Minutes of the Disability Support Advisory Committees’ Meeting held on Tuesday, 15 September 2009, commencing at 10.00am, in the Southland DHB Board Room, Old Nurses Home, Southland Hospital Campus, Cnr Kew and Elles Roads, Invercargill.

Present: Mrs H M Algar Acting Chair
Mr P A Barron
Mr S Bhatia
Ms M L Carr
Mrs H Clay
Ms K Goffe
Mr P Wards
Ms D Wilson

In Attendance: Mrs L O’Shea Chief Operating Officer/Regional Deputy Chief Executive Officer (COO/RDCEO)
Mr D Chrisp Regional General Manager, Planning and Funding (RGMP&F)
Ms L Illingworth Senior Portfolio Manager, Regional Planning and Funding (SPMRP&F)
Ms Jo Harvey Communications Officer, Southland DHB
Mrs J Fannin Board Secretary (Minute Taker)

Apologies: Mr N Cook Chairman, Combined DSACs
Dr J M Macpherson Member, Combined DSACs
Mr B Rousseau Regional Chief Executive Officer (RCEO)

1.0 WELCOME AND APOLOGIES

In the absence of Mr N Cook, Chairman, Mrs H M Algar chaired the meeting. She welcomed everyone to the combined Disability Support Advisory Committees’ (DSAC) meeting.

Apologies were noted from DSAC Chairman, Mr Neville Cook, DSAC member, Mr Malcolm Macpherson and the RCEO, Mr B Rousseau.

Moved Mrs H M Algar, seconded Ms D Wilson, that the apologies be accepted.

Carried

2.0 MEMBERS’ DECLARATION OF INTEREST

The Acting Chair called for any adjustments or amendments to the Interests Register. She reminded members of their responsibility to advise the meeting immediately should any potential conflict, actual or perceived, arise during discussions.

There were no changes to the Interests Registers.

Mr S Bhatia joined the meeting at 10.05am.
PRESENTATION BY GROUP MANAGER, OTAGO DHB

Ms Elaine Chisnall, Group Manager, Otago DHB, spoke to her presentation (copy attached as appendix 1).

Ms Chisnall introduced Ms Adele Knowles, Nurse Director, Older People’s Health and noted an apology from Dr Julie Mador.

Mr P Barron referred to the penultimate slide in the presentation and requested further information on how processes are different. Ms Chisnall advised that if funding is through the Disability Support Service (DSS) the referral for ongoing home based support and care goes through the Needs Assessment Service Coordination (NASC) service and if the funding is through personal health, like District Nursing, Community Allied Health or other types of personal health home based support services, the referral goes through the community service coordination centre. The two services are sitting side by side in an attempt to avoid duplication of services, but aligning the two services into one key co-ordination centre would enhance the co-ordination of care for each individual. With ACC funded referrals also included, it was noted that reduction in duplication and having the one referral process for three services would reduce costs. The Regional General Manager Planning and Funding (RGMP&F), Mr D Chrisp, advised that he believed any savings would be driven by efficiencies. Mrs H Clay queried how much the service was replicated in Southland. Ms Chisnall advised that Otago DHB supports Southland with Psychogeriatric care (now referred to as mental health of older people) and tertiary level support was provided in relation to that. Southland DHB provides similar services in terms of inpatient and outpatient based care. The RGMP&F advised that Southland does not have a Community Care Co-ordination Centre concept, but has a NASC. The Senior Portfolio Manager, Regional Planning and Funding (SPMRP&F), Ms L Illingworth, advised that Social Workers fulfilled the personal health assessments function within the provider arm.

The Acting Chair thanked the Group Manager, Otago DHB, Ms E Chisnall, for her presentation and noted the complexity of the services. She queried what the greatest challenges were for the group and these are outlined below:

- Meeting the increasing needs of the aging population.
- Handling the increasing number of referrals.
- Providing rehabilitation for an ageing population post surgery and medical illness and increasing the ability to return to the home setting.
- It was important to have the right level of resource in the community to meet the need and manage going forward, but understanding what the resource constraints are.

