including Whānau

Hauā, do not achieve health equity due to factors such as discrimination, social and economic factors and barriers to access health care.

To ensure implementation of actions listed in this plan, it is recommended to incorporate these into Waikato DHB's District Annual Plan, including other action focused plans.

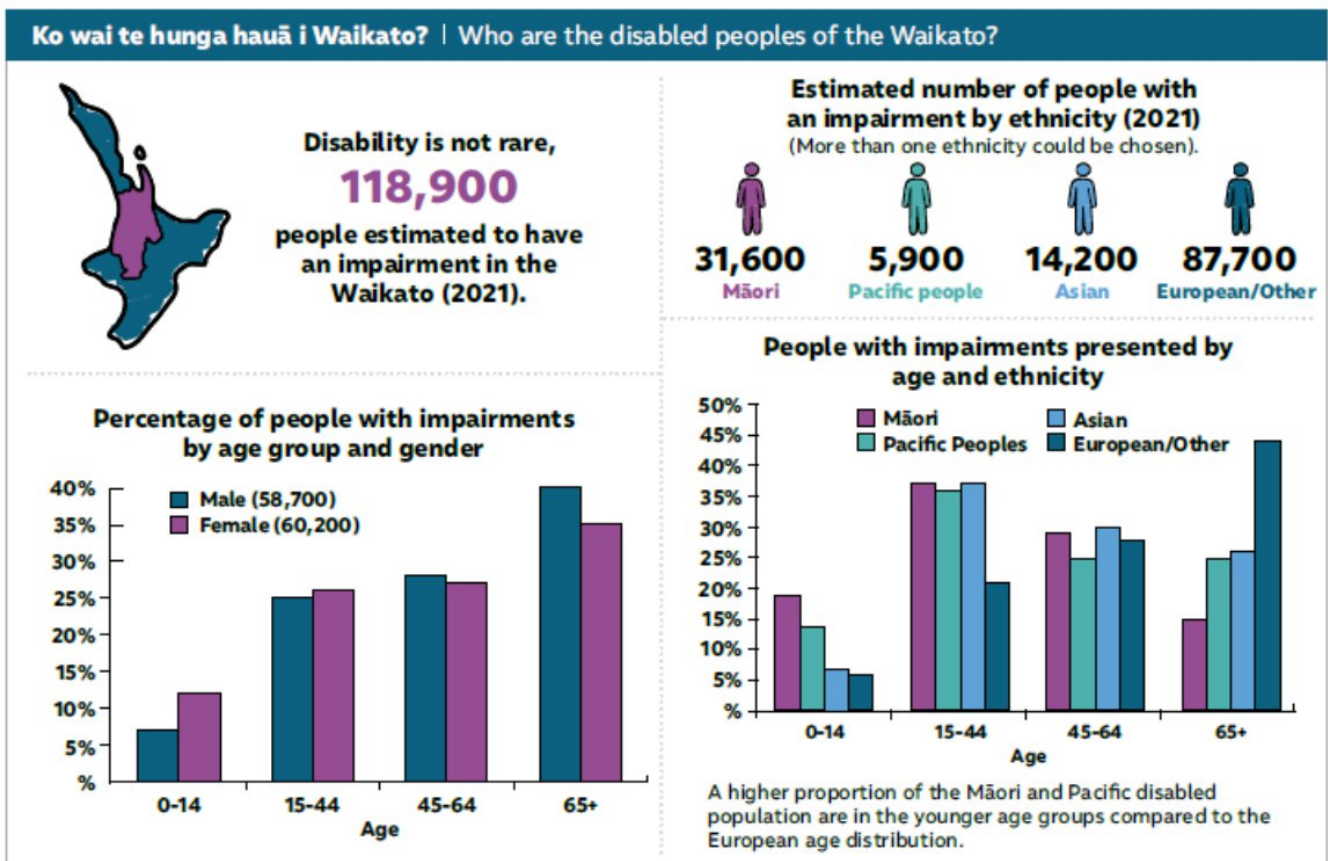
Whānau Hauā

There are several terms, such as Tāngata Whaikaha, Hunga Hauā, Tāngata Hauā, Whānau Hauā used to describe disabled people. The term Whānau Hauā and its description was gifted by Donny Rangihau (Tuhoē) to Te Rōpū Waiora, a Māori disability agency based in South Auckland² and has been in use in the Waikato since 2006.

