

# Summary from NZDSN Regional Zoom meetings 6 May 2020

## Issues/Concerns:

- Contract variations: need for less legal worded contract variation document. Request by NZDSN has been made to MOH for a re-write of the document and resend it to providers. Providers are not willing, and are being advised, not to sign the contract variation that was received on the 4<sup>th</sup> of May or earlier.
- Funding error in April payment and May payment not received in advance as promised.
- There is a need for clarity around May payments. Payment was due of 4th of May but providers haven't received this.
- There is an urgent need for guidelines around staff returning back to work. Broader advice is still being finalised, MOH still working on self-assessment that people will be asked to complete before returning to work, for people that feel that they want to come back to work.
- Many providers are confused about conditions related to the wage subsidy due to confusing MOH communication: *Providers advised by Garth Bennie that they can apply for the leave subsidy scheme. Can be used to supplement people on full pay. Staff who have exhausted all leave, pass the subsidy on to them. Consider paying staff in full to retain staff and to keep the unions away.*
- Still waiting for new guidelines around PPE, to give more clarity around use of Goggles and aprons. Likely demand for use will increase due to the new guidelines.
- Growing demand for respite by families. Request of clarity what respite options are available.
- A number of Providers expressed concern in regards to their upcoming organisational budgets, regarding funding uncertainty and confusion, the amount of money the government was spending at the moment to "prop" everyone up – and where will the payback come from.
- Discussion around moving to Level 2, contact tracing, bubble expansion, Family and other close contacts. Some employee's work in Aged care and for more than one provider, this means their bubble can be quite large, and involving a number of vulnerable people.
- Concern of the disparity between the infection control audits, results will not match up. MOH states it is up to each DHB but a National tool needed. The tool sent from MOH includes community relevant information and recommendations including logs processes and useful templates. It was designed for DSS, MH & A. The CDHB one is more clinically focused (ARC) and does not represent the context of disability service delivery: Three items re. disposable gloves, aprons, gowns, masks, protective eyewear. Auditors may be coming in full PPE to the community homes – That cannot access it!
- Significant staff time was required to collate information required: 2 days to get paperwork, and 3 days for interviews, additional pressure on staff.
- Audit process: Meeting via Zoom with videos and photos of what is happening in homes.
- How do we enable people to access day service activity, and what about social connections? For some people, they are much more settled during lockdown, how do we provide an environment for people to want to reengage. The effectiveness of the public messaging of staying home, keeping safe – staff (returning) are anxious, the bubble is anxious. Dealing with the psychological impact – the transition out of Level 4 was simple, but the challenges will be to transition out.

- Care needs to be taken in relation to transition back and people's contracts. Professional development opportunities for staff as a gap filler.
- Reconnecting to day services is a priority – what are the implications that could show mutual learnings.
- Supporting families – who are anxious about transitioning.
- Constraints are through contracting. The more flexible providers can be with their contracts the more opportunity to partner up and work together.
- Continued concerns from the sector on the state of funding. Knowing what the year-end looks like, will impact the new year. To NZDSN Re. Extra ordinary cost in Level 4 template still needed to provide surety around the end of the financial year.
- Budgets, any hint of an uplift would be helpful. It is difficult to transact and transform, an innovation fund would be helpful, to kick start new ways of working.
- For those under 65 for whom we are not funded for those at home during the day. Agreed to keep this on the agenda and collectively consider what this would look like.
- In Alert Level 2 staff are unable to work. It is understood the DHB view is that everyone is to come back to work. The prevalence of the virus doesn't appear very high. GP on sign off as ok to return to work is a grey area.
- Guidelines for Alert Level 2 are imminent from MoH. Garth will ask again today if the draft can be released (as a DRAFT) and if he doesn't get a response, will circulate this as a DRAFT to allow providers to plan ahead.
- Community Participation can re-start but with 1 metre social distancing (reduced from 2 metres).
- Providers are planning to limit attendance to ensure 1 metre social distancing; consistent groups of friends attending together; priority given to those who need respite; having groups that meet in the evening.
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MoH advice to providers with limited capacity in the event of an infection, was to collaborate with other providers or negotiate with motels.