In response to a query by the Acting Chair, an update was provided on the Nurse Practitioners, with the following key points being noted:

- There is one Mental Health Older Person Nurse Practitioner based in Dunedin. This Nurse Practitioner also provides advice to people based in the rural areas. Her work is primarily based in the non-Government organisation (NGO) setting. Whilst attached to the secondary setting, the work was mainly in the residential and General Practitioner (GP) facilities.
- There is now a Clinical Nurse Specialist in Assessment Treatment and Rehabilitation (AT&R) and this position is a pathway to a Nurse Practitioner.
- The focus is in Dunedin at the current time, but it is intended to move the above roles and imbued them into the PHO structure over time.
- A steering group has been set up to look at gaps in services where Nurse Practitioners may be helpful. The Nurse Practitioner working in Mental Health Older Persons area at the current time is a member of the steering group.
- A workshop was held in Wellington focussed on Mental Health Nurse Practitioners and there were 55 people looking at getting on to a Nurse
Practitioner pathway. There is to be a workshop held in Otago in November 2009 and a further one in Southland following that.

- The Nursing Council is refining the requirements so that it does not appear so daunting for people.

In response to a query, an update was provided on planning for the ‘Optimising the Patient Journey Chronic Care project’ with the Taieri and Strath Taieri PHO. The chronic care was being focussed on the top level of need around the elderly and their population. There was a link from the Specialist Old People’s Health Service to play a role in that. Work was now commencing on developing co-ordinated plans of care for the identified population of older people in their PHO, regardless of where a person presents, e.g. Emergency Department (ED), specialist service or GP. The RGMP&F advised that the project had been going for only a short time and it was too soon to identify results and outcomes.

In response to a request, the RGMP&F advised that he would provide further details on the project for the Committee at the meeting to be held on 20 October 2009. Mr P Barron asked to see measurables and outcomes.

4.0 PREVIOUS MINUTES

The Acting Chair commended the Board Secretary on the quality of the minutes provided.

Moved Mrs H M Algar, seconded Ms K Goffe, that the minutes of the Disability Support Advisory Committees’ meeting held on 18 August 2009 be approved and adopted as a true and correct record of the meeting with a change to the wording on page two of the minutes under community consultation bullet point two. The wording “will liaise with” is to be added after the word “and” on the first line of the bullet point. Carried

5.0 MATTERS ARISING

In response to a query by Mr P Barron, the RGMP&F provided a verbal update on the feedback following the Community Provider Workshops. He advised that the inaugural meeting of the steering group had been held. The group was now to come up with an implementation of ‘quick wins’ that had been identified from the feedback received following the Community Provider Workshops. It was important that further members be seconded on to the steering group to ensure that all key groups are covered, e.g. there is no-one from the education sector on the group at the current time. A Terms of Reference (ToR) and implementation plan are being drawn up. The RGMP&F advised that a key driver for the existence of the group was to provide advice to the DHBs for the District Annual Planning process. Mr P Barron noted he would like to take part as a member of the steering group. The Acting Chair queried whether it was appropriate for Board/Advisory members to form part of the steering group and whether there was a Conflict of Interest (COI). Ms M L Carr advised that she had put her name forward to form part of the steering group in her role as CEO of PACT and also queried whether there was a COI with this. Mr P Barron outlined the background to the Community Provider Workshops being held, noting it was out of concern around the primary healthcare workforce and the pressures on it and he advised the advantages in working together to address the issues. Ms D Wilson concurred with this and the merits of working together were noted.

The RGMP&F advised on the next steps, i.e. it was anticipated that the ToR would be completed by 25 September 2009 and he undertook to forward an e-mail invitation to DSAC members advising them of the next meeting date. It was envisaged that initially meetings would be held on a fortnightly basis.
6.0 ACTION SHEET

Combined Disability Network Group – Ms D Wilson provided an update on her communication with the Combined Disability Network Group in relation to the proposed separate annual forum with the RGMP&F and interested members of the combined DSACs Committee. She advised that she would provide further feedback following her attendance at the next meeting of the group in October 2009.

Pilot programme for individual based care with overall NASC and Case Co-ordination – a wide ranging discussion was held in relation to the action point noted on the action sheet. The RGMP&F outlined the significant amount of work involved with the proposal and the Acting Chair queried whether the combined DSACs was too prescriptive as a Committee with the priorities and suggested that the goals should be broader and translate into a project that could be progressed. It was noted that the goal was ‘better co-ordination of services that better meets the needs of people’. The RGMP&F advised the possibility of NASC sitting in a PHO environment into the future. It was noted that discussion on the work plan to be held in the confidential session would cover some of the issues raised.

