Disability Support Advisory Committee Meeting

Board Room, Level 2, Main Block,
Wakari Hospital Campus, 371 Taieri Road, Dunedin

07/12/2020 03:00 PM - 04:30 PM

Agenda Topic		Presenter	Page
1.	Opening Karakia		
2.	Apologies		2
3.	Interests Register		3
4.	Minutes of Previous Meeting		11
5.	Chair's Update	Moana Theodore	22
6.	Matters Arising from Previous Minutes (not covered by action sheet)		
7.	Review of Action Sheet	EDQ&CGS	23
8.	Support Services for Older People	Sharon Adler	24
9.	Disability Roadmap Update	EDQ&CGS	42
10.	Disability Strategy Summary	EDQ&CGS	46
11.	Reference Items		47
	11.1 Terms of Reference		47

APOLOGIES

An apology has been received from Andrew Connolly, Crown Monitor.

SOUTHERN DISTRICT HEALTH BOARD

Title:	**INTERESTS REGISTERS**
Report to:	Disability Support Advisory Committee
Date of Meeting:	7 December 2020

Summary:

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).

Changes to Interests Registers over the last month:

- Jean O'Callaghan – resigned from Geneva Health, effective August 2020
- Tuari Potiki – resigned from District Licensing Committee, DCC, November 2020

Specific implications for consideration (financial/workforce/risk/legal etc):

Financial:	n/a
Workforce:	n/a
Other:	

Prepared by:

Jeanette Kloosterman
Board Secretary

Date: 25/11/2020

RECOMMENDATION:

1. That the Interests Registers be received and noted.

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
David Perez (Acting Board Chair)	13.05.2019	Director, Mercy Hospital, Dunedin	SDHB holds contracts with Mercy Hospital.	Step aside from decision making.
	13.05.2019	Fellow, Royal Australasian College of Physicians		
	13.05.2019	Trustee for several private trusts		
Ilka Beekhuis	09.12.2019	Patient Advisor, Primary Birthing FiT Group for Dunedin Hospital Rebuild		
	09.12.2019	Member, Otago Property Investors Association		
	09.12.2019	~~Secretary~~, Member, Spokes Dunedin (cycling advocacy group)		Updated 22.10.2020
	15.01.2019	Paid member, Green Party		
	15.01.2019	Former employee of University of Otago (April 2012-February 2020)		
	07.07.2020	Trustee, HealthCare Otago Charitable Trust		
	12.09.2020	Co-Director, OffTrack MTB Ltd	No conflict (Husband's bike tourism company).	
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.	
	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.	
	09.12.2019	Employee, Findex NZ		
	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	Employed as Specialist, Radiation Oncology, Southern DHB	Involved in Oncology job size and service size exercise and may be involved in employment contract negotiations with Southern DHB.	
	18.01.2020	Honorary Senior Lecturer, Otago University School of Medicine		

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	18.01.2020	Daughter is Medical Student at Dunedin Hospital		
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		
Jean O'Callaghan	~~13.05.2019~~	~~Employee of Geneva Health~~	~~Provides care in the community; supports one long term client but has no financial or management input.~~	Resigned, effective August 2020
	13.05.2019	St John Volunteer, Lakes District Hospital	No involvement in any decision making.	~~Taking six months' leave.~~ Recommencing 22.08.2020.
Tuari Potiki	09.12.2019	Employee, Otago University		
	09.12.2019	Chair, NZ Drug Foundation		
	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		
	~~08.09.2020~~	~~Member, District Licensing Committee, Dunedin City Council (1 September 2020 to 31 May 2023)~~		Resigned 06.11.2020
	09.12.2019	*Shareholder in Te Kaika		
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	Coporate Body for apartment, Wellington	
Moana Theodore	15.01.2019	Employee, University of Otago		
	15.01.2019	Co-director, National Centre for Lifecourse Research, University of Otago		
	15.01.2019	Member, Royal Society Te Apārangi Council		
	15.01.2019	~~Sister-in-law, Employee of SDHB (Clinical Nurse Specialist Acute Mental Health)~~	Removed 07/09/2020	
	15.01.2019	Shareholder, RST Ventures Limited		
	27.04.2020	Nephew, Casual Mental Health Assistant, Southern DHB (Wakari)		
	17.08.2020	Health Research Council Fellow		

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Andrew Connolly (Crown Monitor)	21.01.2020	Employee, Counties Manukau DHB		
	21.01.2020	Deputy Commissioner, Waikato DHB		
	21.01.2020	Southern Partnership Group		
	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.	
	06.05.2020	Nephew is married to a Paediatric Medicine Registrar employed by Southern DHB		
Roger Jarrold (Crown Monitor)	16.01.2020	CFO, Fletcher Construction Company Limited	Have had interaction with CEO of Warren and Mahoney, head designers for ICU upgrade.	
	16.01.2020	Member, 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	

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	22.09.2020	Nil	
Kaye CHEETHAM	~~08.07.2019~~	~~Ministry of Health Appointed Member of the Occupational Therapy Board~~	(05/08/2020 - Stood down from the Occupational Therapy Board)
Mike COLLINS	15.09.2016	Wife, NICU Nurse	
	01.07.2019	Capable NZ Assessor	Asked from time to time to assess students, bachelor and masters students final presentation for Capable NZ.
	21.05.2020	Director, New Zealand Institute of Skills and Technology	
	20.11.2020	Chair, South Island CIOs	
Matapura ELLISON	12.02.2018	Director, Otākou Health Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
	12.02.2018	Deputy Kaiwhakahaere, Te Rūnanga o Ngai Tahu	Nil
	12.02.2018	Chairperson, Kati 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 Maori 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.
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	
	~~25.09.2016~~	~~Deputy Chair, InterRAI NZ~~	Removed 23.09.2020
	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

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
	26.10.2017	Nephew, Tax Advisor, Treasury	
	18.12.2017	Ex-officio Member, Southern Partnership Group	
	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)
Lisa GESTRO	06.06.2018	Lead GM National Travel and Accommodation Programme	This group works on behalf of all DHBs nationally and may not align with SDHB on occasions.
	04.04.2019	NASO Governance Group Member	This group works on behalf of all DHBs nationally and may not align with SDHB on occasions.
	04.04.2019	Lead GM Perinatal Pathology	This group works on behalf of all DHBs nationally and may not align with SDHB on occasions.
Nigel MILLAR	04.07.2016	Member of South Island IS Alliance group	This group works on behalf of all the SI DHBs and may not align with the SDHB on occasions.
	04.07.2016	Fellow of the Royal Australasian College of Medical Administrators	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	NZ InterRAI Fellow	InterRAI supplies the protocols for aged care assessment in SDHB via a licence with the MoH.
	04.07.2016	Son - employed by Orion Health	Orion Health supplies Health Connect South.
	29.05.2018	Council Member of Otago Medical Research Foundation Incorporated	
	12.12.2019	Daughter employed by Harrison-Grierson	A NZ construction and civil engineering consultancy - may be involved in tenders for DHB or new Dunedin Hospital rebuild work
Nicola MUTCH		Chair, Dunedin Fringe Trust	Nil
	02.04.2019	Husband - Registrar and Secretary to the Council, Vice-Chancellor's Advisory Group, University of Otago	Possible conflict relating to matters of policies, partnership or governance with the University of Otago.
Patrick NG	17.11.2017	Member, SI IS SLA	Nil
	~~17.11.2017~~	~~Wife works for key technology supplier CCL~~	~~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
	18.12.2017	Daughter, medical student at Auckland University.	
	23.07.2020	Wife, Chief Data Architect, Inde Technology	
Julie RICKMAN	31.10.2017	Director, JER Limited	Nil, own consulting company
	31.10.2017	Director, Joyce & Mervyn Leach Trust Trustee Company Limited	Nil, Trustee
	31.10.2017	Trustee, The Julie Rickman Trust	Nil, own trust
	31.10.2017	Trustee, M R & S L Burnell Trust	Nil, sister's family trust
	23.10.2018	Shareholder and Director, Barr Burgess & Stewart Limited	Accounting services
	04.08.2020	Shareholder and Director, Inversionne Limited	Nil, clothing wholesaler.
		Specified contractor for JER Limited in respect of:	
	31.10.2017	H G Leach Company Limited to termination	Nil, Quarry and Contracting.
	21.10.2019	Member, Chartered Accountants Advisory Group	
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.
Gail THOMSON	19.10.2018	Member Chartered Management Institute UK	Nil
	22.11.2019	Deputy Chair Otago Civil Defence Emergency Management Group, Coordinating Executive Group	
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
Greer HARPER	24.08.2020	Paul Harper (father) is the current Chair of HealthSource NZ which is owned by the four northern DHBs.	

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 Joint Meeting of the Community & Public Health Advisory Committee and Disability Support Advisory Committee held on Monday, 5 October 2020, commencing at 1.30 pm, in the Board Room, Wakari Hospital Campus, Dunedin

Present:	Dr Moana Theodore	Chair, Disability Support Advisory Committee (DSAC) *(Meeting Chair)*
	Mr Tuari Potiki	Chair, Community & Public Health Advisory Committee (CPHAC)
	Ms Ilka Beekhuis	Deputy Chair, CPHAC
	Mrs Kaye Crowther	Deputy Chair, DSAC (*by Zoom*)
	Dr John Chambers	Member, DSAC
	Mr Terry King	Member, CPHAC
	Dr Lyndell Kelly	Member, CPHAC
	Ms Odele Stehlin	Member, DSAC and CPHAC
	Ms Paula Waby	Member, DSAC
In Attendance:	Mr Chris Fleming	Chief Executive Officer
	Mrs Lisa Gestro	Executive Director Strategy, Primary and Community
	Dr Nigel Millar	Chief Medical Officer *(by Zoom)*
	Dr Nicola Mutch	Executive Director Communications
	Mr David Perez	Board Member, Southern DHB
	Mr Andrew Swanson-Dobbs	Chief Executive Officer, WellSouth Primary Health Network
	Ms Lesley Soper	Board Member, Southern DHB *(by Zoom)*
	Mr Gilbert Taurua	Chief Māori Health Strategy and Improvement Officer
	Ms Gail Thomson	Executive Director Quality & Clinical Governance Solutions
	Mrs Jane Wilson	Chief Nursing and Midwifery Officer
	Mrs Joanne Fannin	Personal Assistant (Minute Taker)

1.0 WELCOME AND KARAKIA

The Chair welcomed everyone and the meeting was then opened by Mr Gilbert Taurua with a karakia. A warm welcome was extended to new Committee member, Odele Stehlin, Iwi Governance Committee (IGC) Chair and the IGC representative on the DSAC/CPHAC.

2.0 APOLOGIES

Apologies were received from Mr Kiringāua Cassidy, Mr Dave Cull and Dr Kim Ma'ia'i.

It was resolved:

"That the apologies be accepted."

M Theodore/L Kelly

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.

It was resolved:

"That the Interests Registers be received and noted."

4.0 PREVIOUS MINUTES

It was resolved:

"That the minutes of the meeting held on 3 August 2020 be approved and adopted as a correct record."

M Theodore/T Potiki

5.0 CHAIRS' UPDATE

Disability Support Advisory Committee (DSAC)

Dr Moana Theodore, DSAC Chair, provided a brief report, noting the presentations that will be made during the meeting and inviting DSAC members to contact her if they have any queries relating to the meeting or any matters they would like raised at a future meeting.

Community and Public Health Advisory Committee (CPHAC)

Mr Tuari Potiki, CPHAC Chair, advised that he had nothing further to add in relation to CPHAC and noted the discussion points that would take place later in the meeting.

6.0 MATTERS ARISING FROM THE PREVIOUS MINUTES

There were no matters arising that were not already covered by the action sheet.

