Disability Support Advisory Committee Meeting

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

01/02/2021 03:00 PM - 04:30 PM

APOLOGIES

An apology has been received from Kiringāua Cassidy, Committee Member.

FOR NOTING

Item: Interests Registers

Proposed by: Jeanette Kloosterman, Board Secretary

Meeting of: Disability Support Advisory Committee, 1 February 2021

Recommendation

That the Committee receive and note the Interests Registers.

Purpose

To disclose and manage interests as per statutory requirements and good practice.

Changes to Interests Registers over the last month:

- Terry King – Nga Kete Matauranga Pounamu Trust Board member

Background

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).

Appendice

- Board and Executive Leadership Team Interests Registers.

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Pete Hodgson (Board Chair)	22.12.2020	Trustee, Koputai Lodge Trust (unpaid)	Mental Health Provider	
	22.12.2020	Chair, Callaghan Innovation Board (paid)		
	22.12.2020	Chair, Local Advisory Group, New Dunedin Hospital		
	22.12.2020	Member, Steering Group, New Dunedin Hospital		
	22.12.2020	Board Member, Otago Innovation Ltd		
David Perez (Deputy 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	
	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		

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	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		
	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		
	12.01.2021	Nga Kete Matauranga Pounamu Trust Board Member		
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~~	(Chair role ended 04.12.2020)	
	09.12.2019	Chair, Te Rūnaka Otākou 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		

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	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		
Andrew Connolly (Crown Monitor)	21.01.2020	Employee, Counties Manukau DHB		
	21.01.2020	Deputy Commissioner, Waikato DHB		
	21.01.2020	~~Southern Partnership Group~~	(Role ended December 2020)	
	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	Director Otākou Healther Services Ltd	
	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

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
	10.02.2017	Director & Shareholder, Carlisle Hobson Properties Ltd	Nil
	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 Physicians	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	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

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
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~~
	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.
	21.12.2020	Te Whare Tukutuku	Te Whare Tukutuku is sponsored by the NZ Drug Foundation and Te Rau Ora. Programme is designed to increase education and awareness on Maori illicit drug use to primary care and in Maori communities funded by MoH Workforce NZ.
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.

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
	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 Disability Support Advisory Committee held on Monday, 7 December 2020, commencing at 3.00 pm, in the Board Room, Wakari Hospital Campus, Dunedin

Present:	Dr Moana Theodore	Chair
	Mrs Kaye Crowther	Deputy Chair
	Mr Kiringāua Cassidy	
	Dr John Chambers	
	Ms Odele Stehlin	
	Ms Paula Waby	
In Attendance:	Dr David Perez	Acting Board Chair
	Dr Lyndell Kelly	Board Member
	Mr Terry King	Board Member
	Mr Tuari Potiki	Board Member
	Miss Lesley Soper	Board Member
	Mr Chris Fleming	Chief Executive Officer
	Ms Gail Thomson	Executive Director Quality & Clinical Governance Solutions
	Mrs Lisa Gestro	Executive Director Strategy, Primary and Community
	Dr Nigel Millar	Chief Medical Officer
	Dr Nicola Mutch	Executive Director Communications
	Mr Gilbert Taurua	Chief Māori Health Strategy and Improvement Officer
	Ms Jeanette Kloosterman	Board Secretary

1.0 WELCOME

The Chair extended a warm welcome to Kiringāua Cassidy, who was attending his first meeting. This was followed by a round of introductions.

2.0 APOLOGIES

Apologies were received from Mr Andrew Connolly and Mr Roger Jarrold, Crown Monitors.

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.

4.0 PREVIOUS MINUTES

The Chair:

- Noted that the previous minutes were of a combined meeting with the Community and Public Health Advisory Committee (CPHAC);

- Reported that the plan for a Disability Support Advisory Committee (DSAC) workshop had changed slightly.

It was resolved:

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

M Theodore/K Crowther

5.0 CHAIRS' UPDATE

Dr Moana Theodore, DSAC Chair:

- Thanked the Executive Director Quality and Clinical Governance Solutions (EDQ&CGS), Executive Director Strategy, Primary and Community, and the Board Secretary for their work in supporting DSAC during 2020;
- Advised that instead of holding a separate DSAC workshop, it had been decided to separate CPHAC and DSAC meetings to enable a better focus on disability issues. A combined Annual Plan workshop was being planned for the New Year.

6.0 REVIEW OF ACTION SHEET

The EDQ&CGS drew the Committee's attention to the brief update on the Disability Strategy implementation timeline included in the agenda papers and advised that updates on the actions would be provided in February 2021.

The Committee received the action sheet (tab 7).

7.0 SUPPORT SERVICES FOR OLDER PEOPLE

Mrs Sharon Adler, Portfolio Manager, Health of Older People, was welcomed to the meeting and presented an overview of age-related disability services, including Southern DHB's responsibilities for provision of these services, funding, utilisation, and current challenges (tabs 8 and 12).

During her presentation, Mrs Adler informed the Committee that:

- These services provide support for 4,800 people in the community and another 3,000 in aged residential care in the Southern district.
- The key accountability documents for the provision of age-related disability services are the Operational Policy Handbook and Service Coverage Schedule, which set out the services DHBs are required to provide for: (1) those over 65 years with an age-related disability, or (2) those over 50 with an age-related disability, ie 'close in age and interest'.
- Of Southern DHB's population of approximately 345k, 61k are over 65 and 7k over 85. Age-related services were mostly focused on the over 85 year-olds.
- Within Southern DHB, Gore, Waitaki and Central have the highest concentrations of older people.
- People accessed older persons' health services through the Needs Assessment and Service Co-ordination Centre (NASC) and were assessed by a registered health professional, using a clinical assessment tool called interRAI, to determine need.