Following consultation with Te Rōpū Tiaki Hunga Hauā (Māori Disability Forum) and seeking advice from Waikato Tainui and mana whenua (iwi within our District Health Board area) we use the term **whānau hauā** as a more appropriate reference for disabled people and their whānau throughout this plan.

Disability is not rare, almost one hundred and nineteen thousand people are estimated to have an impairment in the Waikato (2021). Whānau Hauā are active members of society, communities, whanau, and in promoting health and wellbeing.

Whanau Hauā in the Waikato DHB district



² MAI Journal 2017: Volume 6 Issue 1 – www.journal.mai.ac.nz/content/whānau-hauā-reframing-disability-indigenous-perspective

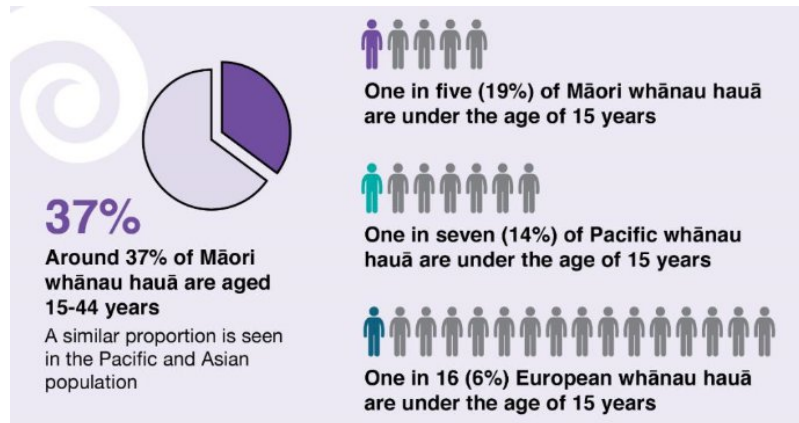
Equity

Equity for Whānau Hauā has a focus on achieving inclusiveness in their access to health and wellbeing. It is about removing unjust barriers including those of ethnicity, gender, age or type of impairment.

An equity approach for health services is particularly important for at least following 3 reasons:

- Maori and Pacific peoples are over-represented in disabled persons population;
- On average, disabled people earn 41% less than non-disabled people; and,
- 33% of all unlawful discrimination complaints are on the grounds of disability.

Due to the higher proportions of young Whānau Hauā among Māori and Pacific communities, they experience the impact of unjust barriers over a longer period of time and the related inequities (Graphic of age adjusted rates – National Tāngata Whaikaha).



Equity and equality are two terms that are used in an effort to ensure that people receive fair and just treatment. However, they do not mean the same thing as is illustrated below.

Equality is treating everyone the same. Equality aims to promote fairness, but it can only work if everyone starts from the same place and needs the same help. In most societies people are not equal; some are more privileged in the system than others. People living with impairments, particularly Māori and Pacific peoples, are seldom privileged by the system.

Equity is an approach where people are given what they need to be successful. 'Equity in action' goes a step further to ensure that both treatment and systems barriers are removed; there are no fences and walls to prevent full engagement.