7.0 REVIEW OF ACTION SHEET

The Committees received the action sheet updates (tab 7). The Executive Director Strategy Primary and Community (EDSPC), Mrs Lisa Gestro, reported that:

- Pēhea Tou Kainga? How is your home? Central Otago Housing: The Human Story – work is ongoing and the EDSPC will provide a completion date for the report.
- The reporting template, informed by the new DAP will be presented to the December 2020 DSAC/CPHAC meeting.
- Invercargill Primary Care Access – some progress has been made, a consultant has been contracted and the next step is for an options paper to be provided.
- B4 School Checks Programme – a catch-up plan is in progress. The Programme remains at risk due to the demands on staff in this area due to the COVID-19 pandemic. A testing strategy is being developed to ensure that ongoing testing obligations are met and business as usual continues in all areas of health, alongside COVID-19 planning and response. The EDSPC responded to concerns raised by Mrs Kaye Crowther in relation to the B4 School Checks Programme and acknowledged by the Chair. Southern DHB has pro-actively reached out to parents in terms of re-engagement. The EDSPC is to provide data for the B4 School Checks Programme and other services impacted by the COVID-19

response over the course of the next two meetings to show how Southern DHB is tracking and to monitor to ensure inequity is not created as a result.

- The items marked as completed were taken as read and will be removed from the action sheet.

Mr Dave Keen from DPA, Dunedin, joined the meeting at 1.42pm.

- Oral Health - the EDSPC responded to a query related to the monitoring of preventive treatment for caries and advised that she would refer back to the District Annual Plan (DAP) and provide an update on the deliverables. Southern DHB relied heavily on Dental Therapists to support the COVID-19 response. The Chair noted her interest and advised that a previous audit of the Dental School had highlighted inequity of access, including preventive treatments, for Māori, Pasifika and lower socio economic people. A request was made for an update on what parts of the Southern District have fluoridated water.

It was resolved:

"That the Action Sheet be received and noted."

M Theodore/I Beekhuis

8.0 SNAPSHOT OF DISABILITY SERVICES

The Executive Director Quality and Clinical Governance Solutions (EDQ&CGS), Gail Thomson, presented a report outlining disability initiatives under way at Southern DHB and future plans for the coming year to achieve the goals of the Disability Strategy (tab 8). The report was taken as read and additional comments were noted as follows:

- The report is a snapshot of where Southern DHB is with Disability Services.
- The snapshot is timely with the recent approval of the Disability Strategy, which has highlighted there is a lot of work to be done.
- Data to inform decision making and the work being done nationally that will shape the work done within Southern DHB. The collective national thought is about having an alerts solution attached to the National Health Index (NHI) so that it goes beyond DHBs into the wider health arena.
- Employment – for just over a year staff have been asked to record if they have a disability. This should result in Southern DHB having a better picture going forward. The wishes of staff who don't want to be identified as disabled must be respected.
- Disability Confident Organisations – outlined in Table 1 on page 2 of the report.
- Equal Employment Opportunities – a policy is in place, but there is a concern relating to access to a number of older buildings.
- Staff awareness, education and training – a disability awareness training module was included with the staff mandatory induction training package in 2019. Further work will be done to ensure that the training is mandated to staff who have been working for Southern DHB for a number of years.
- Concern was raised around the difficulty in getting information from Southern DHB staff related to travel and assistance support which is funded by the MoH. The EDQCGS is to look into this and report back to members.
- Feedback was provided on the work being done on the content of patient letters, the language being used and the Community Health Council have been engaged in that work. There is a need to ask disabled persons what works for them and the section on how patients want to be communicated with was highlighted.
- The high level timeline of what needs to happen to implement the Disability Strategy. A number of the actions required are being actioned concurrently.

The timeline could be used as a guide for what the Committee is updated on at future meetings.

- A Steering Group is to be established to develop the actions and implement the key points from the Disability Strategy.
- Appendix 1 outlines a summary of the Southern District, taken from the 2013 census and highlights selected measures of disability for people in private households. The total numbers relate to people with more than one disability.
- Southern DHB does not currently have a Disability Advocate/Facilitator, but that will be considered as work progresses to establish what resource is required. The Community Health Council does a lot of advocacy in this area.
- Ms Paula Waby confirmed she had input some time ago into the Disability Training and she noted the feedback was in the form of a tick box that was very light. The EDQCGS confirmed alternatives are being considered to provide something more substantive.
- The Chair requested that a workshop be held for the DSAC to move the work on the Disability Strategy forward and to feed in to the District Annual Plan.

It was resolved:

"That the snapshot of disability services at Southern DHB be noted and shared with the entire Board."

I Beekhuis/L Kelly

Ms Karen Browne joined the meeting at 2.08pm.

9.0 COMMUNITY HEALTH COUNCIL QUARTERLY REPORT

Ms Karen Browne, Chair of the Community Health Council (CHC) presented the CHC's quarterly report (tab 9) and responded to questions. Key areas highlighted included:

- The CHC Planning Session held in August 2020 where the draft Annual Plan and draft Work Plan (tab 9, appendix 1) for the year were decided.
- The update for the quarter with Rheumatology highlighted as a key service that the CHC were actively involved with.
- The CHC involvement with COVID-19 and testing in the community. Letters of appreciation from the CHC were sent to the CEO, the CE and the Public Health Service for the manner in which they handled COVID-19 across the district.
- Business as usual for the CHC is the work outlined in the Action Plan and the round table sessions where members provide comment from their respective communities and decide in discussion where further action is required.
- The CEO commended the CHC on their work and noted they have become self-perpetuating and compared favourably to other DHBs nationally.
- An update was provided on how the CHC will reach out to the Māori and Pasifika communities, given the limited feedback from them on the Disability Strategy. IGC Chair and Committee member, Odele Stehlin, confirmed that IGC will be appointing a member to the CHC.
- WellSouth CE, Mr Andrew Swanson-Dodds, provided a vote of thanks and appreciation to the CHC and in particular, Hana Halalele, who assisted with the testing strategy to increase the number of Pasifika people tested in the community in Oamaru. 20.5% of the population tested on the day were Pasifika. In partnership with Public Health and doing influenza vaccinations on the day, many people not enrolled with a General Practice showed up and are now enrolled and engaged with the WellSouth system.
- Discussion was held on the need for the CHC to have more of an input into Children's Health.
- The Chair thanked Ms Browne for her presentation.

Ms Karen Browne left the meeting at 2.20pm.

Mr Doug Funnell joined the meeting at 2.21pm.

10.0 PRESENTATION: MINISTRY OF HEALTH FUNDER

The Committee received a presentation from Mr Doug Funnell, Portfolio Manager, Disability Directorate, Ministry of Health (MoH), on the disability services funded by the Ministry of Health. Mr Funnell spoke to his presentation and responded to questions:

- Mr Funnell is responsible for the disability services funded contracts across Otago and Southland and does some work across NZ with Needs Assessment Service Co-ordination services.
- The slide presentation covered the following:
  - The MoH population group.
  - Statistics showing annual funding and numbers supported. There is an increase in the number of people seeking funding support.
  - Disability Supports – national framework.
  - Enabling Good Lives – a principle based approach. A joined up funding approach between the MoH and the Ministry of Social Development (MSD). New roles have been introduced, e.g. a connector role, assisting families and individuals plan for a better future.
  - Strategic Direction.
  - Success and what it looks like.
  - Family – enabling good lives. A patient story – Baker – Hungry Hamish.
  - Further information is available at https://www.health.govt.nz/our-work/disability-services
  - A hearing aid subsidy is available.
  - Service gaps were identified as follow:
    - High and complex needs that fall between Disability and Mental Health.
    - Disabled people accessing Mental Health services – there is a disconnect between service providers.
    - Disabled people with chronic health needs. A pool of funding has been set up and devolved to DHBs, which is assisting.
    - Ongoing support services for people with Autism is a growth area.
    - Support for people with Foetal Alcohol Syndrome Disorder (FASD). Only those diagnosed with an intellectual disability as well as FASD are entitled to assistance. FASD currently sits with Corrections.
  - Referrals are accepted from anybody – there is not a clinical based approach. Those referring in would have proof of diagnosis.
  - There is no direct relationship with Primary Care and referrals are received from Primary and Secondary Care services.
  - Disabled should not be excluded from anything and they should be able to access any mainstream service that is available.
  - There is limited overlap of services, but not often due to limited funding.
  - The service does not work directly with employers.
  - It is believed that COVID-19 has disproportionately affected disabled people, especially in the area of employment, but there are no statistics available to prove that at the current time.
- The Chair thanked Mr Funnell for his presentation.

Mr Doug Funnell left the meeting at 2.50pm.

Dr Katherine Graham and Mr Rory Dowding joined the meeting at 3.00pm.

11.0 PRESENTATION: SOUTHERN HEALTH NEEDS ASSESSMENT

The Committee received a presentation from Dr Katherine Graham, Public Health Registrar, overviewing the Southern Health Needs Assessment project (tab 11). Dr Graham spoke to her presentation and responded to questions and additional comments were noted as follows:

- Dr Graham is a Medical Director in training in Public Health Medicine. She was accompanied by Mr Rory Dowding, Strategy and Planning Manager and disclosed that she was being assessed on her presentation, as part of her training, by Dr Mavis Duncanson and Professor Brian Cox.
- The slide presentation covered the following:
  - Overview.
  - Background – what is a Health Needs Assessments (HNA). The last HNA was undertaken in 2013.
  - The Southern HNA is being led by Southern DHB, in partnership with WellSouth PHN and oversight by Alliance South.
  - Purpose – to bring information together on one site to inform and provide direction, highlight and improve health equity and outcomes. The intent is to have a web-based living document that will be constantly updated.
  - Scope – district wide at a population level.
  - Indicators – there are over 70 indicators in four main groups – Demography, Health Status, Health Drivers and Health Services.
  - Process – acquiring and analysing data, interpreting and writing the story. Engagement with stakeholders along the way is key.
  - Challenges – data, COVID-19 and expectations.
  - Presentation and narrative – explaining in a way that people understand and being descriptive, but not judgmental.
  - Proof of Concept – video presentation giving an example through Power BI – Southern population demographics.
  - Acknowledgements and thanks.
  - The work done has been based on work done in Northland, but has been expanded to take a wider view and more interactive technology is being used.
  - Data is being accessed from a number of external and internal sources.
  - Ultimately the tool will have a twofold purpose – public facing work where the narrative is continually updated and internally for Southern DHB staff to use as a Business Intelligence Tool.
  - Ambulatory Sensitive Hospitalisation (ASH) rates and the importance of awareness and working to keep people out of hospital. An update was provided on the process for data collection.
  - The CMO, Dr Nigel Millar, advised that statistically there should be less admissions if the determinants of health were optimised (e.g. smoking, housing, etc.) and you have good primary healthcare and preventative services.
  - Data is being obtained from both internal and external sources.
  - It is intended to update the HNA on an annual basis.
  - Mr Dowding noted the request for the historic data to be archived as the HNA is updated and undertook to put a process in place.
  - Dr Graham advised that obtaining data in relation to disability has been challenging and consultation is on-going to obtain the best and most

recent information available. She sought assistance from the Committee in terms of how best to access disability information. The Chair confirmed that the DSAC will have on-going discussions in terms of how the tool can be used.

- The Chair thanked Dr Graham, Mr Dowding and the assessors.

Dr Katherine Graham, Mr Rory Dowding and assessors left the meeting at 3.26pm.

12.0 MĀORI HEALTH

The Committee received a verbal update from the Chief Māori Health Strategy and Improvement Officer (CMHS&IO). Mr Gilbert Taurua reported:

- That there are currently 10 contracted Māori Health Providers across the district, plus WellSouth is funded for the reducing inequalities voucher programme.
- That the total Māori Health spend is $3.757M and when the Provider Arm is included (covering Mental and General Health across Southland and Dunedin Hospitals), the total Māori Health spend is $5.35M.
- That there is no annual review of the Māori Health Provider contracts and appears to be no correlation between what the Māori Health Providers are contracted for against the health priorities Southern DHB is required to report on.
- That Te Kaika has recently achieved Kaupapa Māori authority, but Southern DHB does not contract with them because of their very low cost access service funding.
- That Southern DHB relies heavily on Kaupapa Māori Health Providers to support the more vulnerable Māori Health communities.
- There is some consistency in contracting of services across the district with two providers contracted to provide Well Child Tamariki Ora services and two providers contracted to provide Te Kākano Nurse Led Clinics.
- On the nature and scope of the Te Kākano Nurse Led Clinics and the Māori Health Providers.
- On the need to review the nature and scope of the services to ensure that Southern DHB's priorities are aligned to what is at the forefront of services for the Māori Health Providers.
- On the need to invest additional equity resource into the contracts with Māori Health Providers.
- That work is underway and should continue to more closely link Māori Health Providers to secondary and tertiary health services.
- On the District Annual Plan (DAP) guidance looking to expand and extend contracts provided in the community based on Tiriti o Waitangi and feedback out of the Wai 2575 process.
- Māori Health Providers are audited on a regular basis, but the way they currently report does not necessarily meet Southern DHB's strategic goal requirements.
- That it would be useful to have a couple of the Māori Health Providers present to DSAC/CPHAC on the nature and scope of the services they provide.
- On the benefit of "Māori for Māori" services.
- On the essential work undertaken by Māori Health Providers in response to COVID-19.
- That there is a gap in Kaupapa Māori services in the Central Otago area.

