Making a healthy difference to the community

Disability Support Advisory Committee

Meeting

Wednesday 16 November 2011

2:00pm

Marie Hosking Room
Level 7, Building 14
Greenlane Clinical Centre
Greenlane

Hei Oranga Tika Mo Te Iti Me Te Rahi
Healthy Communities, Quality Healthcare

Disability Support Advisory Committee

For discussion with Board

DSAC Meeting Date:	
Feedback By:	
DAP	
RECOMMENDATIONS	
1.	
2.	
NOTING	
1.	
2.	
KPIs	
RECOMMENDATIONS	
1.	
2.	
NOTING	
1.	
2.	
RISKS	
RECOMMENDATIONS	
1.	
2.	
NOTING	
1.	
2.	
3.	

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

Disability Support Advisory Committee
Action Points

MEETING DETAILS	
Date and Time	

Agenda Item	Detail	Responsibility	Action

1

KARAKIA AND INTRODUCTIONS

Karakia

E te Kaihanga e te Wahingaro

E mihi ana mo te ha o to koutou oranga

Kia kotahi ai o matou whakaaro i roto i te tu waatea.

Kia U ai matou ki te pono me te tika

I runga i to ingoa tapu

Kia haumie kia huie Taiki eee.

Creator and Spirit of life.

To the ancient realms of the Creator

Thank you for the life we each breathe to help us be of one mind
As we seek to be of service to those in need.
Give us the courage to do what is right and help us to always be aware
Of the need to be fair and transparent in all we do.

We ask this in the name of Creation and the Living Earth.

Well Being to All.

2

ATTENDANCE AND APOLOGIES

3

CONFLICTS OF INTEREST

Conflicts of Interest Quick Reference Guide

Under the NZ Public Health and Disability Act Board members must disclose all interests, and the full nature of the interest, as soon as practicable after the relevant facts come to his or her knowledge.

An "interest" can include, but is not limited to:

- Being a party to, or deriving a financial benefit from, a transaction.
- Having a financial interest in another party to a transaction.
- Being a director, member, official, partner or trustee of another party to a transaction or a person who will or may derive a financial benefit from it.
- Being the parent, child, spouse or partner of another person or party who will or may derive a financial benefit from the transaction.
- Being otherwise directly or indirectly interested in the transaction.

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Board member in carrying out duties under the Act then he or she may not be "interested in the transaction". The Board should generally make this decision, not the individual concerned.

Gifts and offers of hospitality or sponsorship could be perceived as influencing your activities as a Board member and are unlikely to be appropriate in any circumstances.

- When a disclosure is made the Board member concerned must not take part in any deliberation or decision of the Board relating to the transaction, or be included in any quorum or decision, or sign any documents related to the transaction.
- The disclosure must be recorded in the minutes of the next meeting and entered into the interests register.
- The member can take part in deliberations (but not any decision) of the Board in relation to the transaction if the majority of other members of the Board permit the member to do so.
- If this occurs, the minutes of the meeting must record the permission given and the majority's reasons for doing so, along with what the member said during any deliberation of the Board relating to the transaction concerned.

IMPORTANT

If in doubt – declare.
Ensure the full nature of the interest is disclosed, not just the existence of the interest.

This sheet provides summary information only - refer to clause 36, schedule 3 of the New Zealand Public Health and Disability Act 2000 and the Crown Entities Act 2004 for further information (available at www.legisaltion.govt.nz) and "Managing Conflicts of Interest – Guidance for Public Entities" (www.oag.govt.nz).

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

Date: 09/11/2011

ADHB WDHB DSAC INTERESTS REGISTER

NAME OF MEMBER	ORGANISATION	ROLE	FINANCIAL INTEREST	NATURE OF INTEREST	DATE OF LATEST DISCLOSURE
Sandra CONEY (Chair)	Councillor Auckland Council	Chair Parks Committee	Fees		2 May 2011
Jo AGNEW (Deputy Chair)	Professional Teaching Fellow, School of Nursing, Auckland University Casual Staff Nurse ADHB		Salary Salary		7 September 2011
Max ABBOTT	Auckland University of Technology Raeburn House Health Workforce New Zealand	Pro Vice-Chancellor (North Shore) and Dean – Faculty of Health and Environmental Sciences Patron Board Member			14 July 2010
Pat BOOTH	Fairfax Suburban Papers in Auckland	Consulting Editor			24 June 2009
Susan BUCKLAND	Writing, editing and public relations services Medical Council of NZ Occupational Therapy Board Northern Regional Ethics Committee	Self-employed Professional Conduct Committee member Professional Conduct Committee member Member	Fees Fee Fee Fee		7 September 2011

