

# Disability Support Advisory Committee Meeting



Board Room, Level 2, Main Block,  
Wakari Hospital Campus, Dunedin

Lead Director: Hywel Lloyd, Interim Executive Director Quality and Clinical Governance Solutions

04/10/2021 03:30 PM

<b>Agenda Topic</b>	<b>Presenter</b>	<b>Page</b>
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5. Matters Arising (not covered by the action sheet)		
6. <a href="#">Review of Action Sheet</a>	EDQ&CGS	17
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8. Disability Strategy and Action Plan Implementation (3.50 pm)	John Marrable/William Robertson	18
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**APOLOGIES**

No apologies had been received at the time of going to print.



**FOR INFORMATION/NOTING**

**Item:** Interests Registers  
**Proposed by:** Jeanette Kloosterman, Board Secretary  
**Meeting of:** Disability Support Advisory Committee, 4 October 2021

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**Recommendation**

**That the Committee receive and note the Interests Registers.**

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**Purpose**

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

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**Changes to Interests Registers over the last month:** Nil

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**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).

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**Appendices**

- Board, Executive Leadership Team, and external DSAC members' Interests Registers

Disability Support Advisory Committee Meeting - Interests Register

**SOUTHERN DISTRICT HEALTH BOARD  
INTERESTS REGISTER**

<b>Member</b>	<b>Date of Entry</b>	<b>Interest Disclosed</b>	<b>Nature of Potential Interest with Southern DHB</b>	<b>Management Approach</b>
<b>Pete Hodgson</b> (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 (updated 26.08.2021)	Ex-officio Member, Executive 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.	
<b>Peter Crampton</b> (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	Member, Expert Advisory Group for WAI claimants related to historical underfunding of Māori PHOs (appointed September 2020)		
	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		
	25.06.2021	Director and Shareholder, Kiwood Limited	Nil (farm forestry plot).	
<b>Ilka Beekhuis</b>	09.12.2019	Patient Advisor, Primary Birthing FIT Group for Dunedin Hospital Rebuild		
	09.12.2019	Member, Otago Property Investors Association		
	09.12.2019	Member, Spokes Dunedin (cycling advocacy group)		
	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).	
<b>John Chambers</b>	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		
<b>Kaye Crowther</b>	09.12.2019	Life Member, Plunket Trust	Nil	
	09.12.2019	Trustee, No 10 Youth One Stop Shop	Possible conflict with funding requests.	
	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.	
<b>Lyndell Kelly</b>	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		
	25.06.2021	Trustee, New Zealand Brain Tumour Trust		
<b>Terry King</b>	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		
<b>Jean O'Callaghan</b>	13.05.2019	St John Volunteer, Lakes District Hospital	No involvement in any decision making.	
	26.08.2021	Idea Services Board of IHC	Possible conflict with contracts and service delivery models.	
<b>Tuari Potiki</b>	09.12.2019	Employee, University of Otago		

Disability Support Advisory Committee Meeting - Interests Register

**SOUTHERN DISTRICT HEALTH BOARD  
INTERESTS REGISTER**

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	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		
	09.12.2019	*Shareholder in Te Kaika		
	24.06.2021	Te Rau Ora Directorship		
	24.06.2021	Needle Exchange Services Trust (NEST) member		
	28.08.2021	Chair, NZ Drug Foundation (3 month appointment)		
<b>Lesley Soper</b>	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	
<b>Moana Theodore</b>	15.01.2019	Employee, University of Otago		
	15.01.2019	Co-director, National Centre for Lifecourse Research, University of Otago		
	<del>15.01.2019</del>	<del>Member, Royal Society Te Apārangi Council</del>	Removed 01.07.2021	
	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		
<b>Andrew Connolly</b> (Advisor)	21.01.2020 (updated 02.06.2021)	Employee, Counties Manukau DHB. Currently seconded to Ministry of Health as Acting Chief Medical Officer		
	21.01.2020 (updated 02.06.2021)	Clinical Advisor to the Board, Waikato DHB		
	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		