Mr Tuari Potiki advised the need to understand the current investment and for adequate resourcing to be provided to address inequity and the priority areas identified for Māori. How does the funding provided support the Māori Health goals identified locally across Southern DHB? Accurate reporting is essential to investing in the right areas to improve Māori Health outcomes.

Mrs Kaye Crowther noted the strategic planning and the first 1000 days' initiative referred to in the Board papers and advised the need for Māori and Pasifika to be included in that. She advised the importance of looking at not just Māori Provider services, but all services being provided to Māori families for tamariki. Mr Tuari Potiki responded that non-Maori services have been providing services to Māori for decades and that has created disparity. He advised the need to strengthen Kaupapa Māori Health services and ensure that all other services who see Māori as a part of their generic services are held to account. The CMHS&IO advised on the disparity with funding for Tamariki, especially in Southland, noting that the Māori Health Providers are dealing with both rurality issues and the most vulnerable families and the funding needs to reflect that.

Committee member and Iwi Governance Committee (IGC) Chair, Odele Stehlin, acknowledged the report from the CMHS&IO and looks forward to a more detailed discussion at the next IGC meeting. At the IGC meeting on 5 October 2020 discussion was held on aligning the priorities to the District Annual Plan (DAP) and the recently released Māori Health Action Plan (MHAP). She acknowledged the kōrero around the table and the importance of that.

The CEO advised the challenges with prioritisation and the need for the Board to provide direction noting the conflicting priorities between investment in initiatives such as 1000 days and an increase in elective surgery.

The Chair advised the need for further discussion to be held on equity, short term versus long term priorities and models of care for the longer term as we move into the strategic review process.

13.0 WELLSOUTH PHO

A verbal update was provided by the CE WellSouth. Mr Andrew Swanson-Dobbs reported:

- On the on-going work with Public Health on the COVID-19 response and ensuring that expectations are met in terms of surveillance and the testing strategy.
- On the Integrated Mental Health contract and the new roles of Health Improvement Practitioners (HIPS) and Health Coaches. It is a significant opportunity within Southern to introduce new roles within General Practice to support the whole system. An update is to be provided to a future CPHAC meeting to highlight what the new roles are achieving. The greatest impact from the new roles is changing the narrative within the practice and a position of "any client is the right client". The roles within the General Practices are assisting GPs and nurses to support the person within the Practice so they are less likely to have to refer out. The service is free.
- Tranche 3 of the Health Care Homes is being rolled out, targeting a lot of General Practices with significant high need populations.

14.0 PRIMARY MATERNITY UPDATE

The Committee received a report on the second phase of consultation on possible options for the location of a new primary maternity facility in the Central Otago/Wanaka area (tab 14).

The Executive Director Strategy, Primary and Community referred to the written report and advised on the status of the consultation and feedback. The team are on track to provide a recommendation paper to the November 2020 Board meeting for consideration and ratification.

Management advised that the one-month slippage is due to the impact of the COVID-19 response on staff time. Additional consultation with a sub-group in the area was also undertaken due to the significant level of interest from the Wanaka/Lake Hawea area.

It was resolved:

"That the Committees:

- **Note the completion of the second round of public consultation on the question: *Where should we locate primary maternity facilities in Central Otago/Wanaka?***
- **Note that the Central Lakes Locality Network and the DHB Project Team will make a joint recommendation, taking into account public feedback, on the best option in November 2020."**

M Theodore/I Beekhuis

15.0 STRATEGY, PRIMARY AND COMMUNITY REPORT

The Strategy, Primary and Community Report (tab 15.1) and attachments (15.1.1 – Alliance Leadership Team Minutes and 15.1.2 – WellSouth Performance Dashboard) were taken as read and the EDSP&C took questions. The following items were highlighted during discussion.

- The CE WellSouth provided an update on progress with Power BI and the dashboards. The COVID and Health Care Homes dashboards are already live and the remaining dashboards will be operationalised within the next two weeks. The dashboards in the report are an example only and the information portrayed on them is not accurate.
- Southern DHB has requested that a dashboard for smoking cessation improvement be included in the suite of dashboards and the WellSouth CE acknowledged that the results have deteriorated, due to some extent on the need to focus on the COVID-19 response. The WellSouth team has a plan to progress an improvement in the results.
- Management responded to concerns raised regarding a perceived gap in dental services in Dunedin, acknowledging that work is required and noting that a review of the service has been commissioned by the new Dean of the Dental School in Dunedin and the commitment by the University to look at the issue in an open and transparent way. A request was made for a report to be provided on District Oral Health Services.
- The CE WellSouth responded to concerns raised in relation to the Primary Care/Health Care Home reconfiguration and the perceived lack of understanding by the public on the model. He advised on a change to the model being done at a national level and noted that the next tranche of General Practices will be greater and is due to go live on 1 November 2020.

He also responded to concerns related to Care Plus and Client Led Integrated Care (CLIC) and advised on the review undertaken pre-COVID and the proposed pathway forward.

- Management concurred with concerns raised that representation of DHB Clinicians on the Alliance Leadership Team is light and the CE WellSouth responded to concerns regarding overnight GP coverage in Wanaka, noting the challenge is across the board with workforce depletion and younger GPs not wanting to work 24/7.

It was resolved:

"That the report and attachments be received."

M Theodore/T Potiki

16.0 FINANCIAL REPORT

In presenting the Strategy, Primary and Community (SP&C) financial results for August 2020 (tab 15), the EDSP&C advised:

- That the result for SP&C for the month of August 2020 and year-to-date is favourable.
- That the "comments for discussion" section is the most important section of the report.
- That the key areas of risk in the report are Pharmaceuticals, Aged Care and Mental Health.
- On the change strategy initiatives embedded in the day to day work programmes, promoting significant lines of quality improvement in an effort to run in the most efficient way possible.

It was resolved:

"That the report be accepted."

M Theodore/I Beekhuis

17.0 AGED RESIDENTIAL CARE FACILITIES – COVID-19 PREPAREDNESS

The EDSP&C presented the results of Aged Residential Care (ARC) facilities' COVID-19 preparedness assessments (tab 15) and advised on the work done to prepare in case of future outbreaks. Members noted comments from the CMO highlighting that the COVID issues in the Aged Residential Care sector were equally as complex as those in the Hospitals and health professionals in both sectors were equally important. Management responded to concerns raised around those in care requiring support and supply of PPE. Committee member and IGC Chair, Odele Stehlin, commended management on the paper, but noted concern that equity was not considered to be a driver as noted on the cover sheet. Management acknowledged the concern and agreed with the need for evidence that consideration has been given to equity.

It was resolved:

"That the report be noted."

M Theodore/L Kelly

The Chair thanked management and members for their input and noted that a workshop is to be held prior to the next meeting.

A closing karakia was provided by the CMHS&IO, Mr Gilbert Taurua and the meeting closed at 4.25 pm.

The next meeting is to be held on 7 December 2020 commencing at 1.30pm.

Confirmed as a true and correct record:

Chair, Community & Public Health Advisory Committee: _____

Date: _____

Chair, Disability Support Advisory Committee: _____

Date: _____

5

Chair's Update

- Verbal report from Moana Theodore, Chair of the Disability Support Advisory Committee

Southern District Health Board

DISABILITY SUPPORT AND COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEES MEETING

ACTION SHEET

As at 27 November 2020

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
October 2020	**Snapshot of Disability Services – Travel and Assistance** (Minutes item 8.0)	A report is to be provided on travel and assistance support which is funded by the MoH.	EDQ&CGS		February 2021
October 2020	**Snapshot of Disability Services – Disability Strategy Implementation** (Minutes item 8.0)	• The high level timeline of what needs to happen to implement the Disability Strategy is to be used as a guide for updating the DSAC Committee going forward. • A Steering Group is to be established to develop the actions and implement the key points from the Disability Strategy. • A workshop is to be held for DSAC to move the work on the Disability Strategy forward and to feed into the DAP.	EDQ&CGS	A DSAC workshop has been provisionally organised for March 2021.	February 2021

SOUTHERN DISTRICT HEALTH BOARD

Title:	Support Services for Older People
Report to:	Disability Support Advisory Committee
Date of Meeting:	7 December 2020

Summary:

The purpose of this paper is to inform DSAC about our age related disability services, including our responsibilities to provide these services, funding, utilisation and current challenges.

8

Specific implications for consideration (financial/workforce/risk/legal etc.):

Financial:	Information only. For discussion.
Workforce:	Information only. For discussion.
Equity:	Information only. For discussion.
Other:	

Document previously submitted to:	n/a	**Date**: dd/mm/yyyy
Approved by Chief Executive Officer:	Chris Fleming	**Date:** 7/12/2020

Prepared by: Sharon Adler Portfolio Manager, Health of Oder People **Date:** 24 November 2020	**Presented by:** Sharon Adler Portfolio Manager, Health of Older People

RECOMMENDATION:

That Disability Support Advisory Committee members note the content of this paper.

Support Services for Older People (Age-Related Disability)

1 Introduction

Age Related Disability comprises the largest area of DSS (Disability Support Services) Funding for Southern DHB. In addition to DHB-provided services to older people, approximately 14% of SDHB Funding is spent on contracted Age-Related Disability Services. This paper explains our responsibilities, strategic directions, the demographics, funding and utilisation of these services, user-pays information, and a thorough description of the two largest areas, Home & Community Support Services and Aged Residential Care, including current challenges.

2 DHB Responsibility for Age-Related Disability

Two mandatory documents for all district heath boards are the **Operational Policy Framework** and the **Service Coverage Schedule**.

The **Operational Policy Framework** is a set of business rules, policy and guideline principles that outline the operation functions of district health boards. The **Service Coverage Schedule** defines the agreed level of service coverage that the Ministry and DHBs are held accountable to. Much of the information in this paper comes directly from the 2020/2021 **Service Coverage Schedule**.

Health and Support Services for Older People funded by DHBs will include, but will not be limited to:

- information, advice and education for older people and their families, whānau and carers about, but not limited to, available services, access to services, health promotion and self-management, and needs assessment of older people,[1] including assessment of carer needs
- service co-ordination[2] to assist the older person to have their needs met from all appropriate supports available in the community. This may include liaising with other government agencies such as Ministry of Social Development and Housing New Zealand
- support to live at home, including personal care (eg, assistance with dressing, bathing, eating and toileting), household management (eg, assistance with meal preparation, laundry and cleaning) and, where appropriate, restorative and rehabilitative approaches to support older people to regain independence and remain part of their community
- support for informal carers including carer support subsidy and respite care (eg, carer training, residential respite, dementia respite care and day programmes for older people, in-home respite care)
- specialist health of older people services providing support to residential and home-based support services for older people as well as to acute hospital, primary health care and NASC services
- a stroke service
- AT&R services
- long-term residential care, including:
    - rest home
    - hospital
    - secure dementia
    - specialised hospital (psycho-geriatric).

[1] A comprehensive clinical assessment (with either the interRAI Contact Assessment, Community Health Assessment or Home Care Assessments or Long-Term Care Facility Assessment tools) will identify risk factors, if present, and allow for the care and support of clients at all levels of complexity.