- About 14% of Southern DHB's budget, or approximately $155m, was spent on age related disability (excluding Assessment, Treatment and Rehabilitation +$27m and NASC +$2m). Of that, about $93m was spent on aged residential care and $28m on home support services.
- Since 2013 home and community support services had been provided by an alliance comprising the Royal District Nursing Service (RDNS), Access Community Health and HealthCare New Zealand. These agencies provide a bulk-funded restorative service for approximately 4,800 people a year and employ over 1,100 support workers across the district and made over 40,000 visits each week.
- There are 65 aged residential care (ARC) facilities throughout the district providing four levels of care: rest home, secure dementia, hospital, and psychogeriatric.
- The challenges for aged residential care include:
  - Understanding – some people and staff did not understand the model
  - Isolation – many facilities worked in isolation with variable support for their clinicians
  - Workforce – the industry relied on internationally qualified nurses, and border closures and pay parity were substantive issues
  - Funding – does not recognise complex needs, eg bariatric patients
  - Changing and increasing needs of older people
  - GP Support – a number of facilities are not supported by GP practices
  - COVID-19 – had placed a lot of stress on aged care facilities.

Mrs Adler, the CEO and Chief Medical Officer (CMO) then responded to questions on the PHO's responsibility for GP care, the home and community support services model and service provision, InterRAI reassessments, the availability of psychogeriatric beds, access and care options for Māori, and Home Team capacity.

Correction: It was noted that reference in the background report to residents with an "intellectual handicap" should read "intellectual disability or learning disability".

The Chair thanked Mrs Adler for her presentation and congratulated her on winning the Southern Future Values Champion Award.

8.0 DISABILITY ROADMAP UPDATE

The Executive Director Quality and Clinical Governance Solutions (EDQ&CGS) presented an update on the actions to support the Disability Strategy (tab 9). She advised that work was under way to make the Disability Strategy available in various formats, and her team and the Community Health Council had been gathering stories of people with lived disability. Local images were also being captured.

The EDQ&CGS then responded to questions on the Disability Strategy implementation timeline and the staff training module.

It was resolved:

"That the report be noted."

M Theodore/K Crowther

9.0 DISABILITY STRATEGY SUMMARY

A summary of Southern DHB's Disability Strategy 2020 was circulated with the agenda (tab 10) and taken as read.

10.0 TERMS OF REFERENCE

The Chair reported that the Board's advisory committee Chairs had been having discussions about the committees and the CEO had provided some helpful advice on the focus of DSAC, which included being an inclusive employer and provider of services. The Chair advised that she intended to review DSAC's terms of reference (tab 11) to capture these and invited feedback on the Committee's responsibilities.

During discussion, the following points were noted.

- It would be useful for the Committee to understand the disability services available in the wider community, and how Southern DHB could support these.
- Southern DHB could consider implementing Individual Placement and Support (IPS - an integrated approach to employment and mental health support).
- That the Committee should receive key metrics to enable it to assess the disability support services' performance against expectations set out in relevant accountability documents.

The Chair thanked Committee members and staff for their contribution during a challenging year and wished everyone a relaxing break.

The meeting closed with a karakia at 4.20 pm.

Confirmed as a true and correct record:

Chair: _____

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 25 January 2021

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		April 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	Included in agenda. A workshop has been provisionally organised for March 2021.	February 2021

FOR APPROVAL/INFORMATION

Item: Disability Strategy

Proposed by: Charlotte Adank, Community and Clinical Council's Facilitator

Meeting of: Disability Support Advisory Committee, 1 February 2021

Recommendation

That the Board (a) Approve the Terms of Reference for the Disability Steering Group.
(b) Note activities that have been progressed.
(c) Note the process for launching the Disability Strategy.

Purpose

1. To seek Board approval of the Terms of Reference for the Disability Steering Group (DSG)
2. To note the process going forward with launching the Disability Strategy and how the DSG will operationalise actions.

Specific Implications for Consideration

3. Financial
   - There will be financial implications associated with implementation of the strategy and actions, these are still to be developed into a Business Case.
4. Workforce
   - Staff members who are appointed to the DSG will have additional workforce requirements as part of being members on this group.
5. Equity
6. Other

Background

7. A Southern DHB Disability Strategy has been developed, in partnership with the Donald Beasley Institute and the wider Southern disability community, over the last year. The Disability Strategy (DS) will be key document to drive a comprehensive work programme to improve the health service experience and health outcomes for people with disabilities and whānau.
8. This work programme will be supported and guided by a Disability Steering Group (DSG) which will connect through to the Disability Support Advisory Committee (DSAC), Community Health Council (CHC) and the Iwi Governance Committee (IGC).
9. The launch of the Disability Strategy is being arranged for February/March 2021.
10. This report provides a draft Terms of Reference for the DSG, an overview of how the DSG will connect into governance and advisory committees within the DHB, and a dashboard of activities for the 2021 calendar year.

Discussion

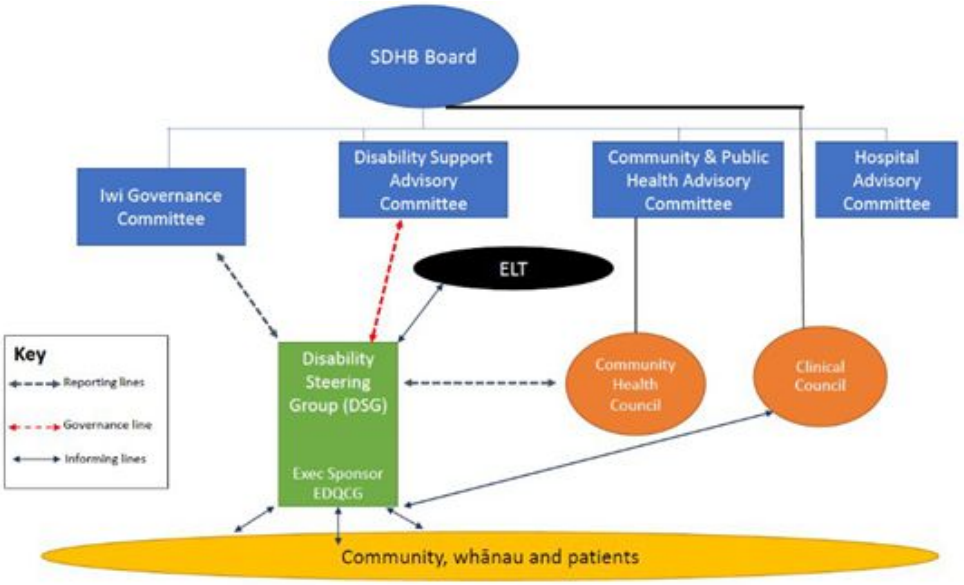
Implementation of the Southern DHB Disability Strategy

11. As part of implementing the strategy into actions, a steering group, compromising of both staff and people with lived experience of a range of disabilities, is required.
12. A draft Terms of Reference (ToR) for the DSG is included in Appendix 1, which outlines the purpose and function of this group. To ensure work moves along in a timely manner, members will be appointed to the DSG.
13. The first meeting for the DSG will occur in March 2021.