Disability Support Advisory Committee Meeting - Interests Register

**SOUTHERN DISTRICT HEALTH BOARD  
INTERESTS REGISTER**

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
<b>Roger Jarrold</b> (Crown Monitor)	16.01.2020 (Updated 28.01.2021)	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)	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		
	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		
	18.06.2021	Treasury: Health Reform Challenge Panel		
	26.08.2021	Advisor to Health Transition Unit on Finance/Procurement		
<b>Benjamin Pearson</b> (Crown Monitor)	21.07.2021	Consultant Paediatrician, South Canterbury DHB		

**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.*

<b>Employee Name</b>	<b>Date of Entry</b>	<b>Interest Disclosed</b>	<b>Nature of Potential Interest with Southern District Health Board</b>
<b>Hamish BROWN</b>	25.02.2021	Portobello Maintenance Company	Nil, Body Corporate for residential area.
<b>Kaye CHEETHAM</b>		Nil	
<b>Rory DOWDING</b>	18.01.2021	Change Quest Ltd	Stepfather (Ross Hanson) and his trading entity (Change Quest Ltd) are at times employed as a contractor to SDHB HR Directorate
<b>Matapura ELLISON</b>	12.02.2018	Director, Otākou Health Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
	12.02.2018	Director Otākou Health Services Ltd	Removed 28.06.2021.
	12.02.2018	Deputy Kaiwhakahaere, Te Rūnanga o Ngai Tahu Chairperson, Kati Huirapa Rūnaka ki Puketeraki	Nil
	12.02.2018	(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.
	28.06.2021	Director, Te Kura Taka Pini Limited	100% owned by Te Rūnanga o Ngai Tahu.
<b>Chris FLEMING</b>	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	
	10.02.2017	Director, South Island Shared Service Agency	Shelf company owned by South Island DHBs
	10.02.2017	Director & Shareholder, Carlisle Hobson Properties Ltd	Nil

**SOUTHERN DISTRICT HEALTH BOARD  
INTERESTS REGISTER  
EXECUTIVE LEADERSHIP TEAM**

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	26.10.2017	Nephew, Tax Advisor, Treasury	
	18.12.2017 (updated 26.08.2021)	Ex-officio Member, Executive Steering Group, New Dunedin Hospital	
	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)
<b>Hywel LLOYD</b>	16.06.2021	GP, Mosgiel Health Centre	
	16.0.2021	Wife, Nurse, Paediatric Outpatients	
<b>Nigel MILLAR</b>	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
<b>Nicola MUTCH</b>		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.
<b>Patrick NG</b>	17.11.2017	Member, SI IS SLA	Nil
	27.01.2021	Daughter, is a junior doctor in Auckland and is involved in orthopaedic and general surgery research and occasionally publishes papers	

**SOUTHERN DISTRICT HEALTH BOARD  
INTERESTS REGISTER  
EXECUTIVE LEADERSHIP TEAM**

<b>Employee Name</b>	<b>Date of Entry</b>	<b>Interest Disclosed</b>	<b>Nature of Potential Interest with Southern District Health Board</b>
	23.07.2020	Wife, Chief Data Architect, Inde Technology	Inde is part of WSP's Digital Health Collective, the consultancy service supporting the NDH Digital Infrastructure and Digital Facility Services
<b>Gilbert TAURUA</b>	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.
<b>Nigel TRAINOR</b>	17.05.2021	Daughter, Sonographer (works part-time for Dunstan Hospital)	
<b>Jane WILSON</b>	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
<b>Greer HARPER</b>	24.08.2020	Paul Harper (father) is the current Chair of HealthSource NZ which is owned by the four northern DHBs.	

Disability Support Advisory Committee Meeting - Interests Register

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
<b>Kiringāua Cassidy</b> (External Appointee)	10.07.2020	Nil		
<b>Paula Waby</b> (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, 2 August 2021, commencing at 3.30 pm, in the Board Room, Southland Hospital Campus, Invercargill