[2] Service co-ordination should include goal setting, and, where appropriate, their family, whānau and carers. Service coordination decisions take account of individual circumstances including current supports available (informal and formal) and support needs that can be met by other services. Decision-making may also use prioritisation and resource allocation tools.

- intermediate or transitional care (eg, planned early discharge with home support, slow stream rehabilitation, convalescent care, short-term residential care).

3 Strategic Documents

3.1 Healthy Ageing Strategy 2016

The 2016 Healthy Ageing Strategy sets the strategic direction to improve the health and wellbeing of older people for the next 10 years.

The Strategy builds on the *New Zealand Health Strategy* and is intended to drive the health system to have a greater focus on supporting healthy ageing, being more age-friendly, and actively supporting older people to live well, whatever their age or health condition.

To achieve this vision, we need to ensure our policies, funding, planning and service delivery:

- prioritise **healthy ageing** and resilience throughout people's older years
- enable high-quality **acute and restorative care**, for effective rehabilitation, recovery and restoration after acute events
- ensure older people can **live well with long-term conditions**
- better **support older people with high and complex needs**
- provide **respectful end-of-life** care that caters to personal, cultural and spiritual needs.

The focus for older people's health and support services is on developing an integrated 'continuum of care' to support older people to maintain and, where feasible, improve their health and wellbeing so that they can participate to their fullest ability in decisions about their health and wellbeing and in family, whānau and community life.

Integrated care is about careful co-ordination of a person's care between different service providers and professions. Greater system integration, including clinical and support services, across the health and community sectors aligns organisations and health care professionals to improve outcomes for older people and provide a better experience. System integration is a way of achieving timelier and more efficient person-focused services that are more cost-effective, reduce duplication of effort (e.g., for access and collection of patient information) and achieve economies of scale.

The continuum of care for older people covers the whole range of health and support services for older people, including health promotion and primary care, secondary and specialist care, home and community-based care, residential care, palliative care and end-of-life care. Within the continuum, responsive health and support services recognise the need for age-appropriate services, the importance of strong links across services and the sector, cultural and ethnic diversity, and the need for flexible and client-centred approaches.

Health and support services for older people will be delivered in a variety of settings across DHBs to provide for needs of the local population. The types of services will recognise individual circumstances, cultural preferences and service configurations available within a DHB's district.

3.2 SDHB Primary & Community Strategy 2018

The Southern health system is built on an overarching vision:

> Better health, better lives, Whānau Ora

The vision for primary and community care is:

> Excellent primary and community care that empowers people in our diverse communities to live well, stay well, get well and die well, through integrated ways of working, rapid learning and effective use of technology

The strategic goals supporting this vision are:

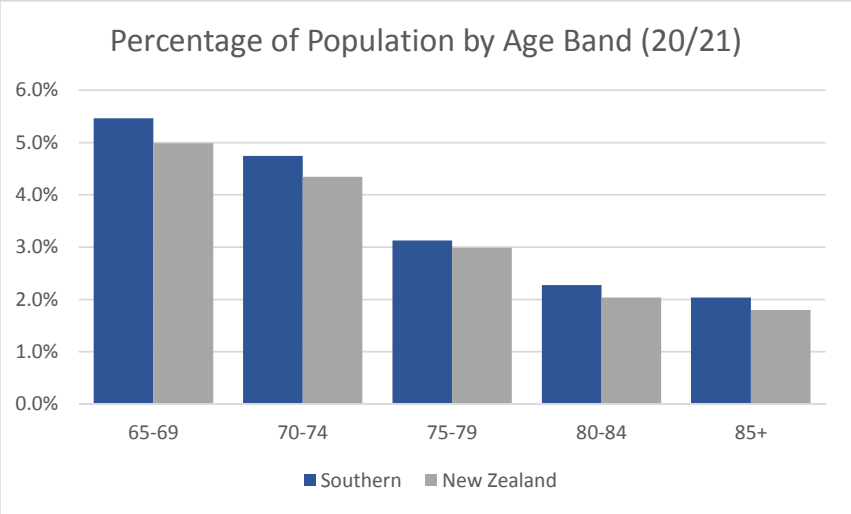
- Consumers, whānau and communities are empowered to drive and own their care
- Primary and community care works in partnership to provide holistic, team-based care
- Secondary and tertiary care is integrated into primary and community care models
- The health system is technology-enabled

4 Demographics, Funding and Utilisation

4.1 Demographics of Older People in Southern

Support Services for Older People are of particular importance to Southern DHB because we have a higher percentage of older people. The chart below looks at the percentage of the population that older people make up of the Southern DHB total, compared to New Zealand. Older people comprise a slightly higher proportion of Southern's population than the New Zealand proportion.

Age Band	Southern	New Zealand	Southern Actual
<65	82.3%	83.8%	284,020
65-69	5.5%	5.0%	18,850
70-74	4.7%	4.3%	16,370
75-79	3.1%	3.0%	10,790
80-84	2.3%	2.0%	7,840
85+	2.0%	1.8%	7,030
Total	**100.0%**	**100.0%**	**344,900**
65+ total	17.7%	16.2%	60,800
75+ total	7.4%	6.8%	25,660



The source file for the above is the Ministry of Health's population projection, and the date of values is at 30 December of 2020.

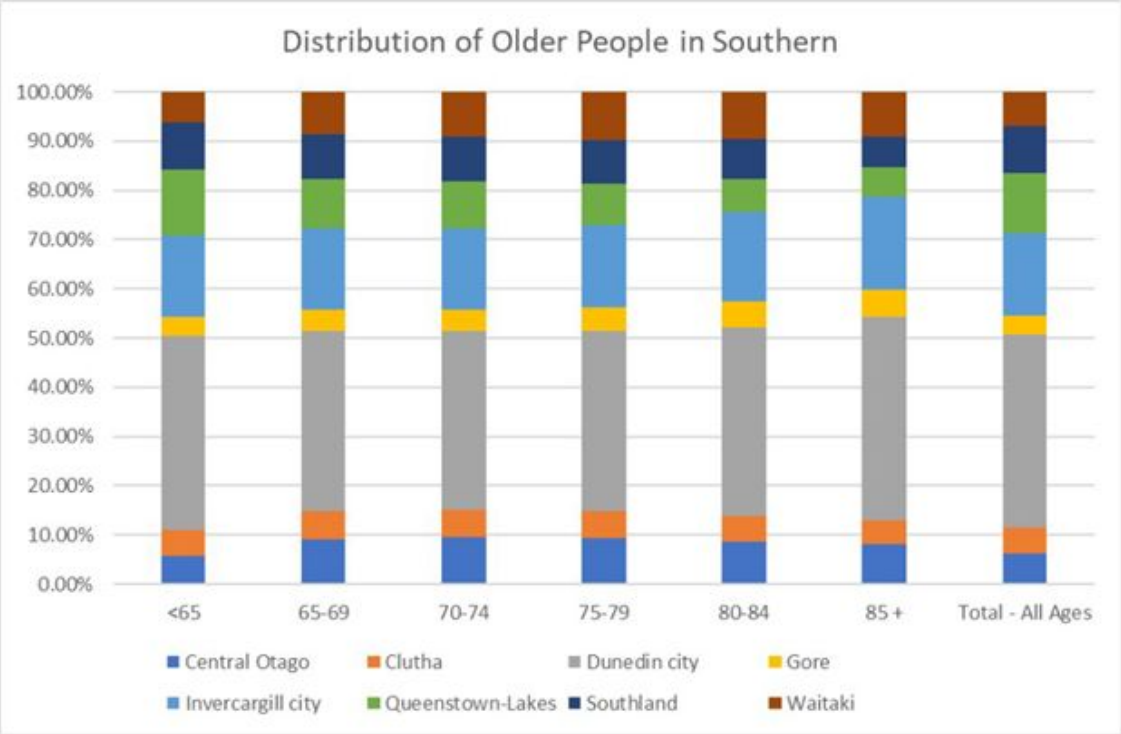
4.1.1 Territorial Authorities vs Southern Total

Within Southern DHB, some Territorial Authorities (TAs) have a higher percentage of older people than others. This chart looks at the percentage that a Territorial Authority's age band comprises of the total Southern population of that age.

We can see below which TAs have the largest number of older people living them, out of the total number in the age band.

For example Dunedin has 39.1% of Southern's population living in it, but 41.3% of the 85+. Queenstown in contrast has 12.3% of the Southern population living in it, but only 6.2% of the 85+ group

Territorial Authority	<65	65-69	70-74	75-79	80-84	85 +	Total - All Ages
Central Otago	5.8%	9.1%	9.5%	9.3%	8.7%	8.2%	6.3%
Clutha	5.3%	5.8%	5.7%	5.6%	5.1%	4.7%	5.3%
Dunedin city	39.5%	36.6%	36.3%	36.6%	38.4%	41.3%	39.1%
Gore	3.6%	4.2%	4.3%	4.7%	5.3%	5.5%	3.8%
Invercargill city	16.7%	16.6%	16.4%	16.8%	18.2%	18.9%	16.8%
Queenstown-Lakes	13.2%	9.9%	9.5%	8.4%	6.7%	6.2%	12.3%
Southland	9.7%	9.3%	9.1%	8.9%	8.0%	6.2%	9.5%
Waitaki	6.3%	8.5%	9.1%	9.7%	9.5%	9.0%	6.8%
Grand Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**



4.1.2 Age bands within a Territorial Authority

This chart analysis looks at the percentage that an age band comprises of the Territorial Authorities total population.

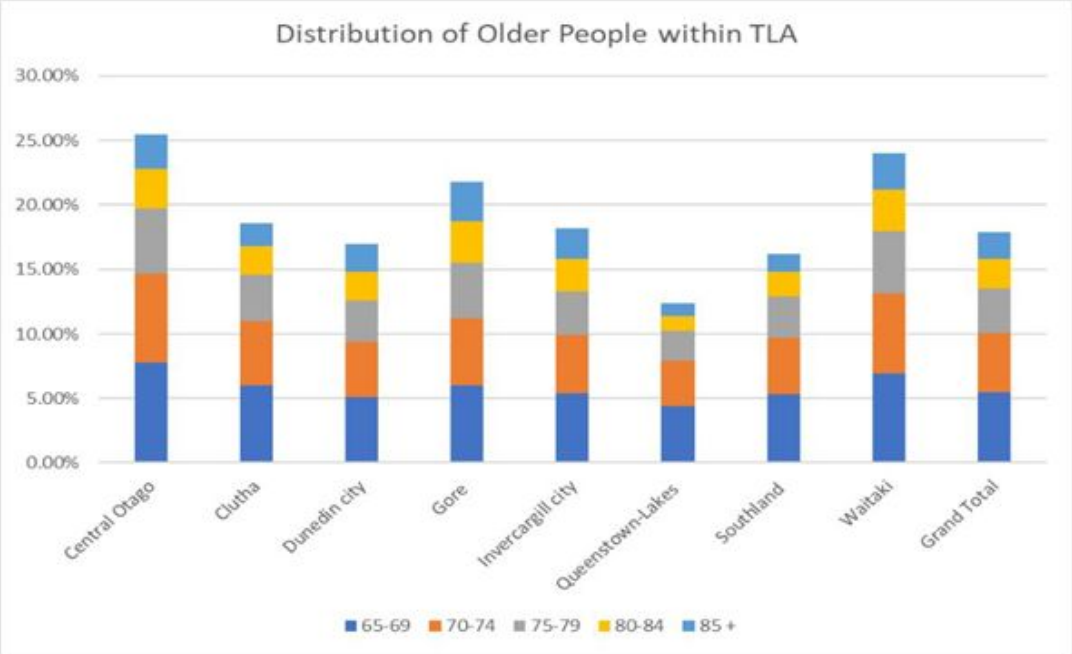
For example, the following shows that 85+ comprise 3.1% of Gore District's population, the highest proportion of any TLA.

We can see that Queenstown-Lakes district is comparatively young - with all the delineated older age bands being comparatively lowest (thus green).

When looking at the proportion that <65 are of a TA's population, Central Otago and Waitaki Districts have the lowest number of "young" people <65. They are therefore comparatively the older populations, hence why they are displayed in red.

