Disability Support Advisory Committee Meeting

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

Lead Director: Gail Thomson, Executive Director Quality and Clinical Governance Solutions

01/06/2021 03:00 PM - 04:30 PM

APOLOGIES

An apology has been received from Dr Nigel Millar, Chief Medical Officer.

FOR NOTING

Item: Interests Registers

Proposed by: Jeanette Kloosterman, Board Secretary

Meeting of: Disability Support Advisory Committee, 1 June 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:

- Kaye Crowther – Findex NZ removed
- Julie Rickman, former Executive Director Finance, Procurement and Facilities, removed
- Nigel Trainor, Executive Director Finance, Procurement and Facilities, added

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).

Appendices

- Board, Disability Support Advisory Committee 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 (paid)		
	25.02.2021	Board Member, Quitta Ltd (unpaid)	Nicotine replacement therapy under development.	
Peter Crampton (Deputy Board Chair)	16.04.2021	Employment: Professor, Kōhatu Centre for Hauora Māori, University of Otago (appointed July 2018)		
	16.04.2021	Member, Health Quality and Safety Commission Board (appointed April 2020)		
	16.04.2021	Chair, Executive of Medical Deans Australia and New Zealand Social Accountability Committee		
	16.04.2021	Member, Expert Advisory Group for WAI claimants related to historical underfunding of Māori PHOs (appointed September 2020)		
	16.04.2021	Member, Board of the National Science Challenge - A Better Start (appointed 2015)		
	16.04.2021	Honorary Fellow, Royal New Zealand College of General Practitioners		
	16.04.2021	Fellow, New Zealand College of Public Health Medicine		
	16.04.2021	Wife, Alison Douglass, is a member of the Health Practitioners Disciplinary Tribunal		
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.	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	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~~	Removed 21/05/21 (retired).	
	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		
	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	
	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, University of Otago		
	09.12.2019	~~Chair, NZ Drug Foundation~~	(Chair role ended 04.12.2020)	
	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		

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	~~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	Corporate 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		
Andrew Connolly (Advisor)	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 (Updated 28.01.2021)	~~CFO,~~ Advisor to Fletcher Construction Company Limited	Have had interaction with CEO of Warren and Mahoney, head designers for ICU upgrade.	
	16.01.2020 (Updated 28.01.2021)	~~Member~~, Chair, 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		

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	23.01.2020	Nephew - Partner, Deloitte, Christchurch		
	16.08.2020	Son - Auditor, PwC, Auckland	PwC periodically undertake work for SDHB, eg valuations	
	05.04.2021	Financial Advisor, DHB Performance, Ministry of Health		

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)
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
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.~~	
	27.01.2021	Daughter, is a junior doctor in Auckland and is involved in orthopaedic and general surgery research and occasionally publishes papers	
	23.07.2020	Wife, Chief Data Architect, Inde Technology	
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	
Nigel TRAINOR	17.05.2021	Daughter, Sonographer (works part-time for Dunstan Hospital)	
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 Disability Support Advisory Committee meeting held on Monday, 1 February 2021, commencing at 3.05 pm, in the Board Room, Wakari Hospital Campus, Dunedin

Present:	Dr Moana Theodore	Chair
	Mrs Kaye Crowther	Deputy Chair
	Dr John Chambers	
	Ms Odele Stehlin	
	Ms Paula Waby	
In Attendance:	Mr Pete Hodgson	Board Chair *(until 4.15 pm)*
	Dr David Perez	Deputy Board Chair *(until 4.15 pm)*
	Ms Ilka Beekhuis	Board Member
	Dr Lyndell Kelly	Board Member
	Mr Terry King	Board Member
	Mrs Jean O'Callaghan	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 *(until 3.25 pm)*
	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 welcomed everyone to the meeting and echoed the sentiments of the Community and Public Health Advisory Committee Chair earlier in the afternoon in acknowledging the contributions of Dr David Perez, outgoing Deputy Board Chair, and Lisa Gestro, Executive Director Strategy, Primary and Community.

A special welcome was extended to the new Board Chair, Pete Hodgson.

2.0 APOLOGIES

Apologies were received from Mr Kiringāua Cassidy, Committee Member, the Chief Medical Officer, and Chief Nursing and Midwifery Officer.

An apology for an early departure was received from Mr Tuari Potiki.

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 Executive Director Strategy, Primary and Community did not attend the last meeting.

It was resolved:

"That, with the above amendment, the minutes of the meeting held on 7 December 2020 be approved and adopted as a correct record."

M Theodore/K Crowther

5.0 CHAIRS' UPDATE

Annual Plan 2021/22

The Chair drew the Committee's attention to the upcoming activity on the District Annual Plan, which included a joint Board, Iwi Governance Committee and Advisory Committees workshop on 15 March 2021.

The Committee received a presentation from the Executive Director Strategy, Primary and Community (EDSP&C) on the 2020/21 annual planning process, during which she advised that Government planning priorities were very similar to those for 2020/21 but there was a shift from business as usual to a strategic focus on:

- Ōritetanga (Māori equity);
- Positioning public health services for the future;
- Primary and community services – investing in change and redesigning services to achieve integrated, patient focused care;
- Clinical services redesign;
- Enabling our people – update on workforce initiatives;
- Systems for success – update on infrastructure and quality processes that support the health system (includes updates on the work of the Clinical Council, Quality and Clinical Governance Directorate, and roll out of the Digital Strategy);
- System improvements – update on work to create new and sustainable pathways in specific areas;
- Facilities and the Dunedin Rebuild Transition Programme – update on change programme to support the new Dunedin Hospital.

The second section of the Annual Plan would focus on Government planning priorities to:

- Give practical effect to Whakamaua: Māori Health Action Plan 2020-2025;
- Improve sustainability;
- Improve maternal, child and youth wellbeing;
- Improve mental wellbeing;
- Improve wellbeing through preventative measures;
- Achieve better population health outcomes supported by a strong and equitable public health and disability system;
- Achieve better population health outcomes supported by primary health care.

The Chief Executive Officer reported that although a Regional Services Plan was not required, the South Island CEOs had committed to developing one that would be reflected in all the South Island DHBs' Annual Plans.

The EDSP&C advised that the due date for content to be submitted had been brought forward to 17 February 2021. The first draft of the Annual Plan would be considered by the Executive Leadership Team (ELT) on 4 March 2021 and the

second draft at the combined Board and Advisory Committees workshop on 15 March 2021, following which the final draft would be considered at the 8 April 2021 Board meeting. Feedback from the Ministry of Health was due by 9 April 2021 and the final plan was required to be completed by mid-June.

The EDSP&C then responded to questions from members.

The Executive Director Strategy, Primary and Community left the meeting at 3.25 pm.

6.0 MATTERS ARISING

There were no matters arising from the previous minutes not covered by the agenda.

7.0 REVIEW OF ACTION SHEET

The Committee received the action sheet (tab 7).