- Motels not an option for some and shows misunderstanding of this group
- One provider made it clear they would be looking for public health support if a resident became infected.
- Garth confirmed public health have been superb when a new infection is confirmed.
- Auckland residential providers have been trying to confirm a person has been isolated and symptom free before transferring, then social distancing in their bubble. This is challenging in a group home and realistically lasts about 5-6 days.
- One provider is getting people who are asymptomatic to isolate for 48 hours before they join a new or return to their bubble.

Support continuing for 70+ or health compromised staff?

- Websites are contradictory: Work Safe state stay at home; MoH talk about how to keep vulnerable workers safe at work.
- Subsidies for these workers are being government approved in 4 week cycles and at this stage are continuing. Need to apply for it.
- Employers have likely exhausted 'special leave' and financial generosity, so many are using the subsidy to partially pay staff or fill gaps.
- Current guidelines specify the health conditions that are eligible e.g. uncontrolled diabetes, asthma etc. So some employers (after initial accommodation of fear and uncertainty) are

now asking staff to clarify whether their conditions are controlled or uncontrolled, or asking for medical clearance or otherwise from GP's.

- One provider has been monitoring 'unavailability' for work and rates haven't been different to pre-COVID.
- Staff aren't taking leave as normal. This may have implications for organisations in the future. Referrals are now starting to pick up

Level 2 guidance and concerns of - residential providers:

- More clinical guidance needed for levels 3 and 2 around self-isolation for residents returning in their homes. Current guidance of 2 weeks' self-isolation not realistic for residential providers. *Advised to connect with Healthline -have been helpful in developing a re-entry plan.*
- Had delayed the transition for new residents immediately prior to lockdown commencing.
- Families and residents longing for opportunity to hug their loved ones which in level 2 is still not allowed. Sometimes mental wellbeing has asked for creative solutions with max possible safety, full PPE gear including full gowns & goggles being provided for that big hug and then social distancing for rest of the visit.
- Looking at draft guidance for level 2 it seems that this will be the same as level 3 which has been positively received.

Day services:

- Recommended to run virtually where possible. Day services can open but with physical distancing. Could be like school's/day cares that prioritise some families for returning. Prioritising those families who are most in need.
- Working through how to provide social interaction that can only accommodate 12 people with social distancing.
- Day service providers in L 3 have done a range of activities including zoom meetings, dropped off craft packs and other resources, and phone calls. Thinking L2 providing services in the home, rather than people coming to the bases. But preparing the bases for opening as well.
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DIAS services:

- Growing anxiety with young adults with Autism around catching COVID 19. Request for any resources that will ease their mind to be forwarded to DIAS organisations.

Workplaces:

- One employment support provider likes to get the people they support back to their paid employment under level 2. Their workplace has put protocols in place.
- One provider will be offering their people the opportunity to return to work. However, their preference is to get into their work environment to see how the employer is supporting the return to work. The stumble is not being able to visit the work site as the employer is being very cautious about letting people not directly connected with the workplace to visit. If people do decide to return, we will be utilising the decontamination process on return to their homes.

Student Transition:

- Auckland Student Transition coordinators have met last week and are waiting for level 2 guidelines to see what else can be put in place in the Transition space.

#### Sport activities:

- Still some concerns about sports. As there had been pressure before lockdown when early decisions were made to pull out clients of sports activities. There are different risks to manage. Sport and recreation – non contact OK. The idea of moving to level 2 is to open up the economy not social lives.

#### Individualised Funding:

- IF Hosts MOH claims that were paid on the 23/3 are now being queried. MOH has told them once Cabinet makes a decision about how they can claim for these costs they'll let them know.

#### **Positive outcomes of COVID 19 crisis**

Opportunities - There are plenty of opportunities to carry on the good stuff:

- Flexibility of purchasing guidelines until the end of June. Would like to see this extended particularly for IF to enable people to get creative in order to get through this period.
- Access the MSD funding. For residential providers there is little opportunity to receive funding for innovation and different work practices. Funding has been vital, but is appreciated, would be good to continue going forward.

#### **Communications feedback**

## Support/Resources:

Information in easy read from People First. Also providing some information to help people with disabilities use Zoom to connect.

<https://www.peoplefirst.org.nz/changes-for-people-first-nz-during-covid-19/>

Many thanks to all the Regional Network hosts/note takers for managing the Zoom meetings. There continues to be positive feedback on these meetings. Most regions are shifting to fortnightly meetings. Also thank you to everyone for taking the time to participate in these meetings and being prepared to support each other during these unprecedented times.