14. How the DSG will interact with existing advisory and governance groups is overviewed in Figure 1 below.

a. The governance reporting line for the DSG will be into DSAC.
b. The DSG will have formal and regular reporting lines into the Community Health Council and Iwi Governance Committee.
c. The DSG will also be required to have information reporting lines directly to ELT and Clinical Council to keep them informed of implementation.
d. The DSG, through recently developed database of community contacts, will provide regular updates to the community about progress around the Disability Strategy implementation, this will be in the form of information on the website and newsletters.

Figure 1. Overview of DSG governance and reporting lines



Next Steps & Actions

February 2021
- Launch of Southern Disability Strategy to occur.
- Members are appointed to DSG – to be endorsed by DSAC.
- Southern Health website is updated with the final Disability Strategy and summary document and information on the DSG members.

March 2021
- The DSG will meet in March for their preliminary meeting and develop a workplan for the coming year.

Appendix 2 provides a roadmap to implementing the Disability Strategy for the 2021 calendar year.

Appendices

Appendix 1 Terms of Reference for Disability Steering Group

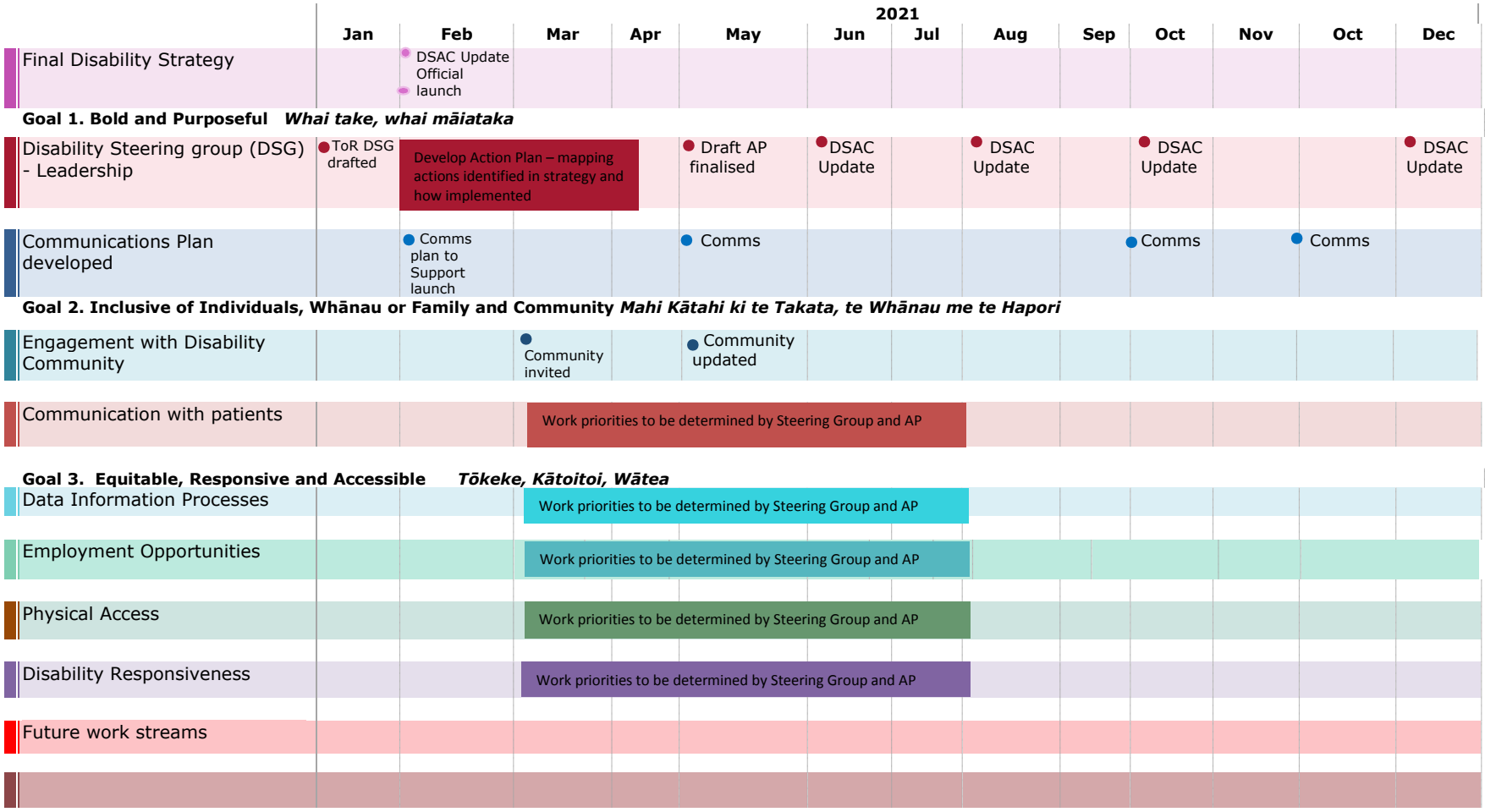
	TERMS OF REFERENCE Disability Steering Group (DSG)
Purpose	The DSG is to provide expert advice and leadership from a disability perspective, on health services policies and on the design, planning and delivery of health services for people with disabilities within Southern DHB (SDHB), based on the lived experience of disability. The **overarching purpose** of Disability Steering Group (DSG) is to develop an Action Plan from the Disability Strategy. When the Action Plan is finalised the DSG will be responsible for implementation in the DHB setting.
Functions	The DSG will: - *Provide advice from a disability perspective* on the priorities, the work programme, and monitoring the implementation of the *Disability Action Plan and Strategy* - *Provide advice and leadership from a disability perspective*, including those from people with disabilities, including Māori, Pacific, and those from localities across the district, and to act as co-design partners for the SDHB. - *Develop an Action Plan* – mapping actions identified in strategy and outlining how these will be implemented in the SDHB. - Ensure that international conventions, best-practice, and disability community expectations are recognised and included in the SDHB strategy, policies and services. - *Recognise the mana of* tāngata whaikaha Māori *and include advice and recommendations from the* Māori *disability community and ensure this group is included in the co-design process.* - *Communicate information and events* to local groups and other communities of interest. - Increase the opportunities for and the *engagement of people with disabilities in decision-making processes* across SDHB. All statements made on behalf of the group will be made by the Chair and/or an appropriate member as selected by the Chair. The Advisory Group will **NOT**: - Provide clinical evaluation of health services. - Be involved in DHB contracting processes.
Level of Authority	Following each DSG meeting a report will be provided to the subsequent DSAC and/or relevant statutory committee meetings. Consistent with DSG purpose, this will provide advice and information relevant to improving the design, planning and delivery of health and disability support services to people with disabilities resident within the SDHB. Reports will be provided by the secretariat in consultation with the Chair.
Membership	DSG will have a maximum of 12 members including: • Members of the community with lived disability experience (including physical, mental health, learning disability, deaf, sensory and other impairments) up to 4 people • Māori representative • Pacific representative • SDHB Building and Property representative • SDHB IT representative • SDHB HR staff representative • SDHB Quality and Clinical Governance representative • SDHB Communications representative • SDHB Clinical staff representative • SDHB Portfolio Manager for Health of Older Persons • MoH Portfolio Manager