The Executive Director Quality and Clinical Governance Solutions (EDQ&CGS) informed the Committee:

- That information on travel and assistance support would be submitted to the next meeting;
- The timeline for implementing the Disability Strategy was included in the agenda;
- The proposed DSAC planning workshop had been superseded by the Annual Plan workshop scheduled for 15 March 2021.

8.0 DISABILITY STRATEGY

The EDQ&CGS presented a paper outlining the proposed terms of reference for the Disability Steering Group and the process for launching and operationalising the Disability Strategy (tab 9).

The CEO advised that:

- The Disability Steering Group was not a Board committee; DSAC was the governance body;
- Any resources required to implement the Disability Strategy would have to be factored into the Annual Plan.

Disability Steering Group

In providing feedback on the proposed terms of reference for the Disability Steering Group, the Committee recommended that management:

- Review the membership of the group, including the ratio of community to staff members and representation from the Southland community;
- Clarify who the Steering Group is to provide advice to;
- Ensure that the voice and experience of those living with disability and their whānau are front and centre.

It was agreed that management would amend the terms of reference in accordance with the feedback provided.

Activity

The EDQ&CGS reported that preparations were being made for the Disability Strategy launch, including finalising a one-page summary and interpreting the strategy into various languages and formats.

The format and timing of the launch was discussed. The CEO advised that it would be preferable to hold the official launch after the annual planning process, so that certainty could be provided on the funding for initiatives.

The Committee noted the activities that had been progressed and the process for launching the Disability Strategy.

9.0 PATIENT STORY

The Committee was shown a video recording of a patient with lived experience of disability, who shared his story and experiences with the health system, and what could be improved.

The EDQ&CGS advised that patient stories would be loaded to the Southern Health website and she would like to have some at the Disability Strategy launch.

Patient stories, both positive and negative, were acknowledged as a valuable source of key learnings and aided understanding.

Mr Potiki left the meeting at 4.00 pm.

10.0 TERMS OF REFERENCE

The Chair presented suggested revisions to the Disability Support Advisory Committee's terms of reference (tab 10).

During discussion, it was agreed that:

- Clause 6 be amended to, " …disability support services funded or provided *within Southern DHB's catchment* …";
- Membership – "Māori representation" be changed to "Iwi Governance Committee nominated Māori representation".

11.0 ANNUAL PLAN DISABILITY METRICS

The EDQ&CGS presented an update on the disability metrics component of Annual Plan 2020/21 performance reporting (tab 11), then responded to questions.

It was suggested that where a milestone is to be delivered in a future quarter, commentary be added on its current status.

Mr Hodgson and Dr Perez left the meeting at 4.15 pm.

12.0 INDIVIDUAL PLACEMENT AND SUPPORT

A paper submitted to national DHB Chief Executives on increasing access to individual placement and support (IPS), an employment support approach for people experiencing mental health and addiction issues, was circulated with the agenda for the Committee's information (tab 12).

During discussion, it was noted that:

- Evidence based research had shown that IPS was effective in supporting people with mental health and addiction needs that were concurrently being met in primary care. It was currently being trialled in the northern part of New Zealand but was still to be rolled out in the South;
- There were other organisations within the district, such as Workbridge and Koha Kai, who offered employment services for people with disabilities.

13.0 NEXT MEETING

Wednesday, 7 April 2021, in Dunedin.

The meeting closed with a karakia at 4.20 pm.

Confirmed as a true and correct record:

Chair: _____

Date: _____

Southern District Health Board

Minutes of the Disability Support Advisory Committee meeting held on Wednesday, 7 April 2021, 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 Paula Waby	
In Attendance:	Mr Pete Hodgson	Board Chair
	Ms I Beekhuis	Board Member
	Mrs Jean O'Callaghan	Board member
	Mr Tuari Potiki	Board Member
	Mr Terry King	Board Member
	Dr Lyndell Kelly	Board Member
	Mr Roger Jarrold	Crown Monitor
	Mr Chris Fleming	Chief Executive Officer
	Ms Gail Thomson	Executive Director Quality & Clinical Governance Solutions
	Ms Charlotte Adank	Community Health and Clinical Council Facilitator
	Mr Andy Crossman	Technology and Services Manager
	Mr Chris Ford	Senior Kaituitui, Disabled Persons Assembly (DPA) NZ Inc
	Mrs Lisa Gestro	Executive Director Strategy, Primary and Community
	Ms Greer Harper	Principal Advisor to the Chief Executive
	Mr John Marrable	Working Group Chair
	Dr Nicola Mutch	Executive Director Communications
	Mr Paul Pugh	General Manager Facilities and Property
	Ms Natasha Robinson	PA to the Executive Director Quality and Clinical Governance Solutions
	Mr William Robertson	Consumer Experience Manager *(by Zoom)*
	Mr Gilbert Taurua	Chief Māori Health Strategy and Improvement Officer
	Ms Louise Travers	General Manager Mental Health
	Ms Carolyn Weston	*(by Zoom)*
	Ms Dot Wilson	*(by Zoom)*
	Ms Jeanette Kloosterman	Board Secretary

A number of people were also present in the public gallery and on Zoom from Invercargill.

1.0 WELCOME

The Chair welcomed everyone to the special meeting of the Disability Support Advisory Committee (DSAC) to launch the Disability Strategy, then introduced members of the Committee and executive staff.

2.0 APOLOGIES

An apology was received from Ms Odele Stehlin, Disability Support Advisory Committee member.

3.0 DISABILITY STRATEGY LAUNCH

Mr Tuari Potiki, Board Member, officially opened the launch, during which he acknowledged members of the disabled community who had put their "heart and soul" into the development of the Strategy and thanked them for their time, energy, guidance, and wisdom.

Mr Pete Hodgson, Board Chair, then addressed the meeting, noting that a quarter of the population were affected by disabilities and for the Māori population it was closer to a third. Mr Hodgson outlined some of the political history leading up to the implementation of the New Zealand Disability Strategy and the promulgation of the United Nations' Convention on the Rights of Persons with Disabilities, then acknowledged those who had contributed to the Southern DHB Disability Strategy.

Dr Moana Theodore, DSAC Chair, advised that the Southern DHB Disability Strategy was the first strategy of its type in the Southern region, with the vision 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 within their community. Health and disability support services will recognise the agency of disabled people, tāngata whaikaha, and deaf people and their family or whānau through responding to their diverse requirements and removing disabling barriers".* The three goals of the Strategy are:

1. Bold and purposeful
2. Inclusive of individual, whānau or family and community
3. Equitable, responsive and accessible

Dr Theodore advised that the Strategy was the work of many people over the years, who had strived towards a human rights based approach and social model of disability, with the mantra *"nothing about us without us".* Dr Theodore acknowledged the contributions made by Dot Wilson, former DSAC Chair, and the work of the Donald Beasley Institute and the Disability Strategy Steering Group.

