Summary from NZDSN Regional Zoom meetings 13 and 20 May 2020

**Issues/Concerns:**

**13 May**

* Confusion around when repayments to MOH need to take place after receiving incorrect May payments. Some were underpaid or overpaid and have repaid and are now (13th May) waiting for the full payment.
* Funding issues and PPE are still outstanding (masks and gloves not forthcoming). There appears to be a lack of understanding of issues on the ground for costs. NZDSN have escalated this issue to the MOH, and this item will remain on the Agenda.
* New PPE guidelines are challenging within the setting, requiring risk analysis for individuals – this has been quite difficult and will increase the use of PPE.
* Disability Specific guidelines distributed, Concern that with level 2 increased demand for PPE might become an issue again for supply chain?
* Some providers find PPE guidelines for community care providers who provide care in people’s homes more useful and less complicated than guidelines provided to the disability sector: <https://www.health.govt.nz/system/files/documents/pages/ppe-requirement-community-care-providers-prevention-covid-19-7may20.pdf>
* Infection control audits - so far all very positive feedback, shout out to the disability sector for being so well prepared around Infection risk control. MOH was very pleasantly surprised. According to providers very positive, personable, practical and helpful experience, no big gaps or issues came out. Some providers shared their experience. They have appreciated the time to reflect with the team on the work that they have done!
* The lateness of advice from MOH is challenging – this will remain on the NZDSN Agenda. The Provider group minutes are provided to NZDSN to capture all the concerns of the provider group. This was apparent when the audit tool was quickly changed.
* An ongoing concern is when will we get the template around extra ordinary costs – this is required to understand what the forecast will look like in 3-4 months time. Making it very hard to plan with confidence.
* Staff sick leave – staff are being encouraged to not come to work with the slightest symptom. This could go on for a considerable length of time, sick leave is going to run out. Staff have 5 days sick leave, needs to be considered at government level, we will have a significant increase in staff being off, and covering leave. This is a significant issue going forward. **You can use the leave scheme to subsidise costs of those staff who are now in need of a well-deserved break**
* With unemployment forecast to increase, the Government message is unclear on Immigration space. What does this mean for our migrants who are on work Visas and their ability to renew these? How do we plan for this? Many providers are heavily reliant on migrants – not all have residency. There will be a lag between vacancies and those looking for work. It would be good to get the good people early, assuming some changes to immigration rules come to pass.

There is considerable uncertainty for these staff. There has been considerable career development undertaken with these people, longevity and understanding of the service and people we support. We need some way to protect these staff.

* An indication either way would be helpful. How do we hedge our bets for the sector? Could the Ministry get on the front foot and offer training – so they stand a better chance of employment. UC are offering a fast track course for Air NZ staff. Talking about innovation – a fast track of skills development over and above what we can do currently. **NZDSN is working with Go Tourism on a portal on their new recruitment website to promote disability support work to the thousands of people being laid off in the tourism sector**

**20 May**

* NZDSN has been pleasantly surprised by the budget announcements. NZDSN sent out a positive media release which not many media have picked up on. The question will be how much of this will be used for contract price uplift or the residential price model. All details still need to be confirmed on where the money will be spent on. These specific details will be important to providers.
* Template for COVID cost reimbursement is close to being finalised and will be sent out to providers by MOH soon.
* Government has talks going on in the background about Flexible Disability Support (FDS) there is a significant appetite for this with government. But given the very complex administrative process that will come with it, it will be important that the government has a good system in place before they roll out FDS.
* Guidance around returning workforce also to be expected to come out soon.
* So far Implementation of level 2 seems to have gone reasonably smoothly for providers, no big new issues have been raised yet.
* Providers very appreciative of being able to provide more info about who they are what they offer, this then should be passed on to MOH. This way they can hopefully stay away from deficit model in the future with more focus on how people want to live which organisation can offer this way of living to them.
* Transitioning between services should be part of this process
* Some providers had questions around what practices providers currently are putting in place. Government Tracing document was shared. <https://covid19.govt.nz/assets/resources/posters/L2-resources-for-businesses/COVID-19-L2-Bus-Toolkit-Contact-Tracing-Register-A4-NON-retail.pdf> Note! This document asks for email address and the guidelines talk about the need for a physical address so providers have adjusted the document. Some providers are using apps for their staff and homes or online forms.

**Alert Level 2**

**Support continuing for aged 70+ or health compromised staff?**

**13 May**

* Concerns around risk assessments for staff aged over 70 and those with underlying health issues, how to assess for people getting back into work?
* Some Providers are waiting for L2 to roll into place to consider staff coming back, particularly for over 70s and immuno compromised.
* There is still a lack of clarity around the wage subsidy for some providers. Uncertain if providers can still access in level 2?

**20 May**

* Staff that were off in compromised health and over 70 are now back at work.

**Residential providers:**

**13 May**

* Contact tracing log on Covid-19 website that can be used in our sector <https://covid19.govt.nz/assets/resources/posters/COVID-19-contact-tracing-register-A4.pdf> -
* Contact Tracing - An APP set up in homes, it is easy to use and really good.
* Utilising support from one of the day services, providing in home support. The availability of Explore has also been very good. There is potential for doing things differently which we actively pursuing.
* There are a number of Providers that are not yet back in Level 2.
* Zoom meetings with homes to keep the relationship going. This has provided a good community link.
* Screening visitors coming in, with agreement on social distancing, and limiting numbers
* A number of families are keen to reconnect, it is somewhat tricky to meet their needs, but others in the homes and support staff.
* Visitors are being limited to family only and 2 visitors to the home at one time, using a booking system. People are welcome to go out and see a friend in the fresh air. This can change at any time, dependent on MOH and organisation.