	Appointment of members will consider geographical and age as best as possible. **In attendance ex officio:** • Secretariat member from Quality and Clinical Governance Directorate • Chair, Disability Support Advisory Committee (on invitation). **Ability to co-opt:** Others having specific knowledge, skills or experience may be invited to attend and /or be co–opted, as required. **Appointment process**: The secretariat will manage the appointment process. Membership will then be endorsed by DSAC. **Non-attendance:** • If a member is unable to attend they must advise the secretariat prior to the meeting. • If a member misses three meetings in a row (with an apology) or two (without an apology) they may be asked to step down by the Chair.
Term	The membership term is up to three years. Members may seek re-appointment, using the same process as applies to other applicants.
Accountability / Reporting	A monthly report of DSG activities and key messages will be placed on the Southern health website when approved. Reporting to DSAC/ CHC/IGC will occur on a bi-monthly basis.
Quorum	A quorum comprises the Chair (or nominee in their absence) and at least half of the permanent members.
ROLES	
CHAIR AND DEPUTY CHAIR	**Chair** • *Selection:* The Chair will be selected by the Group and then endorsed by DSAC • *Term:* Up to 3 years. **Deputy Chair** • A Deputy Chair will also be selected by the Group. The Deputy Chair may act as a proxy for the Chair, e.g. attending meetings.
MEMBER RESPONSIB-ILITIES	Members of DSG will: • Assist the SDHB in their aim to improve the health status of people with disabilities; • Participate in an open, honest and mature manner, respecting the views of others; • Abide by the decisions of the Group; • Maintain the confidentiality of all information gained as a Group member; • Members will be actively involved in their own community and in consultation with the wider community and network;and • Attend meetings prepared to contribute, including having read all papers prior to the meeting and contributing to agenda items in a timely way. **Expectations on members' time** • Total time commitment from members is approximately 4-6 hours every month initially which includes meeting attendance, any required reading, providing information, and engaging with their networks. • Attending workshops or additional meetings on behalf of DSG or carrying out specific items of work, will be negotiated and agreed in advance, and will be in addition to the meeting-related commitment. (See **Payment.**)
Secretariat	Secretariat support will be provided by the Quality and Clinical Governance Directorate
MEETINGS	
Location	TBC

Time/ Day of Meeting	TBC
Frequency	DSG will meet every month initially (with flexibility for additional meetings) and timed to align with advice being provided to the next available meeting of DSAC.
Review	The terms of reference of DSG will be reviewed every three years, or as required, in conjunction with a person external to the Group.
Agenda, minutes and meeting papers	• Two weeks before the meeting members will be asked to submit items for the agenda to the secretariat. • Minutes and agenda will be circulated in appropriate formats at least one week prior to each meeting with any related papers attached. • The final agenda will be agreed between the Chair and the secretariat. • Minutes of all meetings will be circulated to the DSG.
ENABLING MEMBERS' PARTICIPATION	
SDHB are committed to ensuring that costs, including those that may be incurred as a direct result of a members' disability, are not a barrier to participation in DSG activities. DSG members' actual and reasonable expenses incurred while on authorised DSG business are therefore paid or reimbursed. The reasonable needs of members to attend and participate in meetings will be met, e.g. interpreters, spoken minutes, accessible transportation. Members should advise the secretariat as early as possible of changes to their needs, to ensure full participation. Consultation with the Disability Community shall be conducted in accordance with the Ministry of Health's *Guide to Community Engagement with People with Disabilities*.[1]	
PAYMENT Payment will be made to members consistent with the SDHB policy on *Consumer Committee Payment and Reimbursement of Expenses*.	

[1] Ministry of Health. 2017. *A Guide to Community Engagement with People with Disabilities* (2nd edn). Wellington: Ministry of Health. https://www.health.govt.nz/publication/guide-community-engagement-people-disabilities

Appendix 2 **2021 Roadmap to implementation of the Southern Disability Strategy**



TOPIC DISCUSSION

Final Disability Strategy
The final version of the Disability Strategy will be launched in all formats in March 2021.
Website will be updated with strategy

Feb 21 Launch of Disability Strategy

Feb 21 Media release, website updated

Disability Steering Group (DSG) – Leadership
Steering group to lead the prioritisation and promotion of this work is key. Membership is outlined in the ToR. The Executive Sponsorship sits with the EDQ&CG.