Mr Chris Fleming, CEO, briefly outlined the process that had been followed, and the consultation that had taken place, in developing the Strategy. He advised that the value of the Strategy would be how it was made tangible in action, noting that, "*It's not an optional extra to understand someone entering the health system has a condition or impairment. I think acknowledging vulnerability needs to start from management down. It needs to be shown in how management speak to it, the language we use and the language we don't use"* (quote taken from consultation submission).

Mr Chris Ford, Senior Kaituitui, Disabled Persons Assembly (DPA) NZ Inc, and Kaituitui, DPA Dunedin and Districts, then addressed the meeting on what the experience of developing the Strategy meant to him and the DPA. He advised that the Strategy represented a significant milestone and hoped that it would serve as one of the key cornerstone documents of the Southern DHB that would determine the quality and level of disability and health services delivered to disabled people in the Southern region, reflecting the principles of co-design.

Mr Ford recorded DPA's thanks to the Donald Beasley Institute, the Disability Support Advisory Committee, Community Health Council member and former DPA President, Paula Waby, and the SDHB Board. Mr Ford noted that it was only the beginning of the journey, as disabled people encountered many barriers and experienced poorer health outcomes than the general population. There was much work to do and many challenges ahead in bringing the Strategy to life.

Ms Gail Thomson, Executive Director Quality and Clinical Governance Solutions, informed the meeting that the Strategy would be taken forward and turned into an action plan. A Working Group, chaired by Mr John Marrable, had been formed to address that and would be supported by staff from Building and Property, ICT, and Human Resources. The working group would report to the Disability Support Advisory Committee (DSAC) and have links to the Community Health Council and Iwi Governance Committee.

Mr Marrable, Chair of the Working Group, advised that he looked forward to bringing the Strategy to life.

Ms Thomson acknowledged her SDHB colleagues and staff who had worked on getting the Strategy printed and available in various formats including Te Reo, braille, and easy read, and launching the Disability Strategy page on SDHB's website.

Ms Thomson reported that a library of patient stories had been collected, the primary purpose of which was to raise staff awareness, learning and improvement. An example of a patient story by Paula Waby was played to the meeting.

Dr Theodore, DSAC Chair, thanked everyone who had contributed to the Strategy and attended the launch, and closed with the following quote from the Strategy:

"We are committed to achieving all goals and leading the Southern District into a future where disabled people, whānau and families are living well within our community, barriers are eliminated, and individuals have the ability to access appropriate services."

Mr Kiringāua Cassidy, DSAC Member, formally blessed the Strategy.

The meeting closed at 4.00 pm.

Confirmed as a true and correct record:

Chair: _____

Date: _____

5

Chair's Update

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

Southern District Health Board

DISABILITY SUPPORT ADVISORY COMMITTEE MEETING

ACTION SHEET

As at 21 May 2021

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
October 2020	**Snapshot of Disability Services – Travel and Assistance** (Minute item 8.0)	A report is to be provided on travel and assistance support which is funded by the MoH.	EDQ&CGS	Included in agenda.	Complete
February 2021	**Disability Working Group** (Minute item 8.0)	Terms of reference to be reviewed in response to feedback provided by DSAC.	EDQ&CGS		Complete
February 2021	**DSAC Terms of Reference** (Minute item 10.0)	▪ Clause 6 be amended to, " … disability support services funded or provided *within Southern DHB's catchment* …"; ▪ Membership – "Māori representation" to be changed to "Iwi Governance Committee nominated Māori representation".	EDQ&CGS	Amended draft included in agenda.	Complete
February 2021	**Annual Plan Disability Metrics** (Minute item 11.0)	Where a milestone is to be delivered in a future quarter, commentary to be added on its status.	EDQ&CGS		

FOR INFORMATION

Item: Disability Working Group - Update

Proposed by: John Marrable, Chair of Disability Working Group

Meeting of: 1 June 2021

Recommendation

That the Committee notes the contents of this report and the progress made on establishing the Disability Working Group. The Committee is also asked to approve the updated Terms of Reference (ToRs).

Purpose

1. To update the Committee on the Disability Working Group (DWG), its terms of reference (ToRs), membership and the outcome of its first meeting.

Specific Implications For Consideration

2. Financial
   - Actions emerging from the DWG may have costs associated with them. If and when this occurs, budget approval will be sought in line with Southern DHB's normal delegations policy.

3. Workforce
   - Some actions will require input from Southern DHB staff and these should be factored into their normal work plans.

4. Equity
   - The prioritised actions from the Action Plan will address issues of equity for consumers and their family and whānau that are members of the disabled community in Otago and Southland.

Background

5. The Disability Strategy was launched at the DSAC on 7 April. At the strategy launch, a Disability Working Group was announced and that it would be chaired by John Marrable.

6. At its February meeting, DSAC reviewed the draft ToRs for, what was then referred to as, the Disability Steering Group. This was subsequently renamed as the Disability Working Group to reflect that the group's focus was getting things done and the ToRs were amended. Revised ToRs are included at Appendix 1.

7. The DWG met for the first time on 21 May 2021: key messages are attached at Appendix 2.

Discussion

8. The original proposal was for the DWG to have 12 members, split 50/50 between members of the community with lived disability experience and SDHB staff. However, it was decided to reduce the number of standing members to eight, plus the chair, with 5 being members of the community with lived disability experience and only three being SDHB staff. A number of *ad hoc* members were appointed to attend on matters within their areas of expertise/interest. Current community members are:

- John Marrable (chair)
- Jasmin Taylor
- Simon Fogarty
- George
- Jack Lovett-hurst

SDHB staff members are:

- Sharron Adler (SDHB – Portfolio Manager for Health of Older Persons)
- William Robertson (SDHB – Quality and Clinical Governance Solutions Representative)
- Kim Caffell (SDHB – Clinical Staff Representative)

A sixth member from the disabled community withdrew at the last minute, due to other commitments, so the search is on for a replacement and this will be reported to the next meeting of DSAC.

9. Following the launch of the strategy and the announcement of the Working Group, SDHB received a large number of requests from members of the disabled community wanting to be part of the working group: far more offers than could possibly be accommodated. Therefore, it was agreed that a database would be established so that expertise could be called on when necessary to work on projects specific to individuals' areas of interest and/or expertise. In this way, the DWG will have far greater representation and inclusivity than would otherwise be possible.

10. The DWG held its initial meeting on 21 May. The group reviewed the ToR and agreed the way that the group would work, including how it would make decisions and how and to whom it would communicate the key messages. Key

11. Members were asked to review the draft action plan and to prioritise them ahead of the group's next meeting on Friday 11 June. The draft action plan is attached at Appendix 3.

12. Mel Warhurst, SDHB Organisational Development Specialist updated the group on the work that the Organisational Development team is doing with Julie Woods to develop a training programme for staff to upskill them on dealing with disabled people. The first training session, aimed at front line reception staff in Dunedin, will be held on 15 June. The DWG asked if some of its members could attend the session.