Territorial Authority	<65	65-69	70-74	75-79	80-84	85 +	Total
Central Otago	74.5%	7.8%	6.9%	5.0%	3.1%	2.7%	100.0%
Clutha	81.4%	6.0%	5.0%	3.6%	2.2%	1.8%	100.0%
Dunedin city	83.0%	5.1%	4.3%	3.2%	2.2%	2.2%	100.0%
Gore	78.3%	6.0%	5.2%	4.3%	3.2%	3.1%	100.0%
Invercargill city	81.8%	5.4%	4.5%	3.4%	2.5%	2.4%	100.0%
Queenstown-Lakes	87.5%	4.4%	3.5%	2.3%	1.2%	1.0%	100.0%
Southland	83.8%	5.3%	4.4%	3.2%	1.9%	1.4%	100.0%
Waitaki	76.1%	6.9%	6.2%	4.9%	3.2%	2.8%	100.0%
Grand Total	**82.2%**	**5.5%**	**4.6%**	**3.4%**	**2.3%**	**2.1%**	**100.0%**

The source file for the above is Stats NZ's Subnational ethnic population projections and the date of the values is at 30 June of 2020. Note that the Southern totals above slightly differ in proportion due to the different source file and dates that the values represent.



4.1.3 Growth in Numbers of Older People in Southern DHB

	65-69 years	70-74 years	75-79 years	80-84 years	85 years and over	Grand Total 65+
2017	17,146	14,086	10,088	6,950	6,560	54,830
2018	17,630	14,720	10,500	7,050	6,720	56,620
2019	18,138	15,178	11,106	7,426	6,918	58,766
2020	18,646	15,636	11,712	7,802	7,116	60,912
2021	19,154	16,094	12,318	8,178	7,314	63,058
2022	19,662	16,552	12,924	8,554	7,512	65,204
2023	20,170	17,010	13,530	8,930	7,710	67,350

An average, our growth in older people over the past years and looking forward is approximately 3.8% annually.

4.2 Age-Related Disability Funding % of overall SDHB Funding

Expenditure Categories	**2017/18**	**2018/19**	**2019/20**
Home Support (includes In-Between Travel and Individualised Funding)	$ 24,971,779	$ 25,899,715	**$ 28,220,088**
Carer Support	$ 1,850,053	$ 1,828,135	$ 1,690,767
Respite	$ 1,278,562	$ 1,461,329	$ 1,423,856

Day Activity Programmes	$ 383,584	$ 406,831	$ 595,037
Age Related Residential Care	**$ 91,227,697**	**$ 92,367,342**	**$ 93,302,199**
Pay Equity	$ 15,267,132	$ 18,673,005	$ 19,717,071
*AT & R (Assessment, Treatment and Rehabilitation)	$ 4,027,319	$ 4,105,955	$ 4,163,095
*Needs Assessment	$ 404,081	$ 522,412	$ 482,301
Other (includes IDF outflows)	$ 4,330,139	$ 4,954,746	$ 4,857,848
Total	**$ 143,740,346**	**$ 150,219,472**	**$ 154,452,263**
DSS expenditure as a % of DHB consolidated revenue	14.67%	14.56%	14.04%

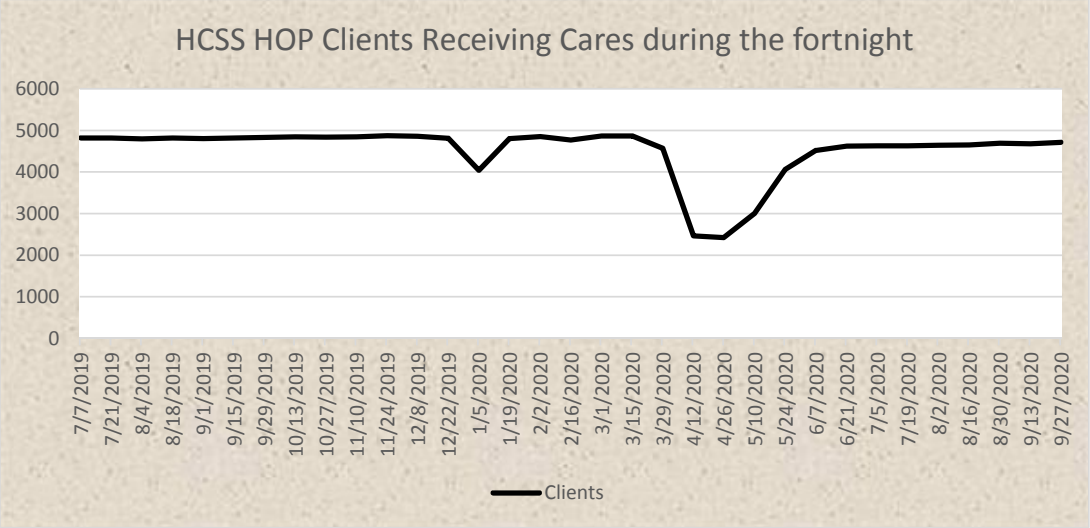
*These figures do not include DHB-provided AT&R and NASC services.

Approximately 80% of the DSS spend is on Home Support and Aged Residential Care.

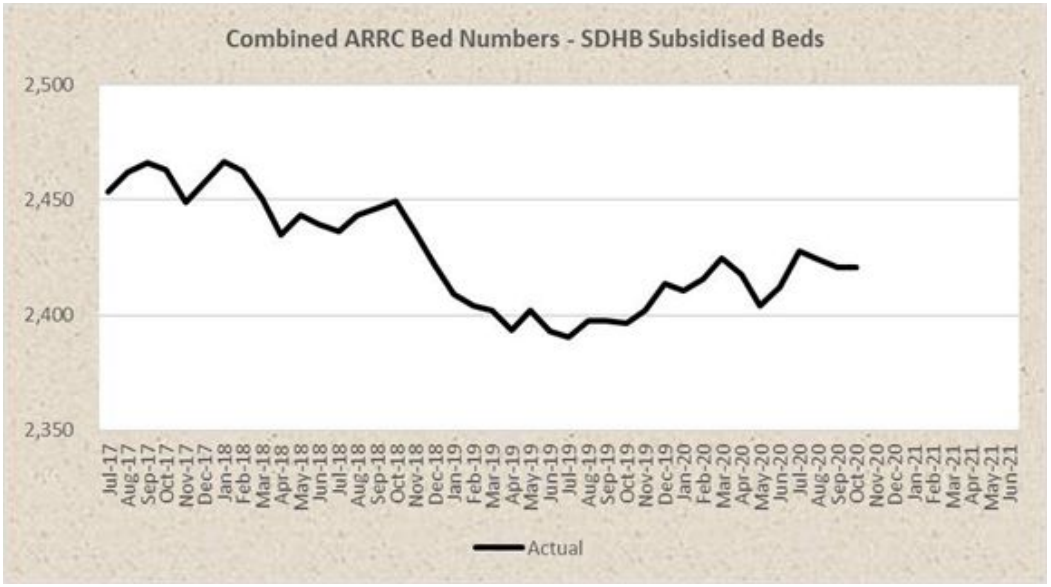
4.3 Utilisation

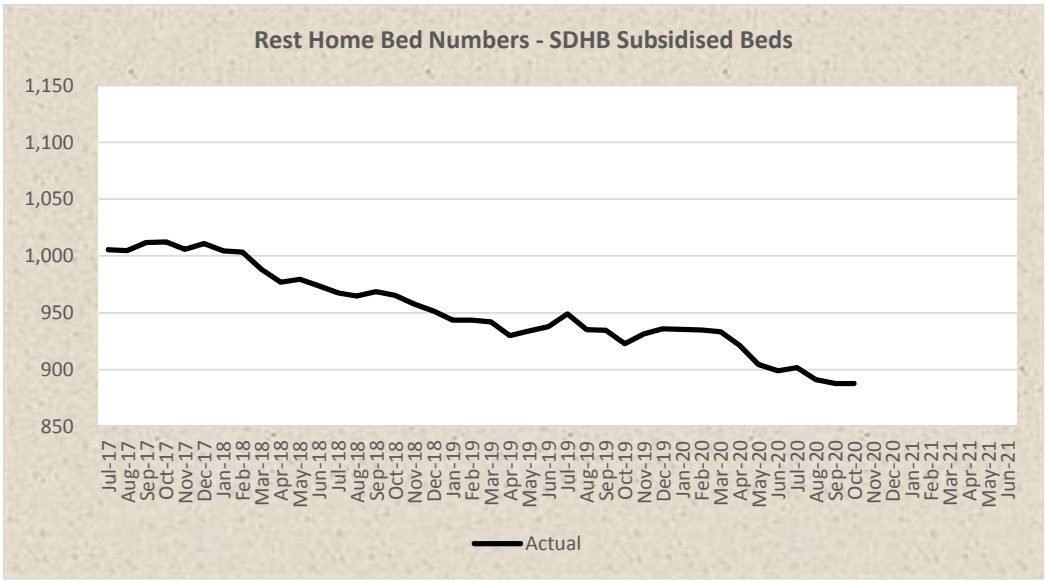
4.3.1 Home and Community Support Services (HCSS)

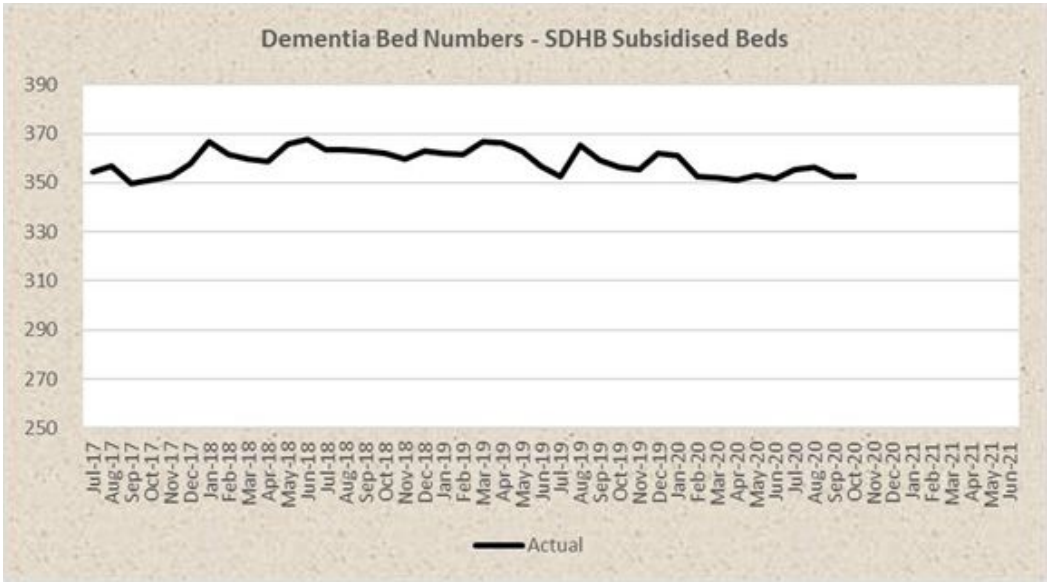
Our utilisation of Restorative Bulk-Funded HCSS has remained fairly steady, despite increasing numbers of older people (exception that numbers always decrease over the holidays and Alert Levels 4 and 3 had a major impact)

