Minutes of the Disability Support Advisory Committees’ Meeting held on Tuesday, 20 October 2009, commencing at 10.00am, in the Otago DHB Board Room, 1st Floor, Dunedin Hospital, Dunedin.

Present:  Mr N Cook Chairman  
Mrs H M Algar  
Mr P A Barron  
Mr S Bhatia (via videoconference)  
Ms M L Carr  
Mrs H Clay  
Ms K Goffe  
Dr J M Macpherson  
Ms D Wilson  

In Attendance:  Mr D Chrisp Regional General Manager, Planning and Funding (RGMP&F)  
Ms L Illingworth Senior Portfolio Manager, Regional Planning and Funding (SPMRP&F)  
Ms C Gray Senior Portfolio Manager, Regional Planning and Funding  
Ms G Goodger Communications Officer, Otago DHB  
Mrs J Fannin Board Secretary (Minute Taker)  

Apologies:  Mr P Wards DSAC member  
Mr B Rousseau Regional Chief Executive Officer (RCEO)  
Mrs L O’Shea Chief Operating Officer, Southland DHB/Regional Deputy CEO  

1.0 WELCOME AND APOLOGIES

The Chairman, Mr N Cook, welcomed everyone to the combined Disability Support Advisory Committees’ (DSAC) meeting.

Apologies were noted from DSAC member, Mr P Wards; the RCEO, Mr B Rousseau and the COO/RDCEO, Mrs L O’Shea.

Moved Ms M L Carr, seconded Mrs H M Algar that the apologies be accepted.  

Carried

The Chairman thanked Mrs Algar for standing in as Acting Chair for the August and September 2009 meetings and noted the progress made over the two months.

The Chairman noted the need to complete the meeting by 11.30am.

2.0 MEMBERS’ DECLARATION OF INTEREST

The Chairman 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.

Dr J M Macpherson advised that he was now a member of the Board of Hospice Otago.
Ms D Wilson advised that she was now a member of Parent to Parent Southland.

3.0 PREVIOUS MINUTES

Moved Mrs H M Algar, seconded Mr P Barron, that the minutes of the Disability Support Advisory Committees’ meeting held on 15 September 2009 be approved and adopted as a true and correct record of the meeting.

Carried

4.0 MATTERS ARISING

Community Provider Workshops - the Chairman noted that under ‘Matters Arising’ on page three of the minutes it indicated that the Terms of Reference (ToR) were to be completed by 25 September 2009 and DSAC members were to be advised of the next meeting date. The RGMP&F, Mr D Chrisp, advised that Planning and Funding were organising a meeting of the working party and this was likely to take place in early to mid-November 2009 and members would be advised once a date was finalised. Mr Barron expressed concern around the delays being experienced and the RGMP&F advised that the Planning and Funding team were reliant on availability of the non-Government organisations (NGOs) for a face to face meeting. In discussion, the RGMP&F advised that a further meeting of the group would be required in early 2010. He advised that teleconference meetings had been taking place on a fortnightly basis and ongoing dialogue would continue. The first major item on the agenda for the group would be looking at information in the current District Annual Plan (DAP) and asking for input into the DAP for the following year. In discussion, the RGMP&F undertook to forward an invite to interested DSAC members to attend future teleconference and face to face meetings of the working party.

Combined Disability Network - Ms M L Carr advised that a meeting had been set up with the Combined Disability Network Group for the afternoon of 20 October 2009. She acknowledged that the timing would not be convenient for the RGMP&F and advised that the preliminary meeting had been set up for DSAC members only and future meetings would be scheduled to enable the RGMP&F to attend. It was noted that Ms E Chisnall, Group Manager, Provider Arm, Otago DHB would be attending the meeting.

Ms D Wilson provided an update on her dialogue with members of the Southland Combined Disability Network in relation to the proposed separate annual forum. She noted she was not a member of the group and it appeared from the minutes, she had received, that the matter was not discussed at the meeting of the group held in October 2009. She requested that the RGMP&F make contact with the group to progress this.

Optimising the Patient Journey (OPJ) – the RGMP&F advised that a presentation on the OPJ 2, a joint initiative pilot between Taieri, Strath-Taieri and Otago DHB, would be presented to the Board at its meeting on 5 November 2009.

5.0 ACTION SHEET

Terms of Reference – the ToR will be included in the agenda for the meeting to be held on 17 November 2009.

Community Provider Workshops – further to the discussion on this matter, the RGMP&F confirmed he would e-mail the meeting date details for members’ information.

Allied Health Innovations – the RGMP&F provided a background on the update provided by the Regional General Manager Human Resources, Mrs K Penno, and
advised he would forward the report from District Health Boards New Zealand (DHBNZ) to Mr P Wards.

**Development of co-ordinated plans of care for the identified population of older people in their PHO** – it was agreed that action point 48 is to be removed from the action sheet.

In response to a request from Mrs H Clay, the RGMP&F undertook to arrange for the presentation material relating to OPJ to be forwarded to DSAC members, Mrs H Clay and Mr P Wards, as they are not members on the Otago or Southland DHBs.