Next Steps & Actions

13. The DWG will meet monthly, on the second Friday of each month and will provide to DSAC update reports on progress against the action plan, along with copies of the key outcomes from meeting.

Appendices

Appendix 1 Terms of Reference for Disability Working Group

These terms of reference are to provide guidance to members of the Disability Working Group.

Disability Working Group

Purpose	The Disability Working Group's purpose is to develop an Action Plan to operationalise the Disability Strategy. Once the Action Plan is finalised the Disability Working Group will be responsible for promoting and overseeing the implementation of actions in the DHB setting.
Functions	The Disability Working Group will: • Develop an Action Plan – mapping actions identified in strategy and outlining how these will be implemented in the SDHB • Provide advice from a disability perspective on the priorities and the work programme • Report on progress of the Disability Action Plan implementation to DSAC • Provide advice from a disability perspective, including those from people with lived disabilities. This will include Māori and Pacifika, as well as including people from localities across the district. Together, they will act as co-design partners for 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
Member Responsibilities	Members of Disability Working Group will: • Assist the SDHB in its aim to improve the health status of people with disabilities • Participate in an open, honest and mature manner, respecting the views of others • Make decisions based on consensus • Respect the decisions of the Group • Maintain the confidentiality of all information gained as a Group member • 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.

There is expectation that the total commitment from members will be approximately four to six hours per month initially, which includes attendance at meetings, preparation for meetings and engaging with their networks.

Accountability / Reports To

Is accountable to the Disability Support Advisory Committee (DSAC).

The Group will provide bi-monthly reports and updates to DSAC, Community Health Council, Clinical Council, Iwi Governance Committee and Executive Leadership Team.

Following each meeting a report will be provided to the subsequent DSAC and/or relevant statutory committee meetings. 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, or visiting the SDHB district. Reports will be provided by the Secretariat in consultation with the Chair.

Membership

The Disability Working Group will have a maximum of eight standing members, in addition to the Chair, who will be appointed for a term not exceeding two years. The DWG will also have the ability to co-opt *ad hoc* members as required for specific pieces of work. In appointing and co-opting members, the DWG will at all times be mindful for the need for diversity: diversity across all facets of the disabled community, cultural diversity, gender diversity and geographical diversity

Standing members are the group's permanent members that, together, will reach consensus. *Ad hoc* members are subject matter experts who are brought in to support or advise on specific pieces of work, it will be for the Chair to determine whether *ad hoc* participants' views should be required when reaching consensus. There will be in attendance participants who will have more of a watching brief and can offer advice as necessary but are not part of the consensus process

<u>Standing Members:</u>

- Members of the community with lived disability experience (including physical, mental health, learning disability, sensory and other impairments)
- SDHB Quality and Clinical Governance representative
- SDHB Clinical staff representative
- SDHB Portfolio Manager for Health of Older Persons

<u>*Ad hoc* participants as required:</u>

- SDHB Building and Property representative
- SDHB IT representative
- SDHB HR representative

The Chair of the Working Group will have the authority to invite other ad hoc participants over time as the work programme may require.

In Attendance Participants

- MoH Portfolio Manager
- Chief Māori Health Officer
- SDHB Communications representative
- Executive Director, Quality and Clinical Governance Solutions
- Chair, Disability Support Advisory Committee

The Chair can extend the invitation for others to attend over time as deemed appropriate. The Chief Executive is not expected to be in attendance but will have a standing invitation.

Payment for attending meetings, including travelling time, will be at the rates agreed to by the SDHB.

Quorum

A quorum comprises the Chair (or nominee in their absence) and four permanent members.

Agenda

Two weeks prior to the meeting the Consumer Liaison officer will call for agenda items from group members, the Chairs of DSAC, Iwi Governance Committee, Community Health Council and Clinical Council.

The final agenda will be set by the Chair and the agenda and supplementary materials (e.g. minutes of the previous meeting) will be prepared by the Secretariat to the Group and circulated in appropriate formats to committee members at least one week before each meeting.

Roles

Chair

The Chair will be appointed the Chief Executive or delegate and endorsed by the Chair of DSAC after consideration and advice from the Working Group.

The Chair's term will be for a maximum of two years.

Deputy Chair

A Deputy Chair will also be selected by the Group. The Deputy Chair may act as a proxy for the Chair.

Secretariat to the Working Group

The Consumer Liaison officer will act as Secretariat to the working group. The secretariat will act as minute taker. Minutes will be circulated within 5 working days of the meeting and will be distributed electronically or as meets the needs of individual members.

Sponsor

The Chief Executive will nominate a sponsor for the working group which at the time of this terms of reference is the Executive Director Quality and Clinical Governance Solutions.

Meetings

Location of Meeting	The location for the working group meetings will normally be the Wakari Boardroom and by Teams, however the Chair may determine the need to hold meetings in other locations. The Chair and nominated Executive will be responsible for ensuring any other location is accessible to all members and participants.
Time/Day of Meeting	The second Friday of every month at 10am.
Frequency	Monthly for the first 6 months, then bi-monthly or as otherwise agreed.

Appendix 2

DISABILITY WORKING GROUP

Key Messages May 2021

Members: John Marrable (Chair), Jasmin Taylor, Simon Fogarty, George, Sharron Adler (part) , Kim Caffell, William Robertson

Ad hoc participants:, Mel Walhurst, Andy Crossman, Divya Sivadas

In attendance: Doug Funnel (MoH), Claire Ryan (MoH), Charlotte Adank (SDHB)

- The Disability Working Group members met for their first meeting on Friday 21 May 2021. This was an opportunity for staff members and consumer advisors appointed to the group to come together, meet each other and work on a plan together to operationalise the Disability Strategy.
- At the beginning of the meeting John Marrable (Chair), took the opportunity to remind all members of meeting etiquette about respecting the needs and requirements of all people present at the meeting. It was agreed as a rule, that all acronyms will be written in full in documents.
- Members of the Disability Working Group revised the draft Terms of Reference and the following recommendations were made:
    - The purpose of the group to be changed from will be responsible for 'implementing actions in the DHB setting' to the group being responsible for 'promoting and overseeing the implementation of actions in the DHB setting.'
    - Inclusion of a statement that the DWG will make decisions based on consensus.
    - Inclusion that consumer representatives will be reimbursed for their time and attendance at Disability Working Group meetings.
- Membership of the group was discussed, and it was acknowledged two people who had been invited to attend, were unable to attend at the last minute. One member had subsequently withdrawn due to other commitments and this was someone representing the Pacific community. The Chair and Facilitator will both need to investigate further options to ensure this voice is part of the group.
- Dates for future meetings were agreed to and the Disability Working Group will meet the second Friday of each month which will allow sufficient time to feed into the Disability Support Advisory Committee.
- Members were informed that information such as the Terms of Reference and Key Messages would be accessible on the Southern Health website. A Communications Plan has been drafted of how staff and the wider community will be kept informed of progress.
- Members were updated on a disability awareness training pilot that was being managed by the Human Resources Team being rolled out to administrative staff in the first instance. The Disability Working Group will hear more about this and how it will be evaluated at the June meeting.