Jan 21 ToR for DSG drafted
Feb 21 DSAC to endorse DSG ToR
Feb 21 Members appointed to DSG
Mar 21 First DSG meeting held

Engagement with Disability Community
Engaging with the disability community is key to ensuring improved health outcomes for the people with disabilities is achieved from this strategy.

Dec 20 A centralised DHB disability email address was created to for all disability enquiries disability@southerndhb.govt.nz
Jan 21 Patient Stories that have been collected will be showcased to DSG/ DSAC.
A process for how these will be disseminated out to staff will be discussed by DSG as part of disability responsiveness.
Feb 21 A disability stakeholder database will be developed to enable better connections with the disability community across the Southern district.
Feb 21 Community members will be invited to the launch of the strategy

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

Feb 21 A Communication Plan to be developed for launch and future work.
Newsletters will go out as required.
CHC/ DSAC/ IGC will be kept informed of developments.

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

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

Mar 21 DSG will identify future actions.

Physical Access
Priorities and process of actioning these will be done via the DSG.

Mar 21 DSG will identify future actions.

Disability Responsiveness
Online training is available for new staff but this needs to be reviewed and advised on by DSG

Jan 21 Collection of some patient stories by disabled people which is well underway.
Mar 21 DSG will identify future actions

Communication with patients, whānau and community
Ensuring that communication is done consistently by departments using email and text where possible.

Dec 20 Review of how patients are communicated is completed.

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 to the Board on the accessibility and appropriateness of Southern DHB services, for disabled people and their families/whānau;

~~1)~~2) ~~Providing advice on the overall performance of the~~Assessing the performance of disability support services delivered by or through the Southern DHB against expectations set in the relevant accountability documents, documented standards and legislation;

~~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~~Providing advice to the Board on priorities for using finite disability support funding;

4) Monitoring and supporting the implementation of the Southern DHB Disability Strategy and Action Plan;

~~4)~~5) Monitoring Southern DHB progress against District Annual Plan milestones for Disability;

~~5)~~6) 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 funded or provided by ~~they~~ the Southern DHB ~~fund or provide~~ are co-ordinated with the services of other providers to meet the needs of disabled people;

~~8) Assessing the disability support services' performance against expectations set in the relevant accountability documents, documented standards and legislation;~~

~~10)~~7) 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, and members with lived disability. 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 separately or 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.

FOR INFORMATION

Item: Annual Plan Disability Metrics

Proposed by: Gail Thomson, Executive Director Quality & Clinical Governance Solutions.

Meeting on: **Disability Support Advisory Committee, 1 February 2021**

Recommendation

That the Disability Support Advisory Committee notes the update on the Disability Metrics component of the Annual Plan performance reporting.

Purpose

1. **To inform Disability Support Advisory Committee of progress towards meeting the metrics.**

Specific Implications for Consideration

2. Disability and Disability Action Plan Metrics

Focus area: Disability and Disability Action Plan			
1. Key actions from the Annual Plan **2. HEMO, HSCC**	**Milestones**	**Status**	**Comments**
Southern DHB has drafted a Disability Strategy & Action Plan which will be publicly available for feedback for a period of 6 weeks. Feedback commenced Q3 19/20 and the Disability Strategy and Action Plan will completed by Q4 20/21 Key phases of the Disability Strategy and Action Plan (DS&AP) development to date have included: • Convening a Disability Strategy Steering Group • Engagement with Southern DHB leadership team throughout • Review of relevant International and National documentation such as the UN Convention of Rights of Persons with Disabilities	Q4. 70% of all staff will have completed the Disability Awareness module by Q4		
	Q2. Completion of Disability Strategy and Action Plan		The Disability Strategy has been approved by DSAC and will be officially launched in March 2021

• Undertaking of a series of regional forums across the Southern District • Undertaking of a series of engagement with Iwi governance and local Runanga • Engage with a wide range of Southern DHB staff (clinical, building & property, IT, administration, management) • Engagement with WellSouth • Rounds of consultation with key stakeholders to develop a draft document	Q4. Implementation of Disability Strategy & Action Plan		
Action 1. Continue to advance our efforts in respect to awareness training by making the Disability Awareness e-learning module compulsory for all staff to complete, new and existing, via our eLearning platform	Q4. 70% of all staff will have completed the Disability Awareness module by Q4		This target is already exceeded for new staff, work to be done with existing staff.
Action 2. (EOA) We will actively promote better collection of disability and language needs information on admission to ensure that staff can adequately respond to patients' needs. This will include review of the Admission form with input from consumers, particularly those with disability and language needs (EOA).	Q1. Admission form reviewed		This will commence when the Disability Steering group is established. People with lived disability experience will be part of this process.
Action 3. (EOA) We will undertake to update our Community Engagement Roadmap to include targeted groups such as those with recognised Disability and those with specific language needs such as refugee communities (EOA).	Q1. Roadmap updated		The Community Health Council (CHC) has developed significant connections with the disability community across the district and continue to engage them in projects occurring including in the new build of Dunedin Hospital. The disability community is also represented on the CHC by a member of the community with lived experience. Two members of the community with lived experience of disability are now members of the DHB DSAC.
Action 4. We will put processes in place during 2020/21 to ensure that our key public information messages, public health alerts and are able to be communicated using sign NZ sign.	Q4. Number of messages will be reported to the Ministry by the end of Q4		
Action 5. (EOA) We will continue to develop robust data collection processes to enable more confident planning that will ensure equity	Q4. Data collection processes will be finalised by Q4		

for disabled people, tāngata whaikaha, and Deaf people accessing services (EOA).			
Action 6. Staff education will include practical information, including but not limited to, tikanga, how to access interpreter services, and use of specialised equipment. The staff education plan will identify components that are mandatory for all staff and those that are necessary for specific groups of staff.	Q4. Staff education completed by Q4 20/21		
Action 7. We will continue to implement the Workforce Strategy and Action Plan to achieve a representative proportion of disabled employees at an organisational level. The plan is inclusive of appropriate support from recruitment through to establishing the person in the workplace with appropriate equipment and / or other accommodations [Refer to Workforce template for more information].	Q4. The Workforce Strategy and Action Plan will be completed by Q4		
Action 8. Staff education will include raising staff awareness of disabled people, tāngata whaikaha and Deaf people and their rights under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), the NZ Disability Strategy and Whāia Te Ao Mārama, continuing with development of the education strategy outlined in the Workforce Strategy and Action Plan, which will incorporate mandatory components [Refer to Workforce template for more information].	Q4. Staff education will be completed by Q4		