### 6.0 DSAC WORK PLAN

Ms D Wilson advised that she had spent a significant amount of time attempting to populate the new work plan template. She advised her concern that principles that are central themes to the NZ Disability Strategy, i.e. responsiveness, access, inclusion, etc. could be lost if they are not mentioned specifically in the work plan. Mrs H Clay concurred with the comments made by Ms Wilson. Mrs H M Algar advised that the Committee’s role was governance and she stated that the intent was to get the work plan established and the individual elements within the work plan would be looked at operationally. She noted the work plan would need to be designed in a manner to ensure there was accountability for the different areas within the plan and the actions required needed to be measurable. The role of the combined DSACs is to oversee the plan and ensure that development is undertaken where a need is identified.

Ms M L Carr noted and spoke to the draft work plan she had completed, attached as page 80 of the agenda. She advised that reports from Planning and Funding could be received, in the same manner as they are now, to update members on the respective objectives. It was agreed that columns could be added to show the ‘person accountable’ and the ‘update due by’. The Chairman commended Ms Carr on the draft work plan. The SPMP&F, Ms L Illingworth undertook to integrate the old and new work plans into the new format and provide the integrated draft work plan to the committee at the meeting to be held on 17 November 2009. Ms M L Carr advised that going into the next year, presentations could be scheduled in relation to the areas identified that would give a more in depth update.

Ms M L Carr highlighted the need for providers to meet the Health and Disability Sector Standards. She noted that the standards were governed by a rigorous and thorough audit process and queried whether audit reports could be made available to the combined DSACs. In response to a query, she confirmed the audits did focus on quality of services and noted that the hospital provider arms were subject to them, along with all other contracted organisations providing residential services for five people or over. Mr P Barron expressed concern over the high cost of audit and noted organisations appeared to be audited by multiple agencies. Ms M L Carr concurred and advised the merits of having a more co-ordinated audit process, noting that many different agencies undertaking the audit process were asking for the same information. Ms M L Carr advised that there were aspects of audits that relate directly to people meeting the Health and Disability Sector Standards around the Disability Strategy and Act and it would be helpful to get feedback around those areas, specifically from providers. Ms Illingworth advised that a quarterly update could be provided for members. Mr Cook acknowledged that the costs of compliance were significant for District Health Boards. Mr Barron noted the need to look at how administrative costs can be reduced for both the DHBs and those who contract to the DHBs as part of the District Strategic Plan (DSP) process. Mr Cook noted that the audit process was a Ministry of Health (MoH) requirement and outside the control of individual DHBs.
PLANNING & FUNDING REPORTS

District Strategic Plan (DSP) – the RGMP&F highlighted the work underway with the DSPs for the Otago and Southland DHBs. He advised the completion date for the DSP is September 2010. He advised the need for a Health Needs Analysis (HNA) to be completed as part of the process and noted that was underway at the current time. Updates would be provided to the combined DSACs as work progressed and a more comprehensive work plan would be provided for the meeting to be held on 17 November 2009.

Mrs H M Algar noted the reference to ‘investigate the possibility of developing a web based community interactive site’ and queried the intention with this, noting that in Oamaru there is a community interactive site called HALO (www.Halo.org) that has membership from quite a significant number of community groups and organisations and she advised that it would be useful for the DHBs to be a member of that or any other site that may exist in other places, as the number of hits per month on the site is very high. She noted that the DHBs’ websites could be linked to an appropriate site. The cost involved was only $20.00 per annum.

Dr J M Macpherson noted the high level of resource and cost of compliance to update the respective Otago and Southland DHB DSPs and advised that unless significant changes are required, the process should be simplified and changes made only to those sections requiring change. He noted the requirement for community consultation and advised that this should only happen if substantive change was required as a result of the HNA. The Chairman noted that this was another example of the significant cost of compliance for DHBs that was not directly related to the delivery of health services to the community. The RGMP&F acknowledged the issues raised by Dr Macpherson and advised his understanding was that it was within the DHBs’ ability to look at the current DSP and decide how substantive any changes need to be. If they are not that substantive, then there would be no need to consult. However, the Act indicated a different perspective on that. The RGMP&F advised that the Planning and Funding team would not want to do unnecessary work if the DSP was not being significantly changed. The MoH is to hold workshops early in 2010 and will outline the expectations in relation to the DSP process. The Chairman noted that management had the support of the committee to deal with the process as expeditiously as possible. The RGMP&F advised that there were a number of issues on which the DHBs’ were likely to want to consult over the next six months and he noted the possibility of combining the consultation process.

Ms M L Carr queried the need to have two DSPs when the DHBs’ were embarking on a consultation process on one DHB. The RGMP&F advised that the DSPs would be closely aligned in the same manner as the DAPs had been.