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<b>Present:</b>	Dr Moana Theodore	Chair
	Mrs Kaye Crowther	Deputy Chair
	Mr Kiringāua Cassidy	(by Zoom)
	Dr John Chambers	
	Prof Peter Crampton	
	Dr Lyndell Kelly	
	Mr Terry King	
	Ms Paula Waby	(by Zoom)
<b>In Attendance:</b>	Mr Pete Hodgson	Board Chair
	Ms Ilka Beekhuis	Board Member
	Mrs Jean O'Callaghan	Board Member (by Zoom)
	Mr Tuari Potiki	Board Member
	Miss Lesley Soper	Board Member
	Mr Chris Fleming	Chief Executive Officer
	Dr Hywel Lloyd	Interim Executive Director Quality & Clinical Governance Solutions
	Mr Rory Dowding	Acting Executive Director Strategy, Primary and Community
	Dr Nigel Millar	Chief Medical Officer
	Dr Nicola Mutch	Executive Director Communications
	Mr John Marrable	Chair, Disability Working Group (by Zoom)
	Mr Gilbert Taurua	Chief Māori Health Strategy and Improvement Officer/Acting Executive Director MHAID
	Ms Jeanette Kloosterman	Board Secretary

#### 1.0 WELCOME

The Chair welcomed everyone to the meeting, noting that it was Cook Island language week. A round of introductions followed.

#### 2.0 APOLOGIES

Apologies were received from Mr Roger Jarrold, Crown Monitor, Dr Ben Pearson, Crown Monitor, Ms Kaye Cheetham, Chief Allied Health, Scientific and Technical Officer, and Mrs Jane Wilson, Chief Nursing and Midwifery Officer.

#### 3.0 MEMBERSHIP

The Chair reported that, given the demands on Iwi members, it had been decided she would provide Dr Justine Camp, Co-Chair of the Iwi Governance Committee (IGC), with updates, rather than appointing an IGC representative to the Disability Support Advisory Committee (DSAC) at this time.

The Chair extended a warm welcome to Dr Lyndell Kelly, Mr Terry King and Prof Peter Crampton, who were attending their first meeting as members of DSAC, and Dr Hywel Lloyd, Interim Executive Director, Quality and Clinical Governance Solutions.

#### **4.0 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.

#### **5.0 PREVIOUS MINUTES**

***It was resolved:***

**“That the minutes of the meetings held on 1 June 2021 be approved and adopted as a correct record.”**

M Theodore/L Kelly

#### **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 6) and requested that an expected completion date be added to the Annual Plan disability metrics action.

The Chair informed the Committee that patient stories would be a standing agenda item but had been replaced by the presentation from Koha Kai for this meeting.

#### **8.0 CHAIR'S UPDATE**

The Chair reported on a piece of research, undertaken by Massey University in 2019, with young people aged between 12 and 25 with mobility, vision, and hearing impairments. It examined factors that enabled or constrained their opportunities to fully participate in community life, including education, employment and recreation activities. They found the biggest barriers to living a good life for these young people was ableism, which is discrimination in favour of able bodied people. This resulted in those with physical disabilities feeling stereotyped and underestimated, while those with less visible disabilities had to explain and justify themselves.

Toby Morris, graphic artist, had drawn up a comic explainer, which the Chair advised she was happy to share with members. The final message from that was, as a society, we need to shift our attitudes away from the dominant ableist way of thinking that suggests the *problem* is in the body of the disabled person. The *problem* is the people who say “no”, “what’s wrong with you” and “you can’t”.



## 9.0 PRESENTATION: KOHA KAI AND THE DISABILITY SECTOR

Mrs Crowther, DSAC Deputy Chair, introduced Janice Lee, Project Lead, Koha Kai.

Ms Lee informed the Committee that Koha Kai worked with people living with disability, some of whom had been marginalised and isolated in their homes, and support them, through a learning process, to the point where they could achieve and sustain employment.

She advised that one of the challenges for people living with a disability was not having the funds to sustain their nutritional wellbeing. Koha Kai therefore used two structures to develop their skills:

- Horticulture – participants grow their own food using inter-generational traditional growing methods;
- Cooking – people were taught to cook and provide for their own needs.

As a case study to illustrate how people could develop skills to become independent, Ms Lee described the journey of one of Koha Kai's early members who grew up with a mild disability and developed personal and mental health issues. The member was taught how to source fresh food and cook it, then assisted to develop to the point where she was able to support herself and acquire employable skills, which led to her taking on leadership roles in the workplace.