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Cover Sheet

To:	National DHB Chief Executives
From:	Peter Bramley Chief Executive Nelson-Marlborough DHB
Subject:	IPS Information
Date:	10 December 2020

Decision ☒	**Discussion** ☐		**Information** ☒	
Seeking Funding	**Yes**	☐	**No**	☒
Funding Implications	**Yes**	☐	**No**	☐

12

Purpose

The following two papers are for your information regarding 'Increasing access to IPS employment support in Aotearoa NZ'.

Recommendations

That the National DHB Chief Executives note the papers.

110

Honouring Employment Aspirations

Increasing access to IPS employment support in Aotearoa NZ

WORK COUNTS

Dr Helen Lockett
Philleen Dickson

Individual Placement and Support (IPS) principles

111

1. Zero exclusion
2. Individually tailored
3. Rapid job search
4. Focus on competitive employment
5. Financial guidance
6. Job development
7. Ongoing support to employee and employer
8. Integrated employment and clinical support (Drake, 2020).

WORK COUNTS

12

IPS employment support program coverage at September 2019

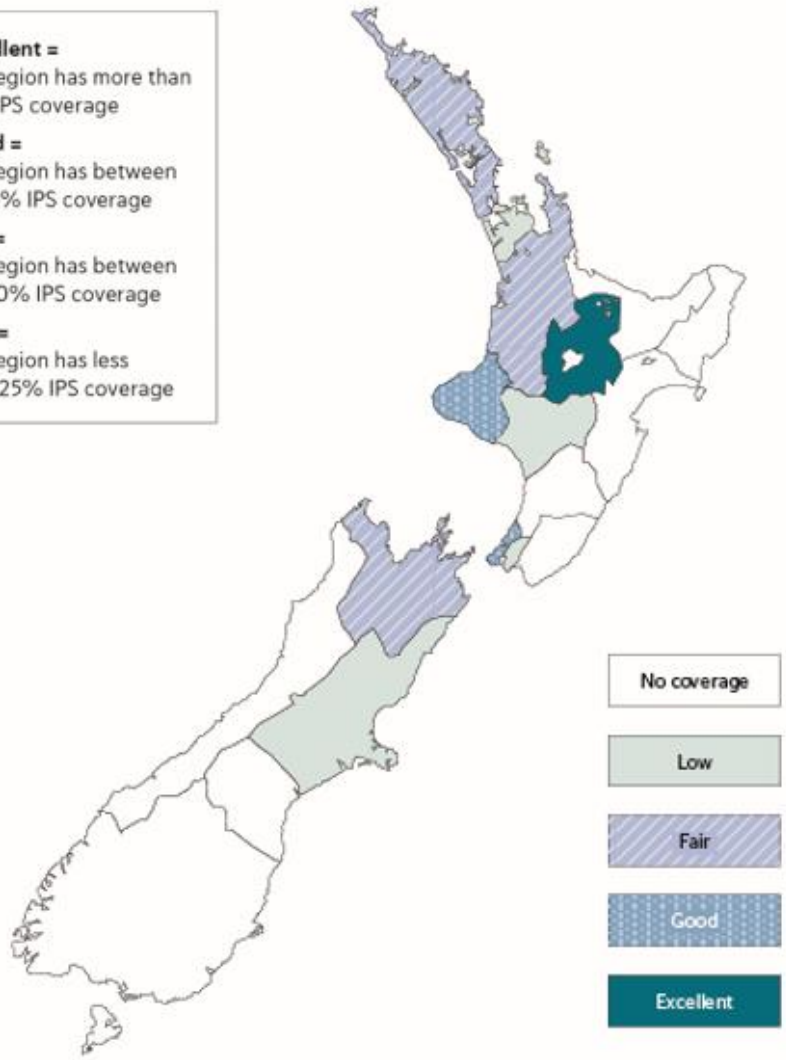
112

Excellent =
the region has more than 75%IPS coverage

Good =
the region has between 51-75% IPS coverage

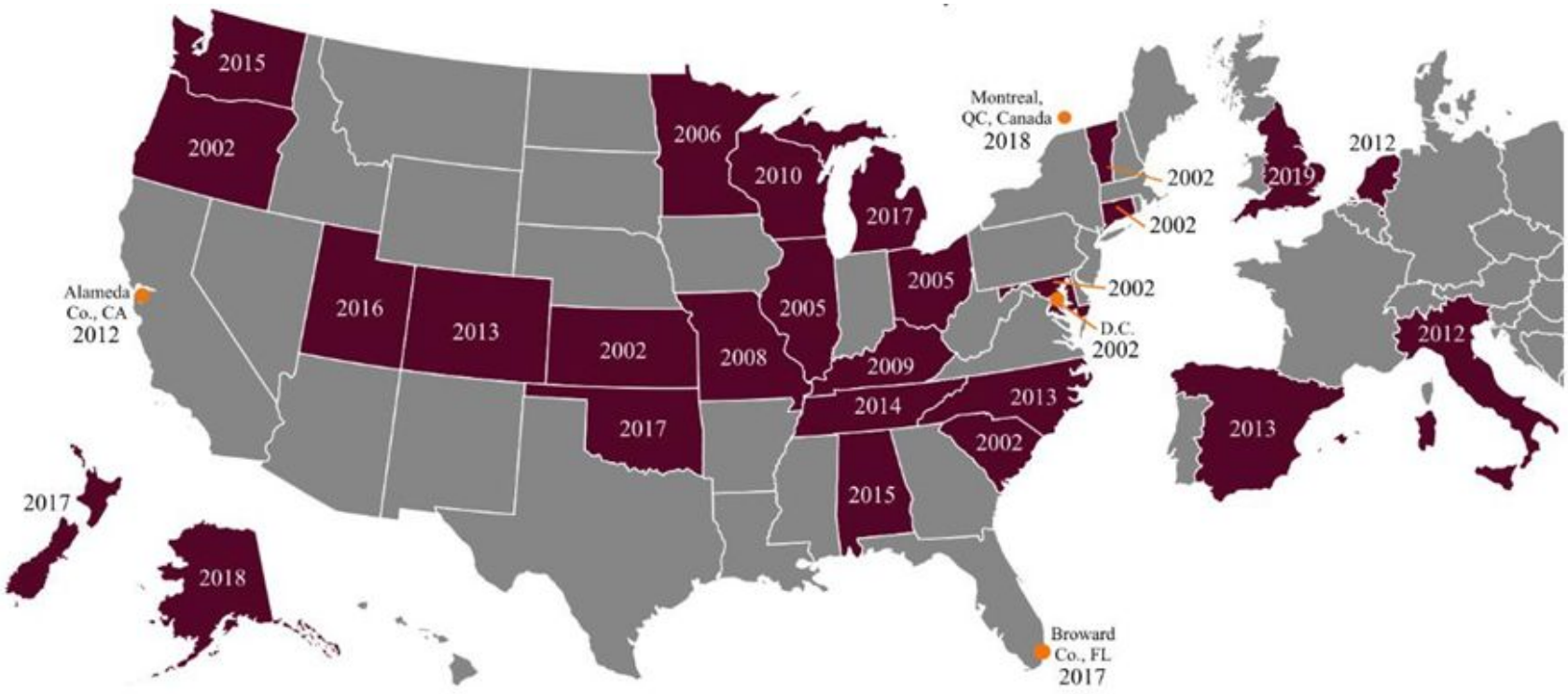
Fair =
the region has between 25-50% IPS coverage

Low =
the region has less than 25% IPS coverage



In 2017, Aotearoa NZ joined the International IPS Learning Community

113



MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

WORK COUNTS

MINISTRY OF HEALTH
MANATŪ HAUORA

Available at: https://ipsworks.org

12

The NHS Long Term Plan: IPS Grow

114

Through increasing access to IPS

- The NHS is supporting up to 20,000 people in secondary MH&A services to find and retain employment by 2020/2021
- The NHS will support an additional 35,000 people in secondary MH&A services to find and retain employment by 2023/24, a total of 55,000 people per year.
- Employment advisors are also integrated into the Increasing Access to Psychological Therapies programme in primary care

WORK COUNTS

Taken from: https://www.longtermplan.nhs.uk/online-version/appendix/health-and-employment/

Ngā mihi nui ki a koutou

115

Helen.lockett@wisegroup.co.nz

Philleen.dickson@workcounts.co.nz

12

@WorkCounts

/company/work-counts

www.workcounts.co.nz

WORK COUNTS

Honouring aspirations

A plan to scale-up access to evidence-based employment support in mental health and addiction services.

Ma te kotahitanga e whai kaha ai tatau

In unity we have strength

By 2025 all adults seen by specialist mental health and addiction teams could have access to employment support, to get and keep employment. This would mean lifting access levels from the current 22 per cent, to full coverage.

Improving access to employment support as part of health services, will lead to four times as many people achieving their employment aspirations.

Background: the inequity

People with mental health and addiction issues have significantly low levels of participation in the labour force. This is particularly the case for people accessing specialist mental health and addiction services who are four times more likely to be unemployed.