Equality and Equity

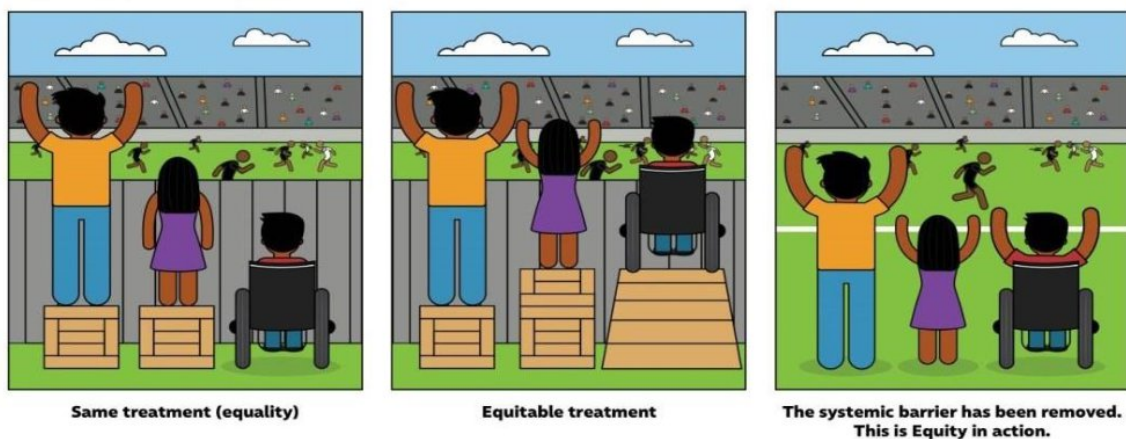


Diagram adapted from original image by Craig Froehle 19/12/2012

Whānau Hauā and health services

Whānau Hauā, in health services, are understood as those who have physical, mental, learning, sensory or other impairments. Disability occurs when people experience barriers that prevent them from being able to fully and effectively participate on an equal basis as others. There are many who have lifelong impairments as well as a growing number who acquire a disability later in life, often as a result of long-term health conditions. Disability is something that happens when people with impairments face barriers in society; it is society that disables people, not their impairments, this is the thing that all disabled people have in common.

It is well documented that Whānau Hauā experience poor health outcomes when compared to the general population. Research has identified the multiple barriers faced by Whānau Hauā of all ages and disability categories when accessing primary and secondary care³.



- When compared with non-Māori and non-Pacific peoples, on average Māori and Pacific peoples have poorer health and greater unmet needs which have unfavourable impacts on the health and wellbeing of Whānau Hauā from these population groups
 - Whānau Hauā with intellectual impairment often have a lower life expectancy, an increased risk of a range of chronic health conditions, and higher hospitalisation rates
 - Whānau Hauā with physical impairment are more likely to have chronic health conditions and secondary health conditions
- Whānau Hauā provide valued voices and actively contribute to our governance and quality improvement processes including our Consumer Council. There are both capacity and capability from Whānau Hauā to be active in the implementation of this plan.

³ Ministry of Health indicators of people with intellectual disabilities, 2011. Te Pou o te Whakaaro Nui, Improving access to primary care for disabled people, 2013



The Whānau Hauā Plan Themes and Goals

This plan identifies goals and activities that will ensure Whānau Hauā have access to appropriate and timely services at Waikato DHB which are respectful and mana enhancing.

The plan provides a clear direction for those working alongside Whānau Hauā to address inequities and ensure better health outcomes. It identifies a number of key areas for improvement across a defined range of dimensions, and it sets some clear performance measures for the DHB.

Themes and goals for Whānau Hauā Responsiveness Plan

The themes which guide the goals for this plan were developed based on the feedback received from a number of hui held during 2019. These themes also align with the key areas identified in 'Statement of Strategic Intentions 2017-21' disability document and reflect the Waikato DHB values.

The themes flow from creation narratives, ngā korero i tuku iho.

Ranginui, Papatūānuki and their tamariki, particularly Tāne, inform the themes, goals and actions for this plan.

Tāne is known by many names that reflect his strategising skills. The strategies he used to separate his parents so that he and his siblings were able to grow and fulfil their dreams shape the themes that guide this plan are:

One: Tāne te wānanga – the receptor/receiver/dutiful

Two: Tāne te waiora – the life giver

Three: Tāne matua – the parent

Four: Tāne Toko-i-te-Rangi – Tāne pillar of the sky.