During her presentation Ms Lee outlined the genesis of Koha Kai's teaching and training and healthy lunches in schools programmes. Koha Kai's philosophy was that people should not be judged or limited because they are living with a disability; they should be given the same opportunities as everyone else.

Ms Lee was thanked with a round of applause for her presentation and the excellent work she was doing in the community.

## 10.0 DISABILITY STRATEGY AND ACTION PLAN IMPLEMENTATION

### Disability Working Group Update

Mr John Marrable, Chair of the Disability Working Group (DWG), presented an update on the DWG and progress on implementing the disability strategy, including key messages from DWG's June and July 2021 meetings (tab 8).

Mr Marrable informed the Committee that:

- The DWG had been focusing on COVID-19 vaccination clinics and members had undertaken accessibility audits of the clinics in Dunedin and Invercargill;
- The DWG would be looking at the Disability Strategy action plan in the coming week;
- A pilot disability awareness training programme had been completed by administration staff in Dunedin and the DWG would be evaluating the feedback from that.

The Chair suggested that timelines be added to the action plan and that, in addition to the NZ Strategy outcomes, it be overlaid with the Southern Disability Strategy actions.

## 11.0 COVID-19 VACCINATION ROLLOUT

Hamish Brown, SDHB COVID-19 Vaccine Programme Incident Controller, and Demelza Halley, Project Manager, SDHB COVID-19 Vaccine Programme, joined the meeting by Zoom and presented an update on the immunisation programme and the work undertaken to support people living with disability to access COVID-19 vaccination (tab 9).

### Update

Mr Brown reported that:

- 130,000 vaccinations had been given across the Southern district. During the previous week approximately 19,000 vaccines had been administered and the aim was to achieve in the mid-20,000s in the current week;
- 80% of people over 65 had been vaccinated or were booked to be vaccinated;
- 70% of people in the 60-64 age band were vaccinated or booked to be vaccinated;
- 763 of the 907 residential clients in the Southern district had been vaccinated;
- Invitations had been sent to people living with disabilities that fall into Group 3 of the vaccine roll-out. Reaching out to that cohort had been difficult due to issues with data on people living with disability, and the team were working with the Ministry of Health and other agencies, eg ACC, to obtain the information needed.
- Accessibility audits had been undertaken in Dunedin and Invercargill and the corrective actions from that were being implemented.

Mr Brown and Ms Halley then responded to questions on the vaccine programme.

*The CEO left the meeting at 4.20 pm.*

## 12.0 HOME AND COMMUNITY SUPPORT SERVICES

The Committee received a presentation from Mrs Sharon Adler, Health of Older People Portfolio Manager, on Home and Community Support Services (HCSS) in New Zealand, HCSS in the Southern District, Southern HCSS Alliance activity and accountability, and alignment between national work and Southern DHB HCSS (tab 10).

The Committee requested that management report back on the work being undertaken to quantify whether clients' casemix and hours were increasing or decreasing after being reassessed by their provider.

*The Acting Executive Director Strategy, Primary and Community left the meeting at 4.53 pm.*

Mrs Adler responded to members' questions, during which she advised that the three most pressing challenges in the service were:

- 1) *Workforce issues.* Providers were struggling to recruit and retain workforce - both registered nurses and support workers.
- 2) *The complexity of the older people being supported in the community.* Half of the 4,800 people being supported were complex clients. Of these, 65% had at least mild cognitive impairment, 31% had moderate to high levels of health instability, and 45% had a medium to high risk of having a fall.

- 3) *Meeting expectations.* A few people still thought of Health funded home support services as an entitlement to a cleaning service to help them when they were older. Due to issues outlined above, it could be challenging to provide a needs based service to work alongside older people to support them to retain their everyday abilities so they could continue living safely in their own homes.

The Chair thanked Mrs Adler for her presentation and advised that she would canvas members on what they would like covered in future updates.

The Chair thanked everyone for their attendance and the meeting closed with a karakia at 5.15 pm.