DSAC Work Plan - New Zealand Disability Strategy (NZDS) Implementation - the Senior Portfolio Manager Regional Planning and Funding (SPMRP&F), Ms L Illingworth, advised that action points 43-46 on the action sheet would be covered under the discussion on the DSAC Work Plan - New Zealand Disability Strategy (NZDS) Implementation.

Unannounced Surveillance Audit – the SPMRP&F advised that the assumption being made as part of the pilot is that there will be no additional costs incurred by the designated audit agencies (DAAs). Part of the project scope is the DAAs providing information in terms of cost prior to the pilot and the cost under the pilot. This would be assessed as part of the outcome of the pilot. In response to concerns raised, the SPMRP&F advised that the providers did have the choice of opting out of the pilot. The pilot is for the aged residential care providers only. The RGMP&F advised that if the pilot is successful, it is the intention that DHBs will cease doing planned audits of aged residential care facilities. Discussion was held on access to provider audits and the SPMRP&F advised on the work being done nationally in relation to this.

In discussion around the timing for the RGMP&F to attend the proposed Combined Disability Network Group annual forum, the following key points were noted:

- There are three planning exercises required for 2010 – the District Strategic Plan, a South Island wide regional plan and the District Annual Plan. The RGMP&F advised he would provide an update on the planning requirements and indicative timeframes at the combined DSACs’ and CPHACs’ meetings on 20 October 2009.
- The forums will be a good mechanism for community input into the planning process.
- The RGMP&F will attend the Combined Disability Network Group meeting on 13 October 2009 if he has no prior commitments.

Allied Health Innovations in Primary Health – discussion followed a query from Mr P Wards in relation to the action point relating to allied health innovations in primary health and it was noted that whilst Mr P Wards had met with the Regional General Manager Human Resources (RGMHR), Ms K Penno, he had not received any further feedback. The RGMP&F advised he would relook at the original report and speak with the RGMHR and provide feedback to Mr Wards.

Moved Ms M LCarr, seconded Mr P Barron that the action sheet be noted. Carried
7.0 WORK PLAN

The inclusion of the Capital and Coast DHB DSAC and Disability Group Forum template was noted. The SPMRP&F highlighted that the summary document outlining NZDS activity undertaken by the respective Otago and Southland DHBs is not current, but was a document that had been prepared for the Committee in April 2008. She advised that the priorities in the current DSACs’ work plan had been prioritised from the summary document at that time. The SPMRP&F advised that only one member had provided feedback on the Capital and Coast DHB template. In discussion, the following key points were noted:

- It was agreed that the objectives of the combined DSACs need to be broader and less prescriptive to enable some traction to be made.
- Disability needs to be an integral part of health in every aspect of what staff do every day (both in the provider arm and in the community) in a similar way to the Treaty of Waitangi and child protection issues.
- By adding an ‘outcomes’ column to the Capital and Coast DHB template, it could become a work plan for the combined DSACs.
- The Acting Chair advised that she would like to see an integrated Otago and Southland DSACs work plan that was refined and prioritised with a review cycle and broad goals. She advised the need for professional development in disability awareness to be one of the priorities.
- Ms M L Carr noted the need for better co-ordination of services across the DSS spectrum to be a higher level goal.
- As the Planning and Funding staff member with oversight of the disability portfolio, the SPMRP&F advised that she would like the committee to provide advice on what they see as the key principles for inclusion in the work plan. Ms D Wilson advised that the key principles were disability awareness and what that means and the responsiveness to that.
- The Acting Chair noted the influence the combined DSACs could have in optimising the patient journey by raising the consciousness about disability in the hospital and wider community. She outlined a number of priority areas and a wide ranging discussion was held on this.
- The Chief Operating Officer/Regional Deputy Chief Executive Officer (COO/RDCEO), Mrs L O’Shea advised that the District Annual Plan (DAP) dictates the work plan for the current year, as that is what management must deliver on. She advised the need for members to reflect on what has been included in the DAP and what has been committed to in the Statement of Intent (SOI). The proposal to get issues into the DAP for the next financial year is key to getting action.
- Ms M L Carr requested that an update be provided for members on progress against the DAP.
- The Acting Chair advised the need for members to re-look at the DAP prior to the meeting to be held on 20 October 2009.
- The COO/RDCEO advised on the dashboard of activity from the DAP, outlining the Board’s expectations, that is included in the HAC agenda on a regular basis.
- In discussion, the Acting Chair advised that optimising the patient journey was about more than the provider arm as it affected the whole community.
- In relation to the key principles, the SPMRP&F undertook to forward an e-mail to DSAC members seeking their feedback.
- A wide ranging discussion was held on the origins of the optimising the patient journey within the provider arm and wider community and the learnings from that.
Moved Mr P Barron, seconded Ms M L Carr that management prepare a report on ‘Optimising the Patient Journey’ with a focus on optimising the patient journey within the provider arm and between the provider arm, primary care and rural hospitals and the wider community and the learnings from that. This report is to be submitted to the Otago and Southland DHB Board meetings to be held on 1 October and 8 October 2009 respectively and that the report subsequently be devolved down to the three Board Advisory Committees.