- Due to time constraints at this meeting members were unable to discuss a paper around prioritising actions and measuring success of implementation. Members have been asked to send their information to the Chair and Facilitator ahead of the next meeting.

Next meeting: 11 June 2021

Further information about the Disability Strategy can be found on the Southern Health website https://www.southernhealth.nz/disability-strategy

Email disability@southerndhb.govt.nz for further enquiries.

Appendix 3

Disability Action Plan – itemised actions from Strategy and Status Update – May 2021

	Goal 1. Bold and Purposeful	Directorate responsibility	NZ Disability Action	Maori Disability Action Plan	UNCRPD	Status Update
1	In all Southern DHB funded services planning will utilise a co-design approach, which will be incorporated into all the actions that follow where applicable.	Community Health Council - Charlotte	DAP 3,5			CHC engagement Framework promotes working in partnership with community, whānau and patients
2	All Southern DHB funded services will actively encourage inclusive practice including the promotion of disabled leadership at all levels of the organisation.	HR Mike Collins/ Tanya	DAP3	MDAP 1		Recruitment of disabled people and promotion within the DHB
3	The ELT will identify a member of their team to monitor and ensure that the Disability Strategy is incorporated into all the work of the organisation and in future contractual relationships.	Quality & Clinical Governance Solutions Directorate (QCGS)	DAP 8	MDAP 5		Gail Thomson appointed Sponsor
4	Monitoring will include regular reporting to the CHC; the DSAC; and the IGC	QCGS	DAP 8	MDAP 5		John/Charlotte to report regularly to these Committees Next DSAC/CPHAC meeting 1 June 2021
5	SDHB will continue to develop robust data collection processes to enable more confident planning that will ensure equity for disabled people, tāngata whaikaha, and Deaf people accessing services, products or employment opportunities.	IT systems	DAP 3, 5	MDAP 5	UNCRPD Art 5, 31	No process of collection data around disabled people accessing DHB services
6	All planning will take direction from the principles of partnership, participation and protection from Te Tiriti O Waitangi. In practical terms this means ensuring that tāngata whaikaha and whānau are able to shape health and disability support services in ways that will assist them to live well.	The entire DHB Māori health Directorate		MDAP 1,2,5		

7	All planning will incorporate universal design, reasonable accommodation, and auditing processes to ensure that the plan is accessible, addresses equity and provides a voice for disabled people, tāngata whaikaha, Deaf people and their family or whānau.	Entire DHB	DAP 5	MDAP 5	UNCRPD Art 25	
Goal 1. Bold and Purposeful		**Directorate Responsible**	**NZ Disability Action**	**Maori Disability Action Plan**	**UNCRPD**	**Status Update**
8	SDHB will continue to implement the Workforce Strategy and Action Plan to achieve a representative proportion of disabled employees at an organisational level. The plan will be inclusive of appropriate support from recruitment through to establishing the person in the workplace with appropriate equipment and / or other accommodations.	HR Mike Collins/ Tanya	DAP 2	MDAP 1	UNCRPD Art 27	There is a system to collect this information about new employees working at SDHB
9	Staff education will include raising staff awareness of disabled people, tāngata whaikaha and Deaf people and their rights under the UNCRPD, the NZ Disability Strategy and Whāia Te Ao Mārama; and continuing with development of the education strategy outlined in the Workforce Strategy and Action Plan, which will incorporate mandatory components.	HR Mike Collins/ Tanya/Mel	DAP 6	MDAP 5	UNCRPD Art 8	Mandatory training online Some work is currently occurring with the HR team around disability awareness training with Julie Woods
10	Through the adoption of a learning organisation approach, staff will develop their knowledge and skills in working with disabled people, tāngata whaikaha and Deaf people by way of relationships with consumer groups, Iwi, the UoO and Otago Polytechnic.	CHC – engagement work, Charlotte	DAP 6	MDAP 5, 6	UNCRPD Art 8, 25(d);	Some patient stories have been recorded from the disability community – how these will be rolled out for staff training needs to be thought through
11	SDHB will plan resources to allow for prompt development and dissemination of new information or technology that might improve the quality of life of disabled people, tāngata whaikaha and Deaf people.		DAP 3	MDAP 5,6	UNCRPD Art 4, 9 (g);	
12	Staff at all levels within Southern DHB funded services will be encouraged to use a co-design approach to identify, engage with and influence community groups, district, city and regional councils, developers and any other relevant organisation or group to ensure an accessible region.	CHC engagement Framework Charlotte	DAP 5, 6	MDAP 4,6	UNCRPD Art 3, 26, 29, 30	The CHC has successively established a process for staff to engage and ensure the community, whānau and patient voice is heard

13	Develop a Māori health and disability workforce that reflects the Māori population, Māori values and Māori models of practice.	Māori Health Directorate/ HR				
14	Further develop Māori health sector capacity and capability with the resources and authority to deliver kaupapa Māori and whānau-centred models of care. Including by Māori, for Māori, with Māori.	Māori Health Directorate				

Goal 2. Inclusive of Individuals, Whānau or Family and Community		Directorate Responsible	NZ Disability Action	Maori Disability Action Plan	UNCRPD	Status Update
1	The development of person, family or whānau centred services, integrating the concepts of Whānau Ora, will be incorporated into all future policy and procedures, including pathways of care, to allow for flexibility that recognises every person's life context, including their culture.	Māori Health Directorate	DAP 3, DAP 7	MDAP 1,2,3,4,5	UNCRPD Art 28	
	Regardless of funding models and focus, staff in all Southern DHB funded services will work in the interests of the disabled person, tāngata whaikaha, and their family or whānau towards developing seamless processes between health and disability services, social welfare (Ministry of Social Development), education (Ministry of Education) and other identified support.	Entire DHB	DAP 3	MDAP 1,2,5	UNCRPD Art 26	
3	Family or whānau will be informed and active participants in the disabled person's care, with the permission of the disabled person. Staff training will include consent procedures and supported decision-making, with recognition that consent decisions and capacity can change over time.	Chief Medical Officer Directorate	DAP 3, DAP 7	MDAP 5	UNCRPD Art 25(d);	Southern DHB Informed Consent Policy
4	Disabled people, tāngata whaikaha and Deaf people will be encouraged and assisted to complete a Health Passport as an option to express their individual preferences and needs (a roll out strategy will be developed). Health professionals will learn about, request and utilise Health Passports as routine care (to be included in staff education).	QCGS	DAP 3, DAP 6;]	MDAP 1,2,5,6		Health Passport campaign to roll out – need to decide if a priority https://www.health.govt.nz/your-health/services-and-support/health-care-services/health-passport
5	Disabled people, tāngata whaikaha, Deaf people and their family or whānau will have clear instructions on discharge or when exiting services, including how to access support, readmission procedures, and alternative support service providers. When appropriate, all discharge planning will be inclusive of family, whānau or disability support services.	Entire DHB - clinical	DAP 3	MDAP 1,6		Discharge Planning-