Confirmed as a true and correct record:

Chair: \_\_\_\_\_

Date: \_\_\_\_\_

Unconfirmed



**Southern District Health Board  
DISABILITY SUPPORT ADVISORY COMMITTEE MEETING  
ACTION SHEET**

**As at 29 September 2021**

<b>DATE</b>	<b>SUBJECT</b>	<b>ACTION REQUIRED</b>	<b>BY</b>	<b>STATUS</b>	<b>EXPECTED COMPLETION DATE</b>
February 2021	<b>Annual Plan Disability Metrics</b> (Minute 11.0)	Where a milestone is to be delivered in a future quarter, commentary to be added on its status.	EDQCGS	Actioned.	
August 2021	(Minute 7.0)	Expected completion date to be provided.			
June 2021	<b>Patient Stories</b> (Minute 7.0)	To be added to the agenda as a standing item.	EDQCGS	Patient story on agenda.	Ongoing
August 2021	<b>Disability Strategy Action Plan</b> (Minute 10.0)	Consideration to be given to adding timelines to the action plan and overlaying it with the Southern Disability Strategy actions (in addition to the NZ Strategy outcomes).	EDQCGS	Work in progress.	
August 2021	<b>Home and Community Support Services</b> (Minute 12.0)	Report to be provided when work is completed to quantify whether clients' casemix and hours are increasing or decreasing after reassessment by their provider.	EDSP&C	Report included in agenda.	Completed



## **FOR INFORMATION**

**Item:** Disability Strategy Action Plan - Update  
**Proposed by:** John Marrable, Chair of Disability Working Group  
**Meeting of:** 4 October 2021

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### Recommendation

**That the Committee notes the contents of this report, including the progress on refining the Action Plan and progress being made in the areas of accessibility and staff awareness raising.**

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### Purpose

1. To provide the Committee with an updated version of the Disability Strategy Action Plan, which incorporates the request from the Committee's August meeting. Also, to provide the Committee with a progress update on two workstreams: Accessibility and Staff Awareness.
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### 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.
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### Background

5. At its August meeting, DSAC reviewed the draft Disability Strategy Action Plan and made the suggestions that consideration be given to:
  - adding timelines to the action plan; and
  - overlaying it with the Southern Disability Strategy actions.
6. The DWG has revised the layout of the Action Plan to align the actions to the goals and outputs in the Disability Strategy.
7. Two workstreams are currently underway:
  - Accessibility of SDHB facilities, starting with COVID Vaccination Centres; and
  - Disability awareness training for SDHB staff.

#### Discussion

8. The Disability Working Group has been working through the outline plan presented earlier in the year and, as this now forms a “living” document, will continue to update it as the implementation progresses.
9. It was felt that the original plan format made it difficult to tie the actions back to the Southern Disability Strategy, so the plan was reformatted to link the actions to the three Southern Disability Goals – Bold and Purposeful, Inclusive of individuals, whanau or family and community and Equitable, Responsive and Accessible.
10. As outlined in the Disability Strategy, the three goals are interlinked and some of the themes, particularly around staff awareness and co-design straddle all three dimensions. Therefore, you will see that some actions are, for the sake of completeness, repeated in the document.
11. Accessibility audits have been carried out for SDHB’s Dunedin and Invercargill COVID-19 Vaccination Centres and the reports submitted to the facility managers for implementation. Meetings have been held with the facility managers and improvement work is under way in both centres. Next steps for accessibility are to look at the main hospital facilities, starting with Wakari and then Dunedin, Southland and Lakes District hospitals.
12. SDHB’s Organisational Development team has partnered with Julie Woods to deliver disability awareness training for staff and the first “pilot” course has been held and was voted a success by participants. The course, known as The Disability Game, assigns participants with a specific disability and then gives them a series of tasks – up to 20 – for them to carry out as if they have that disability. The course has also been assessed for suitability by the Disability Working Group and they recommended that instead of allowing participants to select a disability, the disability is allocated randomly: after all, nobody gets to choose their disability.
13. A second Dunedin course is already being organised and plans are underway to extend the training to Southland and Lakes.
14. The Chair of the Disability Working Group has been added to the Community Health Council as an *ex-officio* member and now attends the Council’s monthly meeting.