Date: 09/11/2011

NAME OF MEMBER	ORGANISATION	ROLE	FINANCIAL INTEREST	NATURE OF INTEREST	DATE OF LATEST DISCLOSURE
Lester LEVY	University of Auckland Business School New Zealand Leadership Institute Health Benefits Limited Tonkin & Taylor Waitemata District Health Board A+ Trust	Professor of Leadership Chief Executive Deputy Chair Independent Chairman Chairman Trustee			31 May 2011
Robyn NORTHEY	Self employed Contractor Hope Foundation	Project management, service review, planning etc. Board member			4 October 2011
Michelle CAVANAGH	Te Taurahere O Ngati Porou Ki Tamaki WDHB – HWFNZ Hauora Maori Coordinator WDHB – Maori HEHA Project Manager	Involvement Part time employee Part time contractor			17 October 2011
Maria HULL-BROWN	Employee Mental Health Foundation Member Auckland City Council Disability Issues Advisory Group Board member HOPE Foundation for Research on Ageing Council Member Age Concern Auckland.				13 May 2010
Dairne KIRTON	Nil				24 June 2008
Jan MOSS	Nil				16 August 2011

Date: 09/11/2011

NAME OF MEMBER	ORGANISATION	ROLE	FINANCIAL INTEREST	NATURE OF INTEREST	DATE OF LATEST DISCLOSURE
Susan SHERRARD	CCS Disability Action Ripple Trust	Contract Trustee			9 September 2011
Russell VICKERY	Ripple Trust Auckland CCS Disability Action TalkLink Trust Auckland Disability Law Waitakere Community Law Disability Consultant Wilson Home Trust Management Committee Wilson Home Trust 75th Jubilee Committee Disability Consultant	Trustee Life member Trustee Member Steering Committee Committee member Self Employed CCS Disability Action Nominee Chair Care Managers Research, Auckland University Nursing School			19 September 2011

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CONFIRMATION OF MINUTES

- WEDNESDAY 21 SEPTEMBER 2011

Making a healthy difference to the community

Auckland District Health Board and Waitemata District Health Board
Disability Support Advisory Committee
Minutes

MEETING DETAILS	
Date and Time	2:00pm, Wednesday, 21 September 2011
Venue	Marie Hosking Room, Level 7, Building 14, Greenlane Clinical Centre, Epsom

1	**INTRODUCTIONS**
	The Chair declared the meeting open at 2:05pm noting that this was an historic occasion as the first meeting of the combined ADHB and WDHB DSAC Committee.
2	**ATTENDANCE AND APOLOGIES**

Committee Members

Sandra Coney (WDHB) (Chair)
Max Abbott (WDHB)
Susan Buckland (ADHB)
Robyn Northey (ADHB)
Marie Hull-Brown
Jan Moss
Russell Vickery
Jo Agnew (ADHB) (Deputy Chair)
Pat Booth (WDHB)
Dr Lester Levy (ADHB & WDHB)
Michelle Cavanagh
Dairne Kirton
Susan Sherrard

Management in Attendance

ADHB

Garry Smith – Chief Executive
Janice Mueller – Director Allied Health
Lisa Gestro – Manager Planning and Funding

WDHB

Allan Wilson – Chief Operating Officer
Debbie Holdsworth – Chief Planning and Funding Officer
Bryan Agnew – Health of Older People Programme Manager
Samantha Dalwood – Disability Strategy Co-ordinator
Katrina Lenzie-Smith – Health of Older People Programme Manager
Sue Skipper – Manager, Health of Older People