6	To enable a full and satisfying life, disabled people, tāngata whaikaha, and Deaf people will be able to access appropriate support close to their home.	Ministry of Health DHB home and support	DAP 3;	MDAP 1,3,4	UNCRPD Art 25(c);	Disability Support Services Work is underway developing relationships with these providers
Goal 2. Inclusive of Individuals, Whānau or Family and Community		**Directorate Responsible**	**NZ Disability Action**	**Maori Disability Action Plan**	**UNCRPD**	**Status Update**
7	In all SDHB funded services staff will have and provide up-to-date information on community-based services and initiate contact (with permission of the person) where that is the preference of the disabled person and/or their family or whānau.	Entire DHB - clinical	DAP 3, DAP 7;	MDAP 2		Discharge Planning- connect with Action 5.

Goal 3. Equitable, Responsive and Accessible *Tōkeke, Kātoitoi, Wātea*		Directorate Responsible	NZ Disability Action	Maori Disability Action Plan	UNCRPD	Status Update
1	The principle of universal design will be incorporated into all planning, including information technology, building and built environments, a current priority being the new hospital to be built in Dunedin. Using co-design will ensure final products meet the needs of disabled people, tāngata whaikaha, Deaf people and their whānau. [	Building & Property New Build of Dunedin Hospital	DAP 5;	MDAP 1,2,5]	UNCRPD Art 9;	Universal design- B& P, IT Co-design- new Dunedin hospital John Marrable able to do presentation either to DWG and B&P around what universal design means
2	Staff education will include practical information, including but not limited to, tikanga, how to access interpreter services, guidelines to ensure that people's requests are attended to promptly, 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.	HR QCGS	[DAP 3;	MDAP 6	UNCRPD Art 4 (i); UNCRPD 25(d);	Staff Training education – HR Access to Interpreter services sits under the QCGS Directorate Some work is currently occurring with the HR team around disability awareness training with Julie Woods
3	Information systems will track requests for support, structural alterations or equipment both for the purpose of ensuring prompt responses to meet the person's needs and as auditable data for later evaluation of the Southern DHB Disability Strategy.	IT systems	[DAP 3]			This system of tracking requests in not set up currently
4	SDHB will ensure that all disabled people are able to access necessary health information, including health promotion, through having available multiple formats and strategies for dissemination. Formats will include Māori and a range of spoken languages commonly used in the district, New Zealand Sign Language, Braille and Easy Read versions.	Entire DHB	[DAP 5;	MDAP 1,6]	UNCRPD Art 9(2)(f);	Ensuring all health information is available in multiple formats

5	Information technology services will develop a process for disabled people and tāngata whaikaha to identify their disability and any special assistance that they require when accessing SDHB services or communicating with the SDHB. This identification will be at the choice of the disabled person.	IT systems	DAP 5; DAP 7;]	MDAP 1,5		Process of establishing a DHB Alert system
Goal 3. Equitable, Responsive and Accessible *Tōkeke, Kātoitoi, Wātea*		**Directorate Responsible**	**NZ Disability Action**	**Maori Disability Action Plan**	**UNCRPD**	**Status Update**
6	Principles of universal design will ensure that disabled people, tāngata whaikaha, Deaf people, and whānau can access all technology, including websites and portals for personal health information. Support to enable access will be available as will alternative means for those people that prefer to communicate with health services via telephone or mail.	IT Systems	DAP 5;	MDAP 1,2,6		Ensuring all IT systems are accessible for disabled people John Marrable able to do presentation either to DWG and IT around what universal design means
7	Disabled people, tāngata whaikaha and Deaf people living outside of the main cities will have equity with city residents in terms of access to the services that they need to live well. For those who have frequent outpatient appointments, reasonable accommodation means that their appointments will be arranged with consideration of their unique situation.		DAP 3, DAP 5;	MDAP 1,5	UNCRPD Art 25(c);	
8	Southern DHB will undertake a review of how people access assistance and allowances to develop a straightforward process to enable people to navigate their systems with ease and receive the support available to them.		DAP 3;	MDAP 5		

FOR INFORMATION

Item: Accessibility in the New Dunedin Hospital (NDH)

Proposed by: Hamish Brown, Project Director Dunedin Hospital Development and Transformation Support

Meeting of: Disability Support Advisory Committee, 1 June 2021

Recommendation

That the Disability Support Advisory Committee:

Notes the New Dunedin Hospital design progress to date, including accessibility issues under consideration; and

Notes that the project will continue to prioritise accessibility considerations as the design focus on internal layouts becomes more detailed over the coming months

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Purpose

To present an update about how accessibility considerations are being incorporated into the NDH's design; some accessibility challenges and opportunities to investigate; and next steps for ensuring accessibility and universal access remain prioritised as we progress.

Specific Implications For Consideration

1. Financial
   - No particular items to note.
2. Quality and Patient Safety
   - As described in this paper.
3. Operational Efficiency
   - No particular items to note.
4. Workforce
   - Specific accessibility issues are noted in this report.
5. Equity
   - Equity of access, as described in this paper.

Background

The New Dunedin Hospital (NDH) project is gathering pace and visible progress is being made

1. The NDH – split across Inpatients' and Outpatients' Buildings – will be a modern, fit-for-purpose hospital that will serve the needs of Southern patients well into the future. New digital systems and innovative models of inpatient and ambulatory care will create a more personalised, seamless experience for patients and whānau.

2. To maintain project momentum, the project has separated planning between the two NDH buildings, with the Outpatients' Building on an accelerated timetable. Preliminary Design for the Outpatients' Building was completed in March 2021, with Developed Design underway. Inpatients' Building planning has reached its 50% milestone for Preliminary Design. By the end of this process we will have 1:200 drawings of every room, with more detail to follow.

3. Models of care change, both those facilitated by the new building but also those in the system more broadly, are required to ensure we realise the benefits of the investment in the NDH. Accessibility considerations – in the broadest sense – remain of critical importance.

Accessibility is, and will continue to be, a holistic consideration through design

4. A specialist accessibility consultant (Jason Strawbridge, Strawbridge Accessibility) is engaged to ensure accessibility requirements are woven into design at each stage. Working to the Australasian Health Facility Guidelines – which include stringent accessibility standards – design progress and plans will also be iteratively reviewed against overarching legislative requirements.

5. Current design around accessibility provisions are on track for exceeding the minimum New Zealand Building Code requirements for accessibility. While positive, this trajectory is viewed as a "must have" by the project.