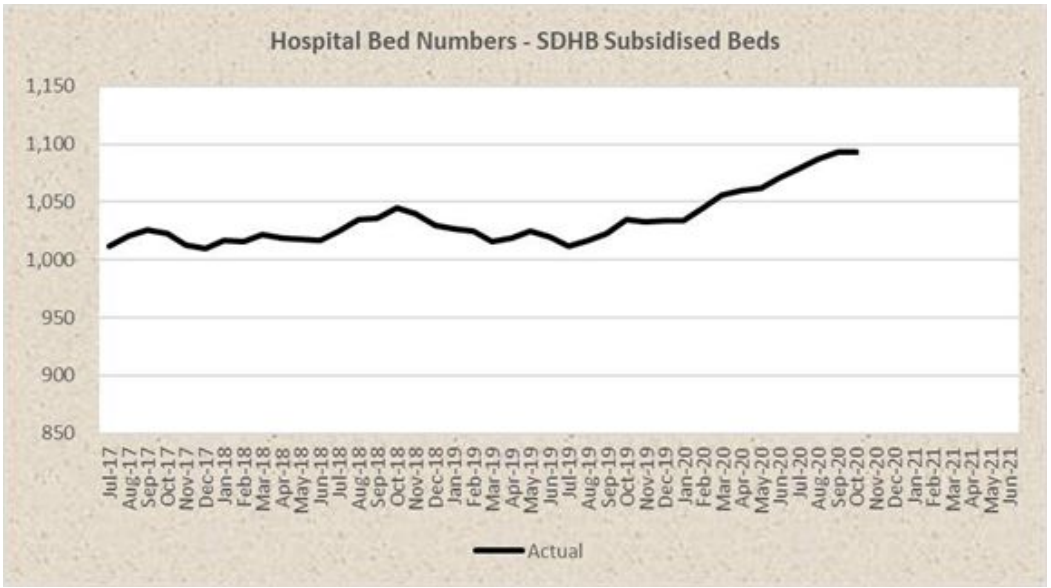


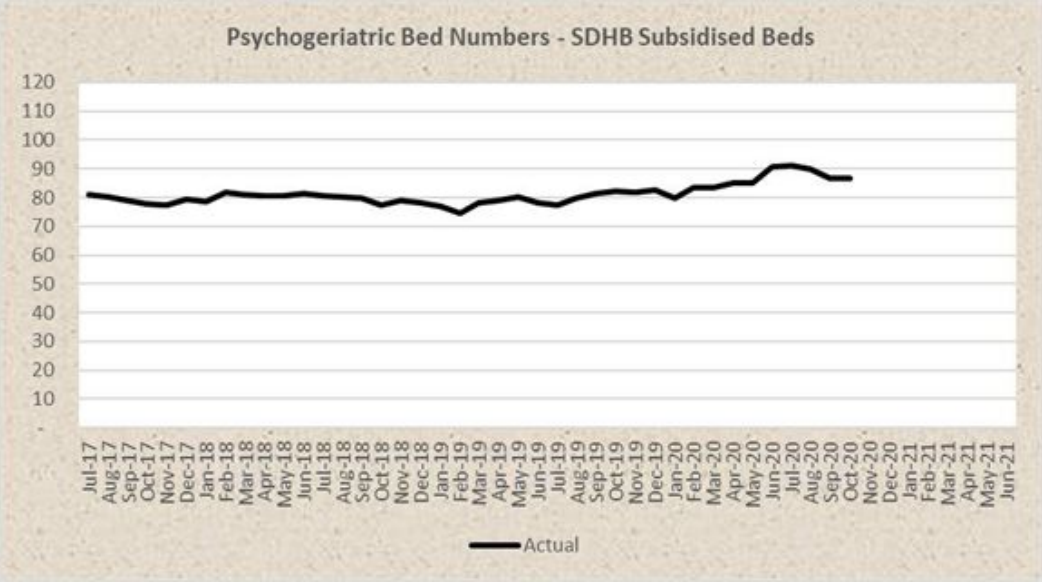
4.3.2 Aged Residential Care (ARC)






Dementia Bed Numbers - SDHB Subsidised Beds
390
370
350
330
310
290
270
250
Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18 May-18 Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21
Actual


Hospital Bed Numbers - SDHB Subsidised Beds
1,150
1,100
1,050
1,000
950
900
850
Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18 May-18 Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21
Actual



8

5 Cost (Means-tested vs non means-tested services)

5.1 Needs Assessment and Service Coordination

Needs assessment and service co-ordination services are provided at no charge.

5.2 Home and Community Support Services

Personal care services delivered primarily in a person's home (e.g., assistance with dressing, bathing, eating and toileting) are provided at no charge.

Household management services (e.g., assistance with meal preparation, laundry and cleaning) are income tested. If a person has a Community Services Card, household management services are provided at no charge. If a person does not have a Community Services Card, the person may be fully or partly charged for these services.

DHBs can decide a limit on the cost of providing support services that enable an older person to remain in their own home. If the DHB does place such a limit:

- the limit must be at least the average cost to the DHB of relevant residential care (i.e., the aged residential care (ARC) price for the relevant level of care less the average contribution of residents towards the cost of their residential care). The limit can be higher than that minimum. A limit must not be based on what the individual would pay based on their individual income and asset testing.
- any limit must allow for exceptions where the DHB judges expenditure above the limit is justified e.g., for short-term care or where limiting care would increase the risk of a couple both going into residential care when setting the limit DHBs can include the cost of support services other than home support if they are ongoing and provided regularly DHBs may allow arrangements for the older person to purchase services that are beyond the DHB limit.

The guideline used in Southern DHB is 21 hours of HCSS per week.

5.3 Carer Support and Respite

Support services for informal carers are not income or asset tested. The carer support subsidy, administered by the Ministry of Health and DHBs, is designed to assist informal carers with some of the costs of securing short-term relief care services. Carers may have to contribute towards the costs of short-term relief care when the costs of that care are higher than the subsidy.

5.4 Aged residential care services [3]

People who have been needs assessed as requiring aged residential care indefinitely, may apply to the Ministry of Social Development for a financial means assessment (income and asset test) to be completed under Part 4 of the Social Security Act 1964.

If a person's assets are under the asset threshold, then the Ministry of Social Development, through the financial means assessment, will determine how much the older person must contribute towards the cost of services up to the gazetted maximum contribution per week in their local region. If the cost of contracted care services exceeds the gazetted maximum contribution, the DHB will pay the difference between the maximum contribution and the cost of the contracted care services paid to the provider.

If a person has not had a needs assessment or has not been income and asset tested under Part 4 of the Social Security Act 1964, the person will pay the full cost of the services.

People aged 50 to 64 years who are assessed as requiring aged residential care indefinitely and who are single with no dependent children are income tested only (i.e., not asset tested).

6 Access to Age Related Services

Access to support services funded by DHBs is determined through the Needs Assessment and Service Coordination (NASC) process. Older people can be referred from any source to have their needs assessed and can self-refer.

There is a single Care Coordination Centre in Southern, based in Dunedin, with Older Persons Health NASCs in Dunedin, Invercargill, Waitaki, Central Otago, Clutha and Gore.

NASC Clinical Needs Assessors use the interRAI assessment. interRAI is an internationally recognised evidence-based best-practice assessment with the goal of improving care. Registered health care workers (including registered nurses) use interRAI to assess an older person's care needs both in the community and in aged residential care. The interRAI focuses on what an older person can do, their abilities and how they function. It is comprehensive and takes an overall view. All of this can help clinicians, providers and the older person and their family make informed decisions about the care they need.

To enter DHB contracted aged residential care

- The person much be needs assessed by a DHB or DHB NASC as having high, or very high needs which are indefinite (i.e., the person's condition cannot be reversed);
- The DHB or NASC must determine that the person cannot be safely supported within the community;
- The person much be aged 65 or over, or aged between 50 and 64, and are assessed as requiring aged residential care indefinitely

7 Home & Community Support Services (HCSS)

Since 2013 Southern DHB has had an Alliance Agreement for Home & Community Support Services, with 3 HCSS providers: Access Homecare (Access), Healthcare New Zealand (HCNZ) and Royal District Nursing Services NZ (RDNS).

We bulk fund our alliance agencies based on the casemix of their clients. A casemix system gives meaningful clinical descriptions of groups of clients, and allows bulk funding to be appropriated shared.

[3] Contracted care services are defined in the Social Security Act 1964 as 'services that are provided by a contracted care provider' (ie, a provider that has a service agreement or accepts payment under a section 88 notice) 'to an eligible person who has been assessed as requiring long-term residential care in a hospital or rest home indefinitely' and 'the services necessary to meet the person's assessed long-term residential care needs' (s 136).

A restorative care approach to health supports older people to be independent, care for themselves and participate within their community, family and whanau for as long as possible.

The providers are required to be certified to NZS 8158:2012, (refer to footnote [5]) which includes a full certification audit every three years, with a surveillance audit every 18 months. Audits are conducted nationally by Designated Audit Agencies, with not all branches audited at every audit.

In addition to our older people requiring long term support, our HCSS Alliance Agencies also provides support to a much smaller number of: short term post discharge clients, mental health & addictions clients, long term support for chronic health conditions (LTSCHC) clients and palliative clients.

A National Framework for Home and Community Support Services was adopted in August of 2020. Southern DHB has reviewed the Framework, and our Model of Care is already in line with this guidance.

8 Aged Residential Care (ARC)

8.1 Certification and Audit

Residential care services for rest home care (for three or more people) or hospital-level care (for two or more people) must be provided in facilities certified under the Health and Disability Services (Safety) Act 2001.

Residential care providers must comply with quality requirements under:

- Age-Related Residential Care Services Agreement
- Residential Care and Disability Support Services Act 2018
- relevant[4] standards approved under the Health and Disability Services (Safety) Act 2001, as set out in the Health and Disability Services Standards (NZS 8134:2008)[5].

HealthCERT at Ministry of Health certifies aged residential care facilities for between one to four years, based on the outcome of their Certification Audit by a Designated Audit Agency. Facilities have an unannounced Surveillance Audit approximately halfway (6 month window) through their certification period. DHBs are consulted regarding any issues or concerns in advance of all audits.

Of the 65 facilities (see Appendix One) in Southern DHB, 54% currently hold a four year certification, resulting from an audit with no findings and documentation of continuous quality improvements.

8.2 National ARC Agreement

The Ministry of Health introduced a national aged residential contract from 1 June 2002.
The contract covers rest home, dementia and geriatric hospital level care delivered in a residential care setting. The contract ensures that there is a national standard of services that are provided to residents in long-term residential care.

Each year there is a national review of the Age Related Residential Care contracts between DHBs and providers for the provision of Age Related Residential Care Services. Any variations agreed are included in the Aged Related Residential Care agreements

The Agreement allows facilities to be paid for occupied beds on a per day basis.

---

[4] Not all standards or criteria within NZS 8134:2008 are relevant to all services.

[5] The following standards have been reviewed:

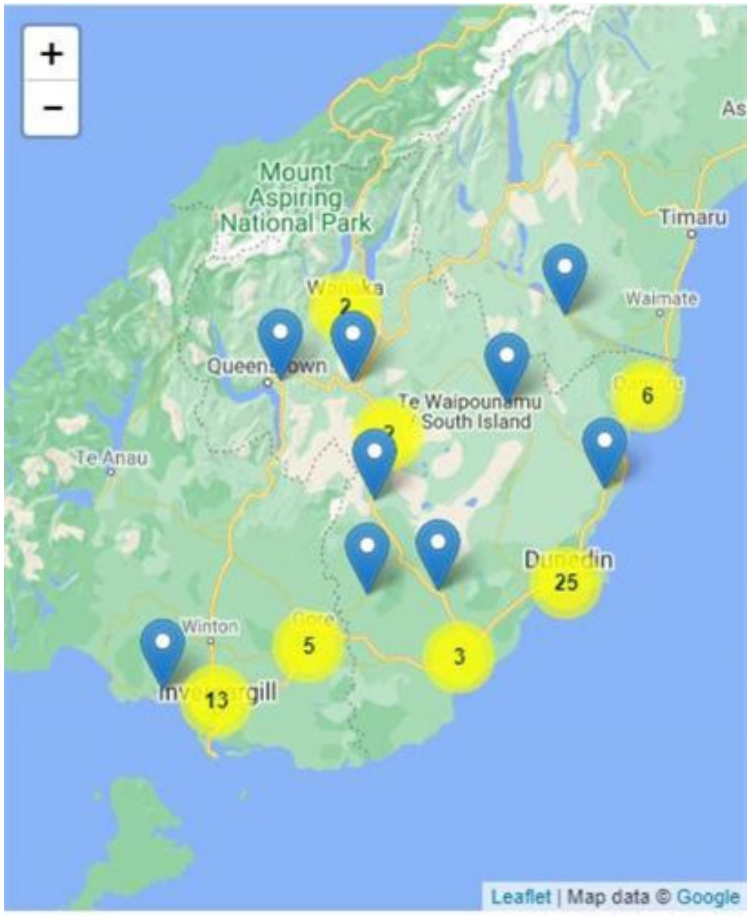
- Health and Disability Services Standards (NZS 8134:2008)
- Fertility Services Standard (NZS 8181:2007)
- Home and Community Support Standards (NZS 8158:2012)
- Interim Standards for Abortion Services in New Zealand

Following consultation with the health and disability sector in 2017 and the passing of the Abortion Legislation Act 2020, the decision was made to develop one new Standard. This amalgamation has significantly reduced duplication across the standards. Public Consultation on the draft Health and Disability Services Standards DZ 8134 is now open on the Standards New Zealand website. The draft is available for public comment until **13 January 2021**.