Secretary

Nicky Caunter – Legal Advisor

	Apologies Apologies had been received from Dr Denis Jury and Dr Dale Bramley.
3	**CONFLICTS OF INTEREST**
	Russell Vickery noted his conflicts of interest which would be updated by the Board Administrator, Susan Sherrard advised that she is now involved with Auckland Council Advisory Group and Robyn Northey advised that she had resigned from the Ethics Committee. There were no declarations of conflicts of interest for any item on the agenda.
4	**CONFIRMATION OF MINUTES**
	ADHB Wednesday 15 June 2011 Moved Jo Agnew; seconded Susan Sherrard *That the minutes of the Disability Support Advisory Committee meeting held on 15 June 2011 be confirmed as a true and correct record.* Carried **WDHB Wednesday 22 June 2011** Moved Sandra Coney; seconded Pat Booth *That the minutes of the Disability Support Advisory Committee meeting held on 22 June 2011 be confirmed as a true and correct record.* Carried
5	**ACTION POINTS**
	ADHB Wednesday 15 June 2011 Be.Accessible - Minnie Baragwanath was in attendance to present Item 8.1. Interim Funding Pool – Carried forward **WDHB Wednesday 22 June 2011** Carparking - Item 8.8. There was discussion on the amount of disability parking at the new ACH carpark and a briefing note was requested on the ACH Carpark and drop-off zone and a new zone of "assisted care". Child Disability Services – Respite care needs – Carried forward. There was an issue of young people still at school having to travel by taxi from Wilson Home to school which was considered a service gap. The MoH was to be requested to commit funds and address this ongoing problem that needs to be resolved. A letter to MoH is to be drafted for review by the Committee prior to the next meeting.
6	**CHAIRPERSON'S REPORT**
	This being the first meeting of the combined committees there was nothing to report.
7.1	**Quarterly Report on Activities in ADHB and WDHB**
	The report provided an update to the Committee on activities and progress occurring across both DHB's. Moved Sandra Coney; seconded Jo Agnew *That the DSAC Quarterly report on activities in Auckland & Waitemata DHB's be received.* Carried

8.1	**Presentation – Minnie Baragwanth, CEO Be.Accessible**
	Minnie Baragwanath – CEO Be.Accessible was in attendance. The Be.Institute is a charitable trust running a social change campaign to inspire businesses and institutions to enable access. 20% of New Zealanders, 863,160 people, which includes an aging population, parents with pushchairs, people with permanent or temporary disabilities, live with a disability and have access issues. Examples were given of how addressing accessibility issues could become a 'value-add' for business i.e. NZ's first Be.Accessible bank. There must be engagement with Government and private sector to put accessibility in an economic context, rather than just being personal with an example being the Rugby World Cup initiatives. The idea is for business to become more aware of accessibility issues and options. The Be.Accessible checklist currently covers off a range of disabilities and aims to raise awareness in a more general sense. Be.Accessible is a new brand campaign/identity association for access being a more updated and inspirational image than the traditional blue and white wheelchair. The aspirational statement was for the world to be "Be.". Campaign initiatives may include innovation challenges to come up with ideas for a machine so that everyone can get access into a carpark. The idea was for business to recognise that if they can improve access they will improve their income. Also of importance were spaces and places people can find out about accessibility i.e.a map or process so people can plan their access before they leave home such as use of websites, Facebook, etc. The "Step Up Auckland" campaign from 3 or so years ago is to be recirculated. The Chair thanked Minnie for her presentation. There was discussion surrounding needs of specific groups identified as requiring more detailed attention i.e. autism and severely cognitively disabled and Minnie is happy for people to approach her and invited offers of assistance on specifics. Brochures and cards were distributed.
8.2	**Proposed Approach to the combined ADHB-WDHB DSAC**
	The paper presented some context and guidance in to the management of the new combined Committee its aims, objectives and purpose as an attempt to bring the separate agendas together. The paper's authors had attempted to create a pathway for discussions, and specific issues/objectives could be added. It was agreed that it looked logical and over time the way of working would evolve acknowledging that in the past the different committees had taken different approaches; for example at ADHB Older Peoples issue went to CPHAC while at WDHB it went to DiSAC. The Committee recognised there would be benefits of a joint approach. <u>Moved Marie Hull-Brown; seconded Jo Agnew</u> *That the Committee noted the paper; and supported the proposed approach to the management of the combined Disability Support Advisory Committee.* <u>Carried</u>
8.3	**Northern Region Health Plan - Update**
	The paper provided an update on the progress of Health of Older People initiative; and First, Do No Harm initiative. Health of Older People - The Committee discussed the need for consumer representation in the programmes, and consumer engagement strategies, for example Greypower and Age Concern, Stoke Foundation. There must be a dominant theme to get the consumers involved; however there is a need to start somewhere and avoid the tendency to want to get it perfect so not do it at all. It was noted that the consumer groups have different approaches; the role of Age Concern is to encourage positivity whereas Greypower's focus is more everyday practical issues such as how to pay your rates rather than health. The key is trying to get older people to flourish which may need more than one approach as chronological ages 65 and105 have a big difference in needs. A plan was requested on how to engage consumer groups.