**20 May**

* PPE In general going well, orders received within 3 days.
* PPE: Level 2 Disability Specific guidelines distributed, no new issues have come to the surface.
* Larger orders requested by providers due to level 2 guidance, but new supply coming in, Larger provider received half of their orders.
* Importance of proper use of PPE was emphasised in review of the Waitemata infected nurses. <https://www.waitematadhb.govt.nz/news/posts/response-to-report-into-waitakere-hospital-staff-infected-with-covid-19/>
* Overall community risk is relatively low, but the people we support have a level of vulnerability. The impact will be very high. Working person by person, home by home in terms of what the level 2 plan will look like, working with Day Services, schools or families.
* Staff recharging the batteries and the leave liability will need to be managed pro-actively.
* Contact tracing – older adults are more reluctant to go into community. Mixed expectations.
* Extra ordinary costs – template – is expected to cover Level 4 and Level 3. Some providers are still incurring costs at Level 2 in addition to normal costs.

**Day services:**

**13 May**

* Day service provider confused by change in guidance around level 2 allowed groups sizes. First mentioning was no larger groups than 100 people now brought back to 10 people.
* A range of ways to attend a day programme. Some can run from residential. Some places are having a morning and afternoon programme. Some families are in desperate need of respite. It is a balance of their wellbeing as they need to get out but there are also the challenges that level 2 will bring.
* Now that day services might start to reopen again, they hope to be able to also use DHB PPE distribution points for their MSD PPE needs.
* Day services will do things slightly differently, trying things out.
* Feedback from Day Services survey to Providers was that one Provider is to come back in Level 2, but most holding off until Level 1. Some of these individuals are independent and use the bus services. Public transport will be discouraged due to social distancing concerns. Looking at catering to others on a case by case basis.

**DIAS services:**

**13 May**

* Continuing virtual zoom meetings with parents. Anxiety with families around their children going back to school.

**Individualised Funding:**

**13 May**

* IF Host questioned if they need to keep providing PPE supply to IF families or if they should encourage them to look for their own. *They should be able to use DHB contact point for MSD contracted services and urged to let families use the central Health resources as long as they are available during the COVID 19 levels.*

**20 May**

* IF/Family Funded Care (FFC), Claiming compensation for different Alert Levels very complicated for individual families. Seems unfair and unhelpful. Some NASCs have asked for updated communication around Implementation of FFC and expansion more widely to new people who want to come on to that programme.
* IF & MOH have a teleconference planned this week.
* Individualised Funding (IF) Wage subsidy being sent directly to employees problematic.
* Overall Level 2 has been a positive change and people are settling into a new normal
* Contact Tracing - IF some people do understand contact tracing, but others struggle due to the general population considering COVID is gone. Support staff are continuing conversations around contact tracing. People are cautious in opening up their bubbles.

**Positive outcomes of COVID 19 crisis**

**13 May**

* 29th May NZDSN & Auckland Transition Disability Collaboration team will facilitate a DSS Vocational/ Day services network opportunity via zoom to facilitate collaboration between providers by sharing new ways of working and responding to the gaps during COVID 19 by exploring how they can work together more effectively. What can we keep doing?
* Complex Care Group & Family Networks have combined forces and organised on Monday the 11th May a zoom meeting for families that was attended by Amanda Bleckmann and Adri Isbister. They have 3 more meetings planned. please email [bridget@familynetwork.co.nz](mailto:bridget@familynetwork.co.nz) or check out the Complex Care Group website [www.complexcaregroup.org.nz](http://www.complexcaregroup.org.nz) and go to News and Updates - The meetings are for parents (not organisations - at this stage).

# **Support/Resources:**

Contact tracing log on Covid-19 website that can be used in our sector <https://covid19.govt.nz/assets/resources/posters/COVID-19-contact-tracing-register-A4.pdf>

21 May DAAG (Disability Awareness Action Group) Global Accessibility Awareness Day, Webinar: Digital Accessibility Imperative Post COVID-19 <https://events.humanitix.com/gaad-webinar-postcovid-digital-accessibility?fbclid=IwAR1EPEAUNFZ7JbW2trGgX3Mi5QYzP5a1b1nm8sHm8XK-uAckR-1KQS9VgTE>

If any organisation is interested in signing on the InternetNZ's five-point plan for digital inclusion, details are available here: <https://internetnz.nz/five-point-plan-digital-inclusion-covid-19-and-beyond?utm_source=hs_email&utm_medium=email&utm_content=87974537&_hsenc=p2ANqtz-_jHIX8fmgT8nyjLJb6UyNJui0Ds8S9rKySGYzjd-1Ioms0YXelJeS4xnpp4bVQSqgeSLhjBS77o_uNV8KJmDaNBvrUSw&_hsmi=8804914>

Te Pou held the [Mahi Rawe Fono webinar](https://www.tepou.co.nz/initiatives/mahi-rawe-fono-webinar/254?utm_source=Te+Pou+COVID-19+Rapid+Response&utm_campaign=259348e6ab-EMAIL_CAMPAIGN_2020_04_15_01_57_COPY_01&utm_medium=email&utm_term=0_17b96bf6ba-259348e6ab-48522569) on the 1st April to give people a better idea of the trainings they have available. The presentations are available on the [Te Pou website](https://www.tepou.co.nz/) next to a wide selection of free resources.

Many thanks again to all the Regional Network hosts/note takers for managing the Zoom meetings.