Carried

Moved Mrs H M Algar, seconded Ms M L Carr that the work plan be noted, encapsulating the actions from the discussion.

Carried

8.0 PLANNING & FUNDING REPORTS

Moved Mrs H M Algar, seconded Ms K Goffe that the Planning and Funding reports be noted.

Carried

9.0 HUMAN RESOURCES (HR) REPORT

In response to a query by Mr P Barron, the COO/RDCEO advised that the HR dashboard provided related to the 2009/10 DAP and incorporated new initiatives agreed subsequently. She advised that the payroll updating was in the early stages of scoping.

Moved Mrs H M Algar, seconded Ms M L Carr that the Human Resources report be noted.

Carried

In response to a query, it was suggested that Ms M L Carr request a report on the progress of the safe and healthy working environment project at the Otago DHB Board meeting to be held on 1 October 2009.

10.0 FINANCIAL REPORTS

Moved Mrs H M Algar, seconded Ms K Goffe that the financial reports be noted.

Carried

11.0 GENERAL

Ms D Wilson tabled for members’ information, copies of publications – ‘Inclusive Communities Guidelines for DHBs and Local Bodies’ and ‘Disabled Persons’ Assembly – Our Vision’. She advised that the publication was explicit around what is being looked for within an inclusive community. The Acting Chair suggested that members look at the publications in the context of key principles and priorities and the DAP, noting that the publications would be informative.

12.0 ITEMS OF INTEREST

The Acting Chair commended management on the quality of the information papers included in the agenda.

Moved Mrs H M Algar, seconded Mr P Wards that the combined DSACs move on to the public excluded session of the meeting at 11.42pm.

Carried
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<td>1. Confidential Minutes</td>
<td>▪ To allow negotiations and activities to be carried on without prejudice or disadvantage</td>
<td>S 34(a), Schedule 4, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(i) and 9(2)(j) of the Official Information Act 1982, that is, the withholding of the information is necessary to enable a Minister of the Crown or any Department or organisation holding the information to carry out, without prejudice or disadvantage, commercial activities and negotiations.</td>
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<td>4. DSAC Work Plan – DSS realignment</td>
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The combined DSACs moved back in to the public session of the meeting at 12.30pm.

13.0 GENERAL BUSINESS

Ms M L Carr commended management on the standard of the report provided.

The Acting Chair advised that the resolution was passed at the Otago DHB Board meeting relating to participation in the Combined Disability Network Group. She advised that Mrs H Clay had noted her interest in attending the meetings and noted that any members who wished to were welcome to attend. She advised on the process into the future and noted that both herself and Ms M L Carr would liaise with the group to determine a date for the next meeting. It was agreed that it would be better for the meeting to occur following the combined DSACs meeting to be held on 20 October 2009.

Mr P Wards noted his apology for the meeting to be held on 20 October 2009.

14.0 NEXT MEETING

Tuesday 20 October 2009 in Dunedin.

The meeting closed at 12.32pm.

Confirmed as a correct record:

Chairperson ………………………………………………………… Date ……………………………………