Theme one: Tāne te wānanga (the receptor/receiver/dutiful)

Listen to and value the voice and experience of Whānau Hauā

Goal: Whānau Hauā will:

- Feel welcomed, respected, valued and treated with empathy and care
- Receive services tailored to meet their needs
- Recognised and respected as experts in health and wellbeing
- Active partners in their health and wellbeing journey with health services
- Encouraged to provide feedback safely that leads to improvements



Action 1.1 Whānau Hauā voices are included in the design, implementation, monitoring and review of services

Activities

- a) Strategy and Funding to develop a framework for community engagement with Whānau Hauā, other consumers and volunteers to proactively engage them to seek their input in the relevant health services' review, design, development, and delivery. The framework will also include a checklist that provides a structure for effective engagement with Whānau Hauā and consumers in general.
- b) Project Management Office to ensure that the framework developed for community engagement with Whānau Hauā and the other users is applied to ALL new projects and service improvement initiatives.

Action 1.2 Welcome feedback from Whānau Hauā and act on this to improve responsiveness and service delivery

Activities

- a) Waikato DHB's Consumer Engagement Service to establish feedback toolkit/s that are known, easy to use, culturally and linguistically appropriate, and accessible to Whānau Hauā. For example, providing routinely used forms in a large print format to visually impaired Whānau Hauā
- b) Hospitals, Community, and Mental Health Services Directorate to share the results of feedback received from Whānau Hauā with the staff to further improve the responsiveness and service delivery.



Theme two: Tāne-toko-i-te-Rangi (Tāne pillar of the sky)

Provide information and health services that Whānau Hauā can understand and access

Goal: Whānau Hauā will be:

- Better informed about their health and wellbeing
- Better informed about health and wellbeing related issues that may impact them, their whānau, and communities
- Able to make informed decisions with health services
- Able to easily access information and services without discrimination or barriers.

Action 2.1 The Waikato DHB will provide information that is relevant, understandable and accessible for Whānau Hauā

Activities

- a) Consumer Engagement Service of the DHB to develop systems and processes that encourage the engagement of Whānau Hauā to further improve, development and review the DHB plans, information and communication resources, including virtual technologies
- b) Waikato DHB Communications Team to ensure that plans and strategic documents are accessible in formats for different disability groups' i.e. easy to read fonts, word or video formats. This is to be supported with ongoing reporting of the feedback collected both retrospectively and prospectively.



Action 2.2 Waikato DHB to implement activities listed to reduce barriers and discrimination experienced by Whānau Hauā when accessing care and treatment

Activities

- a) Hospitals, Community and Mental Health Services Directorate to ensure **mental health service improvements** address the specific access barriers raised by Whānau Hauā for rural crisis respite⁴, autism and foetal alcohol syndrome
- b) DHB Information Services to integrate **wheelchair** bookings into the hospital appointments systems to improve the ability of Whānau Hauā to attend their appointments in a timely manner



- c) Strategy and Funding to work with the Primary Health Organisations and Midlands Community Pharmacy Group to explore potential solutions to reduce or remove financial barriers preventing Whānau Hauā from accessing medications, in particular for people who are financially constrained to access care, and
- d) Strategy and Funding and Midlands Community Pharmacy Group to work collaboratively to address barriers related to the timeframe and the quantity of medication and other supplies could be dispensed on a case-by-case basis so that Whānau Hauā are able to access additional medication and other supplies to meet their health needs and prevent having to make multiple trips to collect repeat prescription medications
- e) Project Management Office to ensure that ALL project plans related to new building projects or alterations to existing buildings include input from disability access experts and designers to develop physical spaces that are universally accessible and easy to navigate with appropriate support, equipment and/or technology
- f) DHB Communications Team to improve and make information available on the intranet about transport services available to all Waikato DHB campuses. Patient appointment letters could also accompany information related to public transport and vehicle parking
- g) Waikato DHB's Consumer Engagement Service to assess barriers to access services experienced by Whānau Hauā. This information will be used by the DHB to further improve access to services.



⁴ Around 60% of the 394,000 people that live in the Waikato DHB area live rurally, making it difficult to give everyone consistent and appropriate healthcare. (2016)

Theme three: Tāne Matua (the parent)

Support Whānau Hauā to achieve their health and wellbeing

Goal: Whānau Hauā will:

- Receive services free from discrimination
- Know how to get support and assistance to resolve issues
- Be safe and in control of decisions about their care
- Receive timely and appropriate care in all stages and at transition points
- Have their social needs considered alongside the health and disability needs.