	Moved Sandra Coney; seconded Susan Sherrard *That the Northern Region Health Plan update report be received.* Carried
8.4	**Implementation of interRAI Long Term Care Facility (iLTCF) Assessment in Residential Care**
	International studies have shown that implementation of the interRIA Long Term Care Facility Assessment in to Aged Care Facilities will improve the quality of healthcare. One of the risks highlighted was that there is no compulsion for the facilities to continue the interRAI after 4 years, when the DHB funded implementation ends, when it is expected the ongoing costs will fall on providers. There was concern that smaller facilities will be excluded as they will not be able to afford additional registered nurse staff resources required and whether younger disabled people in aged care facilities would be covered. There was general discussion regarding the funding for the implementation. Moved Sandra Coney, seconded Pat Booth *That the report be received* Carried
8.5	**Child Rehabilitation Service**
	The Child Rehabilitation Service (CRS) has exceeded its capped contract volumes for children domiciled out of the Auckland metropolitan area for each of the last 6 years. The MoH approved additional funding in 2010 - 2011 to meet some of the over-delivery, but there has been no increase in the cap or additional funding for 2011 - 2012. This is especially a problem now with many Canterbury children referred as a result of the earthquakes and demand is unpredictable. The recommendation was that Waitemata DHB invoice the out of area DHB of Domicile at the national rate for Children's Rehabilitation Service. There is an agreed national price for the Service and the process is transparent. This option was used successfully in 2009/10 but due to the additional funding was not used in 2010/11. Funding is starting to flat-line and is not expected to change due to a number of factors including the global financial situation and impact of Canterbury earthquakes and therefore prioritisation of funds will become even more important. WDHB can no longer carry the financial risk so it is sensible that there should be agreement that there will be a charge. Another point was that this is a national service so is a MoH issue and the combined committee should use their voice to go back to MoH and other DHB's. The options to manage the risk of excess above the cap was either to try to raise the cap, although there is no more funding, or DHB's must manage the risk around their population. Whatever excess there is to the cap must be shared equally across the DHB's as this manages the whole NZ population. It was suggested that a paper be put to all CEO's, or through Planning & Funding managers, and this would also confirm the CRS as a *national* service and accordingly needing to be funded by MoH or all DHB's. The Chair proposed the recommendation that a paper be put to all DHB CEO's recommending agreement that the 20 DHB's share equally any excess above the cap, with the fallback position that the DHB of domicile be billed failing agreement from the 20 DHB's. Moved Jo Agnew, seconded Susan Buckland *That a paper be put to collective CEO's that excess above the cap for Child Rehabilitation Services be shared equally across the DHB's.* Carried