Guiding principles for accessibility in the NDH

6. Independent review of accessibility within the NDH are guided by the following key principles, which align to the vision of the Southern Disability Strategy and the seven principles of universal design:

    - Approachability (car parking, drop-off zones, ramping, footpath widths)
    - Accessibility (entrances, widths of doorways, stairs and landings, toilet cubicle numbers and locations).
    - Usability (wayfinding approaches, lift sizes, controls, toilet cubicle sizes etc) to be scrutinised in detail later in Developed and Detailed Design.

Community involvement has helped to shape design

7. Design activity is undertaken collaboratively, with significant input from mana whenua, clinicians, wider SDHB staff, third party contractors and community representatives. Discussion is informed by a number of Facilities in Transformation (FiT) groups with representation from clinicians, back of house staff and via 25

Community Health Council representatives who offer a consumer voice in planning. The number and configuration of our FiT groups is dynamic, as groups are brought together as appropriate for each different phase of design. As we move through the design phases, the groups have become more targeted at specific areas, departments and services.

8. Accessibility and disability champions are associated with a number of groups. Specific contributions have been presented on important issues such as "Front of House" and public spaces; carers' rooms (rooms for those caring for whānau with high and complex needs and including hoists, curtains and adult-sized changing benches); accessibility toilet design via the "standard room" process; and movement into, around and from the site.

Overview of the site – challenges and opportunities for accessibility to be investigated

9. Detailed assessments about accessibility and disability-specific considerations have occurred throughout the design process to date, which includes reports at key project milestones.

10. The most recent accessibility review was for the 100% completion of the Outpatients' Building. A summary of key considerations in that report is provided, below.

- Accessible routes. Multiple routes are available, despite the challenge by the raised building platform for flood defence. Drop-off is available via vehicle or, if coming from bus exchange, from the intersection of St Andrews St and Cumberland St.
- Accessible car parking is provided for close to main entrances and will be connected to these entrances via an undercover accessible route that is near level (2% fall).
- Landscaping. Accessible routes continue through a landscaped environment that uses a combination of ramping and near level surfaces to connect with the main building entrances.
- Movement throughout the building. All routes as shared paths for travel for all people throughout the building are ensured. This will help assist with wayfinding and creates a welcoming and equitable experience. Larger lifts will also facilitate easy movement.
- Accessible toilets (6m2) are provided throughout the facility. Most bathroom facilities will be universal (i.e. not gender-specific) and single-cubicle, with a small number of gendered facilities provided across the facility.
- Staff areas. Provision for accessible facilities in staff areas also under review.
- Physical connections, including ramping. Single, ramped connection between building and street meets minimum street side building connection required by the New Zealand Building Code.
- Wayfinding – accessibility to be interpreted in a holistic way. A specialist consultant will be engaged to help determine our wayfinding strategy, which will also need to be inclusive of those with accessibility, sensory and other requirements.

Design on the Inpatient Building continues and will continue to be informed by accessibility considerations

11. Assessments to date have identified a number of issues for further review and refinement as we progress over the coming months. These can be summarised as:

- An exercise to review the Southern Disability Strategy and ensure alignment with NDH design planning is maintained will be undertaken.
- A detailed review of accessibility considerations (e.g. door widths, handles etc) will begin in Developed Design and continue to Detailed Design.
- A number of specific recommendations around footpath width, pathways and gradients are also being worked through.
- Stairs and landings, lifts and lift locations will all be considered for safety and wayfinding to facilitate key issues of access and movement for both public and staff. Wayfinding will also need to include provision for those who are Deaf or who have auditory and/or sensory requirements and those who are blind or have low vision to ensure safe and easy movement within our buildings.
- An issue flagged for further attention and review concerns the need to ensure accessible toilet distribution is uniformly convenient in terms of travel distance and doors/zones to traverse.
- Connection with plaza and terrace edges needs to be addressed to prevent people with mobility equipment and vision impairments from entering the terraces inadvertently and for the appropriateness of design treatments such as paving, ramps and lighting to facilitate unimpeded movement.
- Detailed accessibility assessment for the Inpatients' Building to be undertaken, which will include consideration of minimum width of doorways, routes within building to useable areas.
- How the Outpatient Building will function, from an accessibility perspective as well as operationally, during the period it will "stand alone" (2025—28) will need to be considered. Some operational and accessibility challenges are expected.
- Review of staff (collaborative and accessible facilities) in the Inpatients' Building. The simplest check to be undertaken will be to consider if a person with a disability could be reasonably expected to be working or visiting in this area. If so, then accessible features to enable the person to undertake normal activities and processes in that area are required.
- Toilet cubicle numbers and locations, which will be picked up via an assessment of numbers across the facility and will be underpinned by a detailed assessment of adequacy and provision of accessible facilities.

Appendices None

FOR INFORMATION

Item:	**Snapshot of Disability Services – Travel and Assistance**
Prepared by:	William Robertson, Consumer Experience Manager
Proposed by:	Gail Thomson, Executive Director Quality & Clinical Governance Solutions
Meeting of:	1 June 2021

Recommendation

That the Disability Support Advisory Committee notes the contents of this report.

Purpose

1. To update the Committee on the National Travel Assistance scheme and, in particular, as it pertains to consumers with disabilities.

Specific Implications For Consideration

2. Financial
    - None
3. Workforce
    - None
4. Equity
    - Ensure that members of the disabled community, their family, supporters and whanau are aware of the National Travel Assistance scheme and how to access it through their specialist.
5. Other
    - None

Background

6. The Ministry of Health defines a person with a disability as one who has been assessed as having a physical, intellectual, sensory, psychiatric or age related disability, or a combination of these, which is likely to continue for a minimum of six months and result in a reduction of independent function to the extent that ongoing support is required. People are considered to meet this definition of disability if they have received a Ministry of Health needs assessment.

7. The Ministry of Health operates a National Travel Assistance (NTA) scheme to help with the travel and accommodation costs of consumers and their family and whānau who have been referred long distances and/or frequently for specialist health and disability services. NTA eligibility criteria is shown in Appendix 1.

8. Day to day administration of the NTA is delegated to District Health Boards (DHBs). All funding is embedded within DBFF.

9. According to the Guide to the National Travel Assistance Policy, "In order to receive services funded by the Ministry or Disability Services Directorate (DSD) a consumer must meet the Ministry's definition of disability" (see paragraph 6 above). Disabled consumers must also meet the NTA eligibility criteria (Appendix 1).

10. The NTA provides a contribution towards travel and accommodation costs and is not intended to cover the full cost of travel – see Appendix 2 for details of reimbursement rates.

11. At Southern DHB the NTA is administered by NTA coordinators in Otago and Southland. Consumers living in Dunedin, Clutha, Waitaki and Central Otago should telephone Dunedin Hospital on 0800 600 020. Consumers in Southland, Gore and Queenstown-Lakes should telephone Southland Hospital on 0800 682 7342.