This is in stark contrast to people's desire to be employed, and resume careers. Research consistently shows that between 70-90% of people in contact with mental health and addiction services want to work.

Staying at work or returning to employment are wellbeing goals for people and whānau. Therefore, quality support to achieve these employment aspirations should be integral to a transformed mental health and addiction system.

Research on effective approaches to employment support have advanced significantly over the past 30 years, such that there is now a set of evidence-based practices known collectively as Individual Placement and Support (IPS). These practices have been proven, internationally, to be more effective than other approaches to vocational rehabilitation for people in contact with mental health and addiction services. This is because together they provide personalised, high intensity employment support combined with mental health and addiction treatment and care. The most recent meta-analysis of 17 randomised controlled trials across 10 countries found that people in IPS programmes were 2.4 times more likely to get a job than people in alternative vocational programmes.

Access to culturally led, intensive employment assistance is particularly important for Māori and Pasifika people with addiction and mental health issues who experience even greater labour force inequities. A recent evaluation of IPS employment support implemented in the Northland DHB region found that through good adherence to evidence-based principles and practices, the presence of on-site implementation expertise, and attention to culture, good numbers of Māori people accessed employment support and commenced employment .

"It's about finding out that persons strengths are and reminding them what they're good at. Because, they've been reminded so much what they suck at.... And just instilling that faith in them again to believe in themselves."

Clinician

Key reports

The timing is right for scaling-up access to IPS employment support. He Ara Oranga and the OECD Mental Health and Work New Zealand reports recognise the importance of health-led, integrated IPS employment support services. He Ara Oranga found that people want person-centred, wrap-around support for their range of needs, including crisis support and acute care, social and employment support.

The OECD report found that whilst IPS employment support services are available in Aotearoa NZ, access is patchy and inequitable. The OECD report calls for:

1. Measures for mental health and employment built into the Treasury's Wellbeing framework and implementation of a cross-government mental health and employment strategy.
2. A scale up of access to evidence-based employment support, integrated with mental health and addiction treatment.
3. Coordination of service procurement between the Ministries of Health and Social Development.

The **Wellbeing Manifesto** calls for employment support services alongside psychiatric treatment.

The **Welfare Expert Advisory Group Whakamana Tāngata** report recommends employment support services to intervene early and effectively, better support to young people for learning and earning and coherent policies that change behaviours of individuals, employment agencies, health practitioners and employers.