Action 3.1 Increase staff knowledge and practice to understand the rights of Whānau Hauā when delivering services

Activities

- a) Consumer Engagement Service to develop and provide a scenario based training that empowers and supports staff to better understand, engage and work respectfully with Whānau Hauā

The Service would also be required to work with Whānau Hauā and consumers to capture their experience of using the DHB services, to develop resources for staff to further raise their awareness of issues faced by the Whānau Hauā. It is envisaged that these resources will be in the form of short videos and stories, and will require ongoing updating

- b) DHB Communications Team to promote the Health and Disability Code of Rights and Health and Disability Advocacy Service throughout the hospital, community and mental health services by putting posters and flyers on notice boards, patient and visitor waiting and clinic rooms

Make available online resources accessible in formats, including Māori and Pacific languages, relating to the rights of Whānau Hauā when using health services.

Action 3.2 Staff will engage in practices that enable Whānau Hauā to be safe and in control of decisions about their health and care

Activities

- a) Director Hospitals, Community and Mental Health Services to work alongside with Whānau Hauā to co-design, co-develop and implement health pathways for complex care services to further improve the outcomes and experience of care provided
- b) DHB to train staff to support Whānau Hauā in the informed decision making process including taking account of their advanced care directive and preferences as outlined in the Health and Disability Code of Rights

Also the staff needs to take into account the social context and wider needs of Whānau Hauā to ensure that service provision is aligned to their needs and expectations.

- c) Further establish resources and roles such as trained kaitiaki and/or hospital volunteers, and appropriate interpreter services to improve health and wellbeing outcomes of Whānau Hauā.

Action 3.3 Provide a timely and seamless process for Whānau Hauā to transition from one service to another when accessing multiple health services



Activities

- a) Hospital, Community and Mental Health Services Directorate to institute measures that improve staff communication with Whānau Hauā when discussing various treatment options and transition discharge planning to other services
- b) Review and update the process for transitioning from youth disability or health services to adult health services, and
- c) Develop processes and systems to co-ordinate and integrate DHB Clinic appointments, including surgical bookings to eliminate the need for multiple visits to the clinics.

Theme four: Tāne te Waiora (the life giver)

Partner with Whānau Hauā to improve the design, quality, accountability, and delivery of services.

Goal: Whānau Hauā will:

- Experience staff who are both well informed and demonstrate a positive attitude about disability
- Experience improvements in care that are linked directly to their feedback
- Experience positive outcomes from all service delivery

Action 4.1 Support and train staff to be more responsive to the needs of Whānau Hauā

Activities

- a) Learning and Development programs to include disability rights and responsiveness training for all staff. The developed training to include Whānau Hauā stories, videos and guest speakers with lived experience of disability.
- b) Hospitals, Community and Mental Health Services Directorate to support and encourage staff to further develop their knowledge and competencies related to the cultural needs and disability perspectives of Māori, Pacific and other ethnic groups in the Waikato community, and
- c) Build workforce capability and capacity to lead change by valuing Whānau Hauā staff as a key resource and identifying opportunities to build a network and grow knowledge and expertise in the DHB.



Action 4.2 Whānau Hauā monitor and influence the quality of care and services

Activities

- a) Hospitals, Community and Mental Health Services Directorate to appoint Whānau Hauā representatives on the Waikato DHB Consumer Council to provide leadership and oversight to systems' performance and improvement for Whānau Hauā
- b) Strategy and Funding to integrate, the actions of this plan in the overall Waikato DHB's quality improvement framework.

Action 4.3 The Waikato DHB will collect relevant data to improve its quality of service to Whanau Haua

Activities

- a) Consumer Engagement and Communication's Team to work collaboratively to develop a toolkit to get insight into the health needs of Whānau Hauā and to measure their satisfaction with the health services provided by the DHB. The DHB Services to use the results of this data to further improve and develop services to fully meet the health needs of Whānau Hauā, and
- b) Ensure that the toolkit/s is readily available to Whānau Hauā online, as well as in other formats such as flyers, posters and information booklets.

DRAFT



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Discussion



Information/Noting



Next Meeting: 25 November 2021