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#### Next Steps & Actions

15. Continue to develop and update the Action Plan and to develop specific priority workstreams.
  16. Recruit additional members to the Disability Working Group, including Māori and rural sector representatives.
  17. Continue to provide regular updates to DSAC at every meeting.
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## Southern District Health Board Disability Action Plan 2021-2024

Southern District Health Board's Disability Strategy, which was launched in April 2021, is underpinned by three international and national documents that address the rights of disabled people:

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)

Te Kawenata o te Rūnaka Whakakotahi i kā Iwi o te Ao mō kā Tika o kā Tākata Hauā

Te Tiriti o Waitangi

Aotearoa New Zealand Health and Disability Strategies and Policies

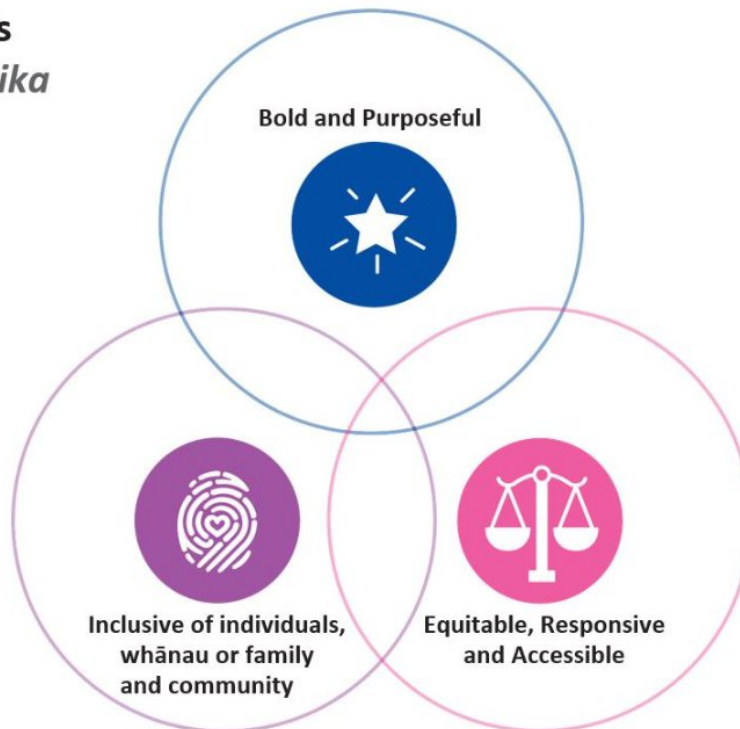
Kā Rautaki, kā Kaupapa Here o Aotearoa

At the heart of the strategy is 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.

Through the consultation process, three goals were identified as important for Southern DHB to include in its programme of work. These goals do not exist in isolation, but are interconnected, as shown below.

### Goals

#### Whāika



**GOAL ONE: Bold and Purposeful.**

The southern district will be seen as a leader in the provision of health and disability services for disabled people, tāngata whaikaha and Deaf people.

**Background:**

Consultation identified that people saw the Southern DHB as having a responsibility for taking a leadership role within the southern district and to develop a Disability Strategy that would provide a model for the development of an inclusive community. Both immediate actions and long-term planning are required to achieve this broad goal. Southern DHB funded health and disability services to work with runaka and local organisations to ensure an all-of-community response that reflects the broad vision of Pae Ora/healthy futures, including collaboration, wide definitions of health and high quality and effective services that are shaped by the runaka or community.