IPS employment support national steering group

To address this employment inequity and to help improve the availability of employment support, an Aotearoa NZ IPS employment support steering group was established. This group is providing oversight in relation to the development of IPS employment support across the country. The steering group has representation from both the Ministry of Social Development and the Ministry of Health, as well as lived experience, Māori, NGOs and clinical directors, general managers and planners and funders from DHBs. One of the aims of the group is to increase access to high quality IPS employment programmes and has therefore developed an IPS employment support scale-up plan.

This implementation plan outlines building blocks required to scale-up access to employment support for people with lived experience. The plan includes a proposal for funding new service start-ups along with implementation support, lived experience and cultural leadership. The DHB clinical directors and general managers national forum and the DHB planners and funders forum' have supported the submission of this IPS scale-up plan.

"My employment consultant is reaching for the sky for me. It gives me some uplifting hope. Because somebody else is there fighting for me. I'm not alone. She's giving me that much hope that I can overcome it. The expectations that she's got for me outweighs mine, but it uplifts me. So, it makes me want to try."

Dobby (Job seeker)

Building blocks for IPS employment support scale-up in Aotearoa NZ

IPS employment support practices

These practices are adopted by both clinical teams and employment specialists.

1. **Employment and clinical support are integrated** – support is coordinated and driven by the person. Treatment plans consider employment aspirations and employment status. Health care and treatment is wellbeing and work focused.
2. **Zero exclusion** – a person's desire to be employed is the only criterion for access to employment support. Individual characteristics like work history, current mental health symptoms, addiction issues, and convictions do not affect access, but are used to tailor the intensity of employment support.
3. **Individually tailored** – the employment support is person centred, focusing on what a person would like to do and their skills and experience.
4. **Rapid job search** – there are no lengthy preparations for looking for work, job search starts within four weeks of being referred to an employment specialist.
5. **Focus on competitive employment** – this is jobs in the open labour market paying minimum wage or above, and not jobs reserved for people with mental health and addiction issues.
6. **Financial guidance** – people are assisted to understand the financial implications of taking up work. Employment support services have excellent working relationships with local Work and Income staff.
7. **Job development** – employment specialists are actively out and about in the local community helping to identify and create job openings and opportunities. They do not rely only on job adverts and vacancies.
8. **Ongoing support to the employee and employer** – the person and the employer get ongoing support once employment commences, as needed.

Employment is a health intervention

IPS employment support programmes have been effectively established in some secondary and primary care environments, although coverage is based on local contracting arrangements and not routinely available across Aotearoa NZ.

Where IPS employment support programs have been implemented programme, outcomes are on a par with international benchmarks. Recent expansion of implementation to kaupapa Māori mental health and addiction services, along with a new IPS employment program in Dargaville, Northland, demonstrate that the IPS employment approach is flexible enough to be able to be led by the cultural needs of the local population.

A critical practice is the integration of employment support services with mental health and addiction services. This ensures employment support is provided much earlier in a person's recovery process, is coordinated with health care, and clinical treatment can be tailored to the person's working life. Integrating employment support with care and treatment is the way to go – it promotes functional recovery i.e. supporting people to return to and stay at work, not just symptom recovery.

Implementation support

WORK COUNTS

www.workcounts.co.nz

A systematic implementation programme is needed in Aotearoa NZ to move beyond the initial stages to sustained implementation. The call is strong from tāngata whaiora, whānau, clinicians, DHBs, NGOs and others for more integrated employment support. Aligned with the evidence on the value of implementation support, the Wise Group have established a business unit, Work Counts, to provide expertise and capability to support organisations to implement high quality evidence-based employment support. We know that implementation support improves fidelity to the evidence base, programme reach and outcomes, but most importantly it changes attitudes and practices.

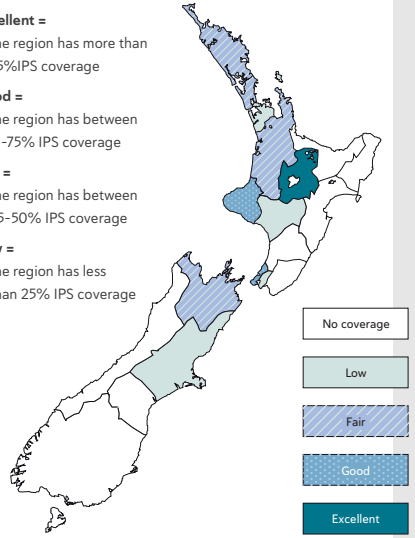
IPS employment support programme coverage by district health board region

Excellent =
the region has more than 75%IPS coverage

Good =
the region has between 51-75% IPS coverage

Fair =
the region has between 25-50% IPS coverage

Low =
the region has less than 25% IPS coverage



Access to IPS employment support is not equitable

As of September 2019, there are 52.7 full time equivalent employment consultants across 12 regions, with eight regions having no IPS employment support coverage. Access to IPS employment programmes is therefore variable across the country and even within a region which has employment consultants working in clinical teams, access is not equitable. An additional 188 employment consultants are needed across the country. The building blocks in the implementation plan will support the recruitment, training and on-going development of this crucial part of the health workforce.

Aotearoa NZ IPS employment programmes are predominantly serving the general adult population, there is very minimal integration with Māori and Pasifika mental health services, youth services, and addiction services.

IPS employment support in Waitematā

In 2018, Waitematā DHB, funded through the Ministry of Social Development, established a prototype of IPS employment support. The prototype was successful in achieving a high-level of integration between employment and mental health services. Clinicians perceptions of the programme and of changes in people who received IPS employment support, were overwhelmingly positive. Clinicians reported that IPS employment support practices align well with a kaupapa Māori approach.In 2019, this partnership won a Waitematā Health Excellence Award.

Within nine months, with two FTE employment consultants integrated within two mental health teams, 43% of participants had commenced paid employment, on average working 36 hours per week. 68% of participants had been out of work for more than 12 months or had never worked, and 78% of participants had a diagnosis of psychosis.

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