Mr Barron noted the unique opportunity available with the one DHB proposal to combine that with the DSP process and find out from the community what they would like in terms of health services. Ms Goodger advised on discussions taking place between the South Island DHB Communications Officers and Ms Jan Barber, South Island Shared Services Agency Ltd (SISSAL), as part of the South Island regional planning process. Some of the issues raised by Mr Barron had been raised in that forum and work is progressing over the next two weeks that should answer some of the queries raised by him. The Chairman noted the need to provide some guidance for the communities of Southland and Otago DHBs as to what services are deliverable. Mrs Algar outlined a successful model of consultation that had been undertaken previously by Otago DHB as the result of a proposal suggested by her and Mr Barron. The consultation feedback was positive and she suggested a similar model be used as part of the current DSP process for the combined Otago and Southland DHBs.
Ms M L Carr highlighted that columns of information relating to Otago and Southland DHBs, outlined on page 66 of the agenda, had been transposed and the SPMP&F, Ms Carol Gray, undertook to correct the information that is currently in draft form.

**DSS Update** – Ms M L Carr expressed concern regarding the Needs Assessment Service Co-ordination function for rural communities being centralised back to the respective hospital provider arms for Otago and Southland DHBs. She queried whether rural providers could have allocations of services or packages of domestic assistance, personal care, carer support, respite, etc, whereby the NASC in the area becomes responsible for those allocations. She advised her concerns around responsiveness and how reviews would be undertaken, noting that local people would have a better understanding of the needs of local people in their community. Mrs H Clay concurred with the concerns. The RGMP&F advised that the matter was a hospital provider arm issue as it was a provider arm service. However, he noted his support for what the provider arms were attempting to do in terms of management of allocation of services and the budget. He noted that based on previous experiences, he was reluctant to give rural service co-ordinators a budget or a package of services to allocate. He noted that the centralised model would ensure better equity of service allocation across the combined Otago and Southland DHB region. The RGMP&F noted that the current solution may not be the long term solution and as an example he noted the possibility of the NASCs being a contracted provider to the PHO. Mrs Clay agreed the service could operate from two centralised areas, but advised that how it was operationalised was critical, especially in areas on the margins of the regions, such as Queenstown and Central Otago. She noted the need for those working from a centralised point to have an understanding of the different communities they are working with. Mrs Algar expressed her concern in relation to responsiveness from a centralised service. She also queried whether the model would be a barrier or a facilitator of more close involvement with NGOs such as Stroke Support and other similar organisations, as those organisations were critical once people returned to their homes. Ms M L Carr stated her support for centralising the allocations, but noted her concern was around provision of the service at a local level. Ms L Illingworth provided an update, noting that a meeting had been held in the week commencing 12 October 2009 and advised that work was ongoing in terms of operationalising the actual process. It was noted that the combined DSACs would continue to get reports on progress.

The RGMP&F provided an update for members following a query from Dr J M Macpherson relating to the average length of stay graphs on page 74 of the agenda. He undertook to provide information relating to variations either side of the average.

**Aged Related Residential Care (ARRC) Census** – the RGMP&F advised that an update would be provided once all data had been received and the template was populated accordingly. Updates would continue to be provided for the committee every alternative month.

**8.0 HUMAN RESOURCES (HR) REPORT**

The Chairman advised members of feedback he had received from a newly qualified Dentist in Southland commenting on the success of the Incubator Programme in terms of getting young people’s interest in careers in health.

**9.0 FINANCIAL REPORTS**

The financial reports were noted.
10.0 ITEMS OF INTEREST

The items of interest attached to the agenda were noted. The Board Secretary advised that there were three copies of the booklet 'Independent Living – A Guide for Health and Wellbeing' – one for Otago, one for Southland and one for Central Otago. Ms M L Carr noted that there was no reference in any of the booklets on how to contact the NASCs. The Board Secretary undertook to provide that feedback to the respective branches of Age Concern.

The RGMP&F referred to the South Island Regional Health of Older People Network Terms of Reference and noted that this was a new initiative started by South Island DHBs, ensuring that Health of Older People planning, policies and procedures are aligned across the region. He advised that a similar network had operated successfully for several years in the area of Mental Health.

Mr P Barron highlighted the minutes of the DHB Disability Network meeting held on 3 September 2009 and noted the number of apologies received for that meeting was disappointing. Members noted the support for the hospital passport, which appeared to be a positive initiative. Ms L Illingworth advised that the Disability Network was a relatively new initiative which had been co-ordinated by one DHB person and she noted that the people involved were mainly portfolios managers for Health of Older People.

The Chairman noted the media statement from the Minister of Health, Hon Tony Ryall, ‘spot audits for rest homes begins today’ and highlighted that audit processes were outside the control of the DHBs.

11.0 GLOSSARY OF ACRONYMS

The glossary of acronyms was noted.

12.0 GENERAL BUSINESS

There were no items of general business.

The Chairman advised that due to time restrictions the agenda items for the excluded session would be carried over to the next meeting.

13.0 NEXT MEETING

Tuesday 17 November 2009 in Invercargill.

The meeting closed at 11.30am.

Confirmed as a correct record:

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