**What we will do:**

1. All projects that request community engagement will, in addition to a community advisor, be provided with a member of the disabled community.
2. Engagement with the disabled community will be assessed through the six-monthly Health Quality & Safety Commission's consumer engagement Quality & Safety Marker.
3. A Disability Working Group, comprising members of the disabled community and Southern DHB staff, has been formed to operationalise the strategic plan.
4. A digital accessibility audit will be carried out on Southern DHB's recruitment systems and make recommendations on improvements needed.
5. Ensure SDHB systems record relevant data so that services can be provided in the most appropriate way.
6. Ensure that SDHB records include any documents the consumers may have in place and that this information is flagged to staff and can be accessed by clinical staff.
7. The Executive Director Quality and Clinical Governance Solutions has been appointed by the Executive Leadership Team to oversee the implementation of the strategy.
8. Tāngata whaikaha and whānau are involved through the Disability Working Group and Community Advisors.
9. Staff disability awareness training to be mandatory for all new staff joining Southern DHB and this is to be extended to all existing staff.
10. Staff disability awareness training through the Disability Game to be offered across all sites in 2022.
11. Staff involved in service design and planning to be provided with training around the principles of universal design.
12. Hiring manager to be provided with training on recruiting fairly and equitably, so that they know how to "level the playing field" to ensure that candidates with a disability are able to apply fairly and without impediment.
13. Engage disabled people, tāngata whaikaha and Deaf people to be "Disability Leads" within Southern DHB.
14. Engage Māori in the work of the Disability Working Group and Community Advisors to achieve greater capacity and capability in the area of Māori health.
15. Create specific Māori health resources – by Māori, for Māori, with Māori.

This will mean:

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.
2. All Southern DHB funded services will actively encourage inclusive practice including the promotion of disabled leadership at all levels of the organisation.
3. The Executive Leadership Team 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.
4. Southern DHB 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.
5. 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.
6. 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.
7. Southern DHB 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.
8. 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.
9. 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 University of Otago and Otago Polytechnic.
10. Southern DHB 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.
11. Staff at all levels with Southern DHB funded services will be encouraged to use a co-design approach to identify, engage with and influence community groups, district and regional councils, developers and any other relevant organization or group to ensure an accessible region.
12. Develop a Māori health and disability workforce that reflects the Māori population, Māori values and Māori models of practice.
13. 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.

**GOAL TWO: Inclusive of Individuals, Whānau or Family and Community**

Disabled people, tāngata whaikaha, and Deaf people and their family or whānau will have access to the support they require to live well within their community.

**Background:**

There was a strong message from the consultation process that disabled people, tāngata whaikaha and Deaf people and their whānau wanted better integration of services and recognition of their unique situation. Whānau Ora is a model that draws together a community around a person, enabling people to live their lives within their family and their community. The principles of this model could be seen as the way forward, as it recognises that there might be a range of people and services (including wider social services) who can support the disabled person. While valuing the individual's rights to confidential services, people who contributed to the consultation emphasised the supporting role of family or whānau and their wider community. Community organisations also requested greater awareness and recognition of the work that they currently do to support people within their homes and communities, in order that the capacity and capabilities of their organisations are fully realised.

**What we will do:**

1. All projects set up to develop or design new processes, policies, accommodation, etc must have community representation on the project group, including at least one member of the disabled community.
2. Invitations to join the Disability Working Group to be extended to other entities, such as Ministry of Social Development, Oranga Tamariki and Ministry of Education, as well as Ministry of Health.
3. Disability Working Group to contact groups working in the Health and Disability Sector to ensure that their members can obtain the relevant information.
4. Disability Working Group to identify, through the sector engagement, any gaps in the provision of necessary information.
5. Family and whanau members to be invited to join the Disability Working Group and to be involved in future service design to ensure the principles of person, family or whānau-centred services are followed.
6. The Health Passport will be relaunched and staff will be provided with training in the passport, how to use it and the benefits to the consumer of having one.
7. Consideration be given to creating a digital health passport and make the health passport more accessible.
8. Clinicians to engage with patients, family and whānau early during the patient's stay in hospital so that they are involved in all aspects of the patient's care from admission to discharge and after – including being provided with information, in the appropriate format for the period post-discharge.
9. Disability Working Group to create and maintain an up to date directory of community groups that can support consumers, family and whānau and provide that information to clinicians.
10. Clinicians to ensure that consumers, family and whānau are provided with details of community support groups.

This will mean:

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.
2. 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.
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.
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).
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.
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.
7. In all Southern DHB 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.

**GOAL THREE: Equitable, Responsive and Accessible**

Through prompt and effective processes disabled people, tāngata whaikaha, and Deaf people will have access to health and disability information and services that promote their health and wellbeing.