Discussion

12. Based on the criteria listed in paragraph 3 of Appendix 1, it is likely that persons with disabilities, and their family/whānau would qualify for NTA funding if/when they are referred to another DHB for specialist services, travel frequently over 50kms for regular specialist services or hold a Community Services Card and need to travel over 50kms for specialist services.

13. The majority of DSD consumers will access services through a Needs Assessment and Service Coordination (NASC) agency. However, some consumers will also access services via:

    a. Regional Intellectual Disability Care Agencies (RIDCAs)

    b. The cochlear implant programme, which is funded by the Ministry of Health

    c. Child Development Services

    d. Equipment Management Services.

14. For the purposes of NTA referral to disability services, a disability specialist can be any of the following:

    a. A clinical assessment team leader for the Royal New Zealand Foundation of the Blind (RNZFB), the Van Asch Deaf Education Centre and the National Audiology Centre

    b. A needs assessor or service coordinator for a NASC agency

    c. A care coordinator for a RIDCA (RIDCAs administer the Intellectual Disability (Compulsory Care and Rehabilitation) Act.)

    d. An audiologist or ear, nose and throat (ENT) specialist for the Ministry's cochlear implant programme

    e. A paediatrician for Child Development Services

    f. An accredited specialist assessor for Equipment Management Services if services are not provided locally within a consumer's DHB area. Equipment Management Services provide assessments for environmental support services, for example, wheelchair, driving and assertive technology assessments.

15. Specialist therapy services, as interpreted by the DSD for the clients for NTA purposes, include physiotherapists, occupational therapists (OTs) and speech therapists. NTA referrals to physiotherapists, OTs, speech therapists, podiatrists and dieticians are valid if the service is

not available locally and a DSD client meets the NTA eligibility criteria, is referred by a specialist and the allied health service is part of a treatment regime that relates to the consumer's disability. NTA referrals from allied health professionals are not accepted.

16. Full details of the NTA can be found on the Ministry of Health's Website (https://www.health.govt.nz/your-health/services-and-support/health-care-services/hospitals-and-specialist-services/travel-assistance). Also on the MoH website is an online NTA eligibility checker (https://moh-nta.solnetsolutions.co.nz/)

Next Steps & Actions

For information only: no further action required

Appendices

Appendix 1 National Travel Assistance Eligibility Criteria

1. People who are eligible for publicly funded health services are eligible to apply for NTA funding, if they meet the NTA criteria.

2. To access NTA (and publicly funded health and disability services), people must be lawfully in New Zealand at the time of seeking the services and be one of the following

    a. a New Zealand citizen

    b. a New Zealand citizen whose usual place of abode is the Cook Islands, Niue or Tokelau

    c. a New Zealand citizen by descent

    d. a child born in New Zealand whose parents are eligible

    e. regarded as "ordinarily resident" in New Zealand. These are people who hold a current New Zealand residence permit and their children aged under 18 years who either have already lived in New Zealand for two years or hold a current Returning Resident's Visa

3. If a client answers 'yes' to any of the four questions listed below and they have been referred for NTA by a publicly funded health or disability specialist (not their GP or another primary health care provider or a private specialist), they are eligible to claim travel assistance under the NTA scheme.

    a. Do they travel per visit:

        i. (child under 18) over 80 kilometres or more one way?

        ii. (adult) over 350 kilometres or more one way?

    b. Do they (adult or child under 18) attend more than 22 visits in two months?

    c. Do they attend more than five visits in six months, and travel per visit

        i. (child under 18) over 25 kilometres or more one way?

        ii. (adult) over 50 kilometres or more one way?

    d. Do they hold a Community Services Card and travel per visit:

        i. (child under 18) over 25 kilometres or more one way?

        ii. (adult) over 80 kilometres or more one way?

4. If a client answers 'no' to all the questions listed above, then they are not eligible for NTA assistance unless under exceptional circumstances, in which case the DHB's travel coordinator can provide further advice.

Appendix 2 Travel and Accommodation Reimbursement Rates

1. Private vehicle mileage

   Private vehicle travel is claimed at 28 cents per kilometre. Distance is calculated door to door and is determined by the Ministry's NTA payment team via a web-based distance calculator.

2. Public transport

   Public transport is reimbursed by the least expensive option available, for example public bus service. In cases where a more expensive option is used the specialist must verify the eligibility, clinical or mobility reasons why such a form of transport is necessary.

3. Approval of air travel

   Commercial air travel can be claimed by eligible consumers when recommended by the specialist, in a letter or on the NTA registration form, and only where it is medically required, the consumer must travel across water and the distance travelled is over 350kms. These conditions can be waived on the clinical advice of the specialist.

   Both travel and accommodation can be booked through the DHB Travel Coordinator, and paid directly by the DHB, if the consumer prefers.

4. Accommodation

   In general, accommodation assistance will only be granted when a consumer, or support person of an eligible consumer, travels more than 100kms one way. For eligible clients, assistance with accommodation costs may be approved if an overnight stay is necessary, according to the specialist's recommendation. Where accommodation costs are approved, clients may claim actual costs up to $100 per overnight.

   If staying with friends and family, the reimbursement is $25 per overnight per NTA consumer, regardless of the number of supporters to be accommodated. If the NTA consumer is admitted for an overnight stay, the first supporter may claim for their accommodation at $25 per overnight.

5. Full details of the reimbursement rates can be found in Section 10 of the Guide to the National Travel Assistance (NTA) Policy 2005
   https://www.health.govt.nz/system/files/documents/pages/nta-policy-guide-v2-nov2010.doc_0.pdf

FOR APPROVAL/INFORMATION

Item: Disability Support Advisory Committee Terms of Reference

Meeting of: 1 June 2021

Recommendation

That the Disability Support Advisory Committee confirm the changes to its terms of reference and recommend that these be approved by the Board.

Purpose

1. To update the Committee's terms of reference.

Background

The attached draft has been updated with the suggested changes from the 1 February 2021 Disability Support Advisory Committee meeting:

2. Clause 6 be amended to, " … disability support services funded or provided *by Southern DHB* …"; Note this is slightly different to that noted in the February meeting as the wording now imposes a responsibility for disability services funded by the DHB (wherever they are delivered) as well as any disability services provided by Southern DHB whether funded by us or not (as will be the case for Inter District Flow activity).

3. Membership – "Māori representation" to be changed to "Iwi Governance Committee nominated Māori representation".

Next Steps & Actions

Final version of Terms of Reference to go to Board for approval.

Appendices

1. Amended Disability Support Advisory Committee Terms of Reference
2. Disability Support Advisory Committee Terms of Reference with recommended changes tracked.

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;

2) 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;

3) 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;

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

6) Ensuring that disability support services funded or provided by Southern DHB are co-ordinated with the services of other providers to meet the needs of disabled people;

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 Iwi Governance Committee nominated 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.

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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 DHBwithin~~by Southern DHB~~'s catchment 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.

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