GST exclusive funding per day for a resident in Dunedin this year is as follows:

- $142.25 Rest Home
- $191.53 Secure Dementia
- $227.10 Hospital Level
- $254.29 Psychogeriatric (hospital Specialised)

Geographic Spread



8.3 Ownership Models, size, levels of care

Aged Residential Care Homes have a variety of ownership models, which can be stand alone or groups:

- Corporate For Profit
- Corporate Not for Profit
- Faith-based Charitable
- Community Trusts
- Investor Owned
- Owner Operated

Different models have different advantages and disadvantages. Six groups own 52% of the beds in Southern.

Facilities sizes range from 5 beds to 161 beds. Sixteen facilities have 30 or fewer beds.

Some facilities may have only one level of care (usually Rest Home or Secure Dementia), while other facilities will have two, three or four levels of care. Many facilities that provide both Rest Home and Hospital Level Care will have beds that are certified as dual use.

Secure dementia and psychogeriatric units are both secure units with dedicated staffing.

8.4 DHB Support

The Health of Older People Portfolio Manager (HOP PM) provides both accountability and support to the aged residential care facilities. Queries, concerns, issues and complaints from facilities, the DHB, and the public all go to the HOP PM in the first instance. Whenever possible, issues are redirected to the ARC for resolution. Follow up on Corrective Actions from Audit Findings sit with the HOP PM.

Responsibility for contracting for new facilities, assignment of contracts for ownership changes, and closure of facilities sits with the HOP PM.

The HOP PM provides ongoing information and support to Facility Managers, orienting new Facility Managers and encouraging continuous quality improvement from the sector.

Historically, the DHB has provided an ARC Forum with the facilities and the DHB on a quarterly basis in Dunedin and Invercargill, and 2-3 times annually in Waitaki, Central and Gore. However, covid created a situation where much more frequent communication and support was required. Leaders volunteered in each locality to meet (virtually) very regularly with the HOP PM and then with their localities. This has proved invaluable and the model has continued. The meetings with the HOP PM have evolved into fortnightly ARC Steering Group meetings and include the GM Community Services, and Nursing and Medical Directors for the Strategy, Primary and Community Directorate.

In addition, the DHB provides the following Clinical Support to the ARC Sector:

- Geriatric Nurse Practitioners (2FTE), in Dunedin and Southland
- MHSOP Nurse Practitioners (2 FTE) in Otago
- Wound Care Clinical Nurse Specialists (2 FTE) in Otago and Southland
- Palliative Care NPs/CNSs (4.5 FTE employed by the Hospices) in Otago and Southland

We now have over half the facilities onboard to Health Connect South/Health One, so facilities can now access critical clinical information about their residents including Shared Care Plans (Advance Care Plans, Acute Plans and Personal Care Plans).

8.5 Challenges for the Sector

8.5.1 Understanding

There is limited understanding from both the public and the wider health sector about the realities of service provision in aged residential care.

8.5.2 Isolation

Many facilities work in isolation, with variable clinical governance or support for their clinicians.

8.5.3 Workforce

- Pay Equity Legislation in April 2017 for Care Workers and relativity
- Pay parity for RNs
- Recruitment and Retention of RNs
- Turnover
- Internationally Qualified Nurses
- No explicit leadership pathways for clinicians and managers

Response

- ARC RN Steering Group
- Rotational Programme

8.5.4 Funding

- Nationally-negotiated contract rates
    - Does not distinguish bariatric, high needs tracheostomy and suctioning residents

Response

- Funding Model Review

8.5.5 Residents with increasing

- Frailty
- Mental Health Backgrounds
- Intellectually Handicapped backgrounds
- Multiple Co-morbidities
- Cognitive Impairment
- Bariatric needs
- Complicated family or social situations
- Cultural needs

8.5.6 GP Support

- Some facilities cannot identify GP practices to contract for medical services
- Some GPs place a lower priority on ARC residents' needs

8.5.7 Covid

- Sector not designed to deliver in a global pandemic

Response

- ARC Steering Group
- Locality Networks
- IPC CNS

9 Conclusion

This is a complex, dynamic, growing sector supporting a wide diversity of older people, from those with emerging issues related to their ageing, to the most frail, vulnerable people in our communities.

10 Appendix One

PremiseName	RH	Sec Dem	HLC or Dual	PG	Total	Svcd Apts at RH
Dunedin TLA (25)						
Birchleigh Residential Care Centre	33	24	26		83	
Elsdon -- Bradford Manor		26			26	
Brooklands Village	36				36	
Ryman - Frances Hodgkins Retirement Vlg	51				51	29
Glendale Retirement Home	33		0		33	
Elsdon -- Highview Home & Hospital	21		19		40	
Leslie Groves Home	34				34	
Leslie Groves Hospital		17	31	23	71	
Marne Street Hospital			55		55	
Montecillo Veterans Home & Hospital			44		44	
Mossbrae Healthcare	0		64		64	
Oxford Court Lifecare	0		50		50	
Queen Rose Retirement Home	29				29	
Radius - Fulton	25	19	49		93	
Heritage BPA - Redroofs Rest Home	50				50	
PSO - Ross Home and Hospital	40		60	24	124	
LSP Sacred Heart Home & Hospital	1		52		53	
PSO - St Andrews Home and Hospital	0	26	52		78	
Home of St Barnabas Trust	41				41	
St Clair Park Residential Centre	11	13	0		24	
Summerset - Summerset at Bishopscourt	0		44		44	20
PSO - Taieri Court Rest Home	33				33	
Elsdon -Thornbury House Rest Home	0	33			33	
Woodhaugh Rest Home	40		33		73	
Ryman - Yvette Williams Retirement Vlg	0		60	30	90	32

Clutha TLA (5)	RH	Dem	HLC/Dual	PG	Total	SvcApts
Elsdon - Ashlea Grove Rest Home	20	17			37	
Heritage - Clutha Views	0	14	58		72	
PSO - Holmdene Rest Home and Hospital	0		35		35	
Ribbonwood -- West Otago			14		14	
Tuapeka Rural Health Company	5				5	
Waitaki TLA (8)	**RH**	**Dem**	**HLC/Dual**	**PG**	**Total**	**SvcApts**
Harbour View Rest Home	27	18	0		45	
PSO - Iona Home and Hospital	28	14	37		79	
Kimberley Rest Home	25	0			25	
Glenhays - Northanjer Rest Home	15				15	
Observatory Village	0		81		81	12
Sandringham House Rest Home	21				21	
Glenhays - Southanjer Rest Home	0	24			24	
Whalan Lodge	14		0		14	

Central Otago TLA (7)	**RH**	**Dem**	**HLC/Dual**	**PG**	**Total**	**SvcApts**
Castlewood Home	24				24	
PSO - Aspiring Enliven	0	20	32		52	
PSO Elmslie		0	31		31	
Maniototo Health Services Ltd	16		9		25	
PSO - Ranui Home & Hospital		10	38		48	
Ripponburn Home and Hospital	15		29		44	
Teviot Valley Rest Home	14				14	
Queenstown TLA (1)	**RH**	**Dem**	**HLC/Dual**	**PG**	**Total**	**SvcApts**
BUPA - Lake Wakatipu Home & Hospital	0		35		35	
Gore TLA (4)	**RH**	**Dem**	**HLC/Dual**	**PG**	**Total**	**SvcApts**
Albany House Rest Home			25		25	
Parata Residence	26		0		26	
PSS - Resthaven Village	18	10	32		60	
BUPA - Windsor Park Care Home	19	18	41		78	

Invercargill TLA (12)	**RH**	**Dem**	**HLC/Dual**	**PG**	**Total**	**SvcApts**
BUPA - Ascot Care Home	18	24	62		104	
Bainfield Park Residential Home	16				57	
Calvary Hospital Southland Ltd	27		45		72	
Heritage BPA - Cargill Care Home	40				40	
Clare House	20	22	28		70	18
Kyber - Glenbrae Gardens	18				18	
PSS - Peacehaven Village		30	81	20	131	
The Ultimate Care Group - Rose Lodge	1		29		30	
Ryman - Rowena Jackson Retirement Vlg	51	32	78		161	15
PSS - Vickery Court	0		88		88	
Waikiwi Gardens Rest Home	42				42	
PSS - Walmsley House	31				31	
Southland TLA (3)	**RH**	**Dem**	**HLC/Dual**	**PG**	**Total**	**SvcApts**
BUPA - Longwood Park Care Home	0		52		52	
Rata Park Rest Home	20				20	
Wyndham & Districts Community Rest Home	23				23	
	1072	411	1599	97	3220	

18

SOUTHERN DISTRICT HEALTH BOARD

Title:	Disability Roadmap Update
Report to:	Disability Support Advisory Committee
Date of Meeting:	7 December 2020

Summary:

The purpose of this paper is to provide an update on the actions underway within the DHB to support the Disability Strategy. It includes an update on the recommended revisions to the draft Southern DHB Disability Strategy as agreed at the Disability Support Advisory Committee in August 2020.

Collection of patient stories and images of people with lived Disability for inclusion in the final Strategy document is well underway. The team have gathered images from different organisations and sources across both Invercargill and Dunedin.

Other actions are on track towards the launch of the Strategy in the New Year.

Specific implications for consideration (financial/workforce/risk/legal etc.):

Financial:	There will be financial implications associated with implementation of the strategy and actions, these are yet to be fully explored and costed out.
Workforce:	No implications in the paper today.
Equity:	Revision 6 talks to the Strategy being available in formats identified in the community feedback. This will ensure equity of access to the Strategy document for disabled communities such as having it available in sign language.
Other:	

Document previously submitted to:	n/a	**Date: dd/mm/yyyy**
Approved by Chief Executive Officer:	Chris Fleming	**Date: 7/12/2020**

Prepared by:	**Presented by:**
Gail Thomson Executive Director Quality and Clinical Governance Solutions **Date:** 24 November 2020	Gail Thomson Executive Director Quality and Clinical Governance Solutions

RECOMMENDATION:
That Disability Support Advisory Committee members note the content of this paper.