**Background:**

Disabled people, tāngata whaikaha, and whānau across the district request that health and disability services are culturally responsive to their needs in order to enable them to live meaningful and productive lives. Te Taha Wairua (spirituality) holds special significance for Māori wellbeing and is reflected in relationships with people and their environment. Supporting wairua means respecting tikanga (customary practices) and leads to enhanced mana. The principle of equity requires that the Southern DHB provides the additional support that disabled people, tāngata whaikaha, and Deaf people might need to access their services and to maintain and promote their health, including strategies that address health literacy. The consultation process drew out the concerns of rural and urban communities and identified both similar and different issues for disabled people between these regions. Overall, there was a clear message that disabled people, tāngata whaikaha, their family or whānau, and other informal or formal supporters want the Southern DHB to address equity, accessibility and responsiveness for and to them as part of their Disability Strategy. The UNCRPD, the NZ DAP and Whāia Te Ao Mārama were considered to be fundamental to the development of audit processes that should be used across all services for which the Southern DHB has responsibility.

**What we will do:**

1. All projects set up to develop or design new processes, policies, accommodation, etc must have community representation on the project group, including at least one member of the disabled community.
2. Staff involved in service design and planning to be provided with training around the principles of universal design.
3. Disability Working Group, working with Southern DHB's Organisational Development team, will develop practical guides on, 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.
4. Staff disability awareness training to be mandatory for all new staff joining Southern DHB and this is to be extended to all existing staff.
5. Staff disability awareness training through the Disability Game to be offered across all sites in 2022.
6. Disability Working Group will carry out accessibility audits of Southern DHB facilities. Given the current focus on COVID vaccinations, the group has started with the Dunedin and Invercargill vaccination centres, which have already been completed.

This will mean:

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.
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.
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.
4. Southern DHB 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.
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 Southern DHB services or communicating with the Southern DHB. This identification will be at the choice of the disabled person.
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.
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.
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.





## FOR INFORMATION

<b>Item:</b>	Home and Community Support Services
<b>Proposed by:</b>	Rory Dowding, Acting Executive Director Strategy, Primary & Community
<b>Meeting of:</b>	Disability Support Advisory Committee, 5 October 2021

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## Recommendation

That the Committee notes this report in response to the action sheet, Home and Community Support Services (Minute 10.0)

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## Purpose

Report to be provided when work is completed to quantify whether clients' casemix and hours are increasing or decreasing after reassessment by their provider.

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## Specific Implication For Consideration

A request was made to TAS for InterRAI data for the 2020/2021 financial year, for any patient who had an HC/CA assessment during the period, and for the data to include the pre and post assessment casemixes. Also included was the date of the most reassessment and the last one prior (if applicable).

In the data received from TAS was 3776 unique NHIs assessments. Of the 3776 assessments undertaken during the 2020/2021 financial year, 1480 were first assessments and 2296 were reassessments.

**More clients had their hours of service increase after reassessment than decrease, regardless of if the client's functionality was unchanged, the client's functionality improved or the client lost functionality.**

When our HCSS clients are reassessed, their interRAI assessment results in a change of casemix 79% of the time, meaning that their needs have significantly changed.

Of those 79% with a change in casemix,

- 12% regained functionality, as shown by their casemix decreasing and
- 88% lost functionality, as shown by the casemix increasing.

Generally, clients in higher casemix categories receive more hours of support and clients in lower casemix categories receive fewer hours of support.

Looking at the six weeks before and after reassessment,

Of those whose casemix did not change

- 17% had no change in weekly hours of service
- 22% had fewer hours of service after reassessment and
- 32% had more hours of service after reassessment
- 29% had no hours available for comparison

Of those whose casemix decreased (they regained functionality)

- 14% had no change in weekly hours of service
- 27% had fewer hours of service after reassessment and
- 28% had more hours of service after reassessment
- 31% had no hours available for comparison

Of those whose casemix increased (they lost functionality)

- 7% had no change in weekly hours of service
- 24% had fewer hours of service after reassessment and
- 32% had more hours of service after reassessment
- 37% had no hours available for comparison

Please note that Providers are likely to increase hours of service to meet the client's needs before the reassessment has occurred. Also, that other factors influence hours of service delivery, most notably the natural supports provided by family, friends, and neighbours.