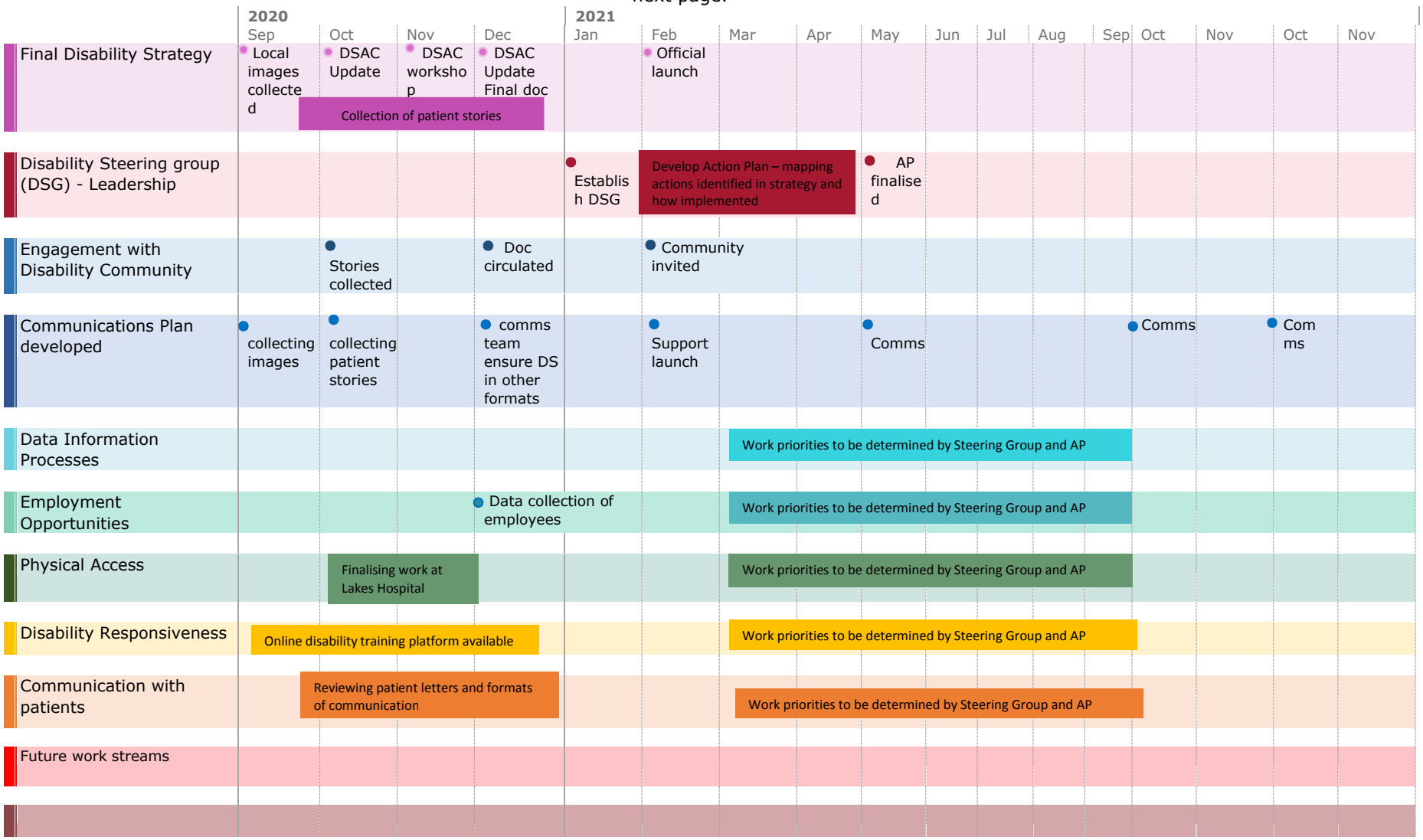
Update on actions and progress

In August 2020 at the Disability Support Advisory Committee, seven revisions were approved. These are outlined below with the relevant actions that have taken place.

	Revision	**Action**
1	The title be reviewed to reflect that it is not inclusive of a detailed action plan, eg by changing it to *SDHB Disability Strategy and Actions*;	Complete
2	Disability Strategy Steering Committee members to be added to page 3 of the document;	Complete
3	Details regarding the consultation process to be appended to the document and referred to on page 3;	Complete
4	Sentence to be added to page 7 in relation to the Treaty of Waitangi and WAI 2575;	Complete
5	Further clarity in the actions related to the first goal in relation to "by Māori for Māori";	Complete
6	Ensure that the Strategy is available in all formats noted in the community feedback;	Partially complete;
7	Liaise with the Community Health Council to ascertain what information would be most helpful to include in their suggested one page summary of the Strategy, for development by the Southern DHB design and communications teams."	Complete

WHAT NEEDS TO HAPPEN TO IMPLEMEMENT THE DISABILITY STRATEGY?

The table below provides a roadmap of the next steps to implementing actions outlined in the Disability Strategy over 2020/21, with more detail followed on next page.



TOPIC DISCUSSION

Final Disability Strategy

The final version of the Disability Strategy is 90% complete. It is on track to launch the final document at the beginning of 2021.

- **Sep-Nov 20** Local images of people with disabilities 80% complete
- **Oct 20** Executive summary finalised with input from CHC
- **Oct 20** Comms to make available in different formats – 40% complete

Employment Opportunities

The DHB has the ability to monitor new employees and whether there is an increasing trend of people with disabilities being recruited

- DSG will identify future actions.

Disability Steering Group (DSG) – Leadership

Establishing a Steering group to lead the prioritisation and promotion of this work is key. Membership will include at the least community disability representatives, Iwi representatives, HR, Building and Property, IT systems, comms, clinical services, quality. The executive Sponsorship sits with the ED of Quality and Clinical Governance

- **Jan 21** DSG formed with ToR
- **Feb-Mar 21** An AP to be developed with key actions outlined

Physical Access

Completion of recommendations for Lakes Hospital to be accessible for all people, some examples include widening of main door for wheelchair access, accessible ramp installed.

- DSG will identify future priorities

Engagement with Disability Community

Engaging with the Disability Community is key to ensuring improved health outcomes for the people with disabilities comes out of this strategy.

- **Oct-Nov 20** Collection of Patient Stories is underway, due for completion December.
- **Sep 20-Jan21**
- Communication with the community around timeframes
- **Apr 21** Engagement with community final strategy launched
- Continued engagement and partnership throughout implementation.

Disability Responsiveness

Online training is available for new staff but is very basic.

- Begin development of some patient stories by disabled people which is well underway.

Communication Plan developed

The Communications Team will be connected throughout development and implementation of the Strategy and Action Plan.

- A communication plan developed of how information will be communicated to the community and staff.
- A key stakeholders list will be developed and added to as required.
- Newsletters will go out as needed with developments
- CHC/ DSAC will be part of the process of being updated on developments.

Communication with patients

Ensuring that communication is done consistently by departments using email and text where possible.

- **Dec 20** Review of how patients are communicated is completed.

Data Information Processes

We are aware of the issues with data collection

- Priorities and process of actioning these will be done via the DSG.
- Information will be also come from the HNA when completed

Summary of Southern DHB Disability Strategy 2020

- For the purpose of the Strategy, disability includes people with physical, intellectual, cognitive, mental or sensory impairments, people with long-term (chronic) or psychosocial conditions, or any other impairment are included.

- In the 2013 New Zealand Disability Survey, 24 per cent of the New Zealand population identified as disabled; in the Southern district 26 per cent identify as disabled. Māori (32per cent) and Pacific (26 per cent) people had higher than average disability rates, after adjusting for differences in ethnic population age profiles.

- The Southern DHB Strategy aligns with important international and national documents:

    - *United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)*
      Under this international convention, New Zealand is expected to "promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity".

    - *Health Services and Outcomes Kaupapa Inquiry (Wai2575)*
      The Waitangi Tribunal Health Services and Outcomes Inquiry (Wai 2575) is an ongoing inquiry into the ways the Crown have responded to health inequities experienced by Māori. Based on the deliberations of Wai 2575, the Tribunal has recommended the New Zealand Public Health and Disability Act 2000, its associated policies and strategies be amended. The amendment is to give effect to the Treaty principles and ensure that those principles are part of what guides the health care sector to achieve equitable health outcomes for Māori.

    - *Whakamaua: Māori Health Action Plan 2020-2025*
      Whakamaua provides a clear direction and tangible actions that contribute to achieving the vision of pae ora (healthy futures) for Māori. Whakamaua emphasises the significance of Te Tiriti o Waitangi as a foundational document for public policy and has moved to the five new principles of: Tino rangatiratanga; Equity; Action Protection; Options and Partnership.

    - Other New Zealand strategies and policies to be recognised include the New Zealand Public Health and Disability Act (2000), the New Zealand Disability Strategy 2001 (updated 2016) and Whānau Ora.

- Southern DHB currently has a number of initiatives that will go some way to address concerns raised through community consultation, these include: the Southern Strategic Health Plan, the Southern Primary and Community Care Strategy, the Southern DHB Quality Framework and the Southern Workforce Strategy.

- The vision of the Southern DHB Disability Strategy is that: Within the Southern district all disabled people, tāngata whaikaha, and Deaf people will have an equal opportunity to achieve their best possible health outcomes, enabling their participation in their community.

- Three goals were identified from the consultation process as important for the Southern DHB to include in their programme of work:

    - **Bold and Purposeful**: The Southern district will be seen as a leader in the provision of health and disability services for disabled people, tāngata whaikaha, and Deaf people. Actions relating to this goal can be found on page 13.

    - **Inclusive of Individuals, Whānau or Family and Community:** Disabled people, tāngata whaikaha, and Deaf people and their family or whānau will have access to the support they require to live well within their community. Actions relating to this goal can be found on page 15.

    - **Equitable, Responsive and Accessible:** Through prompt and effective processes disabled people, tāngata whaikaha, and Deaf people will have access to health and disability information and services that promote their health and wellbeing. Actions relating to this goal can be found on page 17.

- A Disability Steering Group will be established with representation from different departments from across the DHB, from areas such as IT, Building and Property, Clinical Services, Human Resources, Community representatives with lived experiences including Māori and Pacifica. This group will be responsible for ensuring actions are prioritised across different parts of the organisation.

You can find the full version of the Disability Strategy at www.southernhealth.nz

DISABILITY SUPPORT ADVISORY COMMITTEE (DSAC)

Terms of Reference

Accountability

The Disability Support Advisory Committee (DSAC) is constituted by section 35, part 3, of The New Zealand Public Health and Disability Act 2000 (The Act).

The procedures of the Committee shall also comply with Schedule 4 of the Act.

The Committee is to further comply with the standing orders of the Southern DHB which may not be inconsistent with the Act.

Function and Scope

1) The statutory functions of DSAC are to give the Board advice on:
   a) The disability support needs of the resident population of the Southern DHB
   b) Priorities for use of the disability support funding provided.

2) The aim of the Committee's advice will be to ensure that the following promote the inclusion and participation in society, and maximise the independence, of disabled people within the Southern DHB's resident population:
   a) the kinds of disability support services the Southern DHB has provided or funded or could provide or fund for disabled people;
   b) all policies the Southern DHB has adopted or could adopt for disabled people.

3) The Committee's advice may not be inconsistent with the New Zealand Disability Strategy.

Responsibilities

The Committee is responsible for:

1) Providing advice on the overall performance of the disability support services delivered by or through the Southern DHB;

2) Providing advice on strategic issues related to the delivery of disability support services delivered by or through the Southern DHB;

3) Focusing on the disability support needs of the population and developing principles on which to determine priorities for using finite disability support funding;

4) Ensuring that the District Annual Plans (DAPs) of the Southern DHB demonstrate how people with disability will access health services and how the Southern DHB will ensure that the disability support services they fund or provide are co-ordinated with the services of other providers to meet the needs of disabled people;

5) Assessing the disability support services' performance against expectations set in the relevant accountability documents, documented standards and legislation;

6) Ensuring that recommendations for significant change or strategic issues have noted input from key stakeholders and consultation has occurred in accordance with statutory requirements and Ministry guidelines.

Membership

All members of the Committee are to be appointed by the Board. The Board will appoint the chairperson.

The Committee is to comprise a number of Board members as determined by the Board Chair, supplemented with external appointees as required.

Membership will provide for Māori representation on the Committee. The Committee may obtain additional advice as and when required.

Where a person, who is not a Board member, is appointed to the Committee, the person must give the Board Chair a statement that discloses any present or future conflict of interest, or a statement that no such conflicts exist or are likely to exist in the future, prior to appointment.

Conflicts of Interest

Where a potential conflict of interest exists with an agenda item, these are to be declared by members and staff. A register of interests shall form part of each Committee meeting agenda, and it is the responsibility of each member to disclose any new interests which may give rise to a conflict.

Quorum

The quorum of members of a committee is —

(a) if the total number of members of the committee is an even number, half that number; but

(b) if the total number of members of the committee is an odd number, a majority of the members.

Meetings

Bi-monthly meetings, held collectively with the Community and Public Health Advisory Committee (CPHAC) will be scheduled, however the committee may determine to hold additional meetings if deemed necessary by the Chair, with or without CPHAC, up to a maximum of ten meetings per year.

Review

The Terms of Reference for this Committee shall be reviewed as and when required.

Management Support

The Chief Executive Officer shall ensure adequate provision of management and administrative support to the Committee.