8.6	**Mainstream Positions at ADHB**
	The paper provided an update on the progress of creating up to 2 positions for people with disabilities under the Mainstream employment programme set up by the Ministry of Social Development. The key feature was that the job must be created and not be an existing vacancy, and there was concern about what would happen after the 2 year placement when funding provided by Mainstream expired. There seemed to be no reason why the employee would not be kept on after 2 years training to an agreed level of competency and no reason why that employee couldn't have preference for a like job vacancy elsewhere in the organisation i.e. the approach will be that it is a 2 year placement with a view to permanent employment. Moved Sandra Coney; seconded Susan Buckland *That the report regarding Mainstream Positions at ADHB be received and noted, and that the 2 year placements be viewed as an approach to permanent employment opportunities.* Carried
8.7	**Waitemata DHB Specialised Services for Older Adults (SSOA) Project Charter**
	The Service is guided by the WDHB DAP and MoH guidelines, and there was some discussion regarding the need to ensure that all DHB's are on the same pathway. The Regional Health of Older People Project should ensure some cohesion. Moved Jo Agnew; seconded Marie Hull-Brown *That report on the SSOA Project Charter be noted and that there be quarterly reports on progress to the Committee.* Carried
8.8	**Disability Access to Car Parking at North Shore Hospital and Waitakere Hospital**
	The paper outlined the impact that changes to carparking at both Waitakere and North Shore Hospitals have on some people with disabilities and how the DHB is managing those issues. There had been some media attention to the issue. The Committee discussed practical issues such as the (09) telephone number for assistance at the unmanned barrier arms, although this incurred a charge whereas an 0800 number would not. There could also be other options such as staffing the barrier arms at peak times, a pre-paid card similar to a staff swipe-card or an electronic system like the Northern Gateway toll road. The implications of paid carparking are an issue and although able bodied people can park on the surrounding streets for free and walk, disability access is required close to facilities yet must pass through barrier arms/pay to get to them. The Council have advised that illegal parking around North Shore Hospital will be enforced. It was noted that paid carparking is necessary so the DHB is not taking any money out of the operational budget and that to provide free carparking the budget would need to reduce by at least 100 nurses. Moved Sandra Coney, seconded Pat Booth *That the Committee explore options for disabled persons in relation to paid parking and ability to implement options and report back.* Carried
9.1	**Action Points for next DSAC Meeting**
	8.3 - Northern Region Health Plan – Update - The Chair requested an update at the next Committee meeting with a plan for how to engage consumer groups. (Janice Mueller)

	8.5 - Child Rehabilitation Service – Update – progress on paper be put to all DHB CEO's recommending agreement that the 20 DHB's share equally any excess above the cap with this be kept as Agenda item
10	**GENERAL BUSINESS**
	Agreement on date and purpose for DSAC Members Workshop It was observed that there had been a lot of noting and accepting of reports but the Committee needs a more strategic decision making role. Given that the Committee meetings are now 2-monthly, the Chair/Committee was keen to get on to things and have a workshop to shape agenda. The Committee can discuss things by email or by sub-committee and don't have to wait for a full Committee meeting to get things done to inform decision making for the Boards more than has happened in the past. This was generally supported. A date is to be proposed in October for the Committee to get together to discuss strategic directions.
	NEXT MEETING
	The meeting closed at 4.15pm The next scheduled meeting as a combined committee with Waitemata District Health Board is : 2:00pm, Wednesday 16 November 2011 Marie Hosking Room Level 7, Building 14 Greenlane Clinical Centre Epsom
CONFIRMED **CHAIR:**	**DATE:**

5

ACTION POINTS

- WEDNESDAY 21 SEPTEMBER 2011

Disability Support Advisory Committee
Action Points from the Meeting held on Thursday 21 September 2011

Item	Detail	Designated	Action
Carried forward	The Committee asked to be regularly informed on the interim funding pool and the clients once devolved. Management was asked to check with MoH as to what complaints or issues they were dealing with prior to devolution.	Lisa Gestro	• IFP Update will be in February • Taikura have reported that were no outstanding or unresolved complaints for IFP clients at the time of devolution.
5.	A briefing note was requested on the ACH Carpark and drop-off zone and a new zone of “assisted care”.	Lisa Gestro Reg Prasad	Plans of the new car park highlighting access car-parking will be available at the meeting.
5.	The MoH was to be requested to commit funds and address the ongoing problem of young people still at school having to travel by taxi from Wilson Home to school which was considered a service gap that needs to be resolved. A letter to MoH is to be drafted for review by the Committee prior to the next meeting.	Debbie Holdsworth	
8.1	The “Step Up Auckland” campaign from 3 or so years ago is to be recirculated.	Lisa Gestro	Completed
8.3	A plan was requested on how to engage consumer groups.	Janice Mueller Tony O’Connor	Paper included for this meeting
8.5	That a paper be put to collective CEO’s that excess above the cap for Child Rehabilitation Services be shared equally across the DHB’s.	Debbie Holdsworth Linda Harun	
8.7	That quarterly reports on the SSOA Project be provided	Tim Wood	
8.8	That options for disabled person in relation to paid parking and ability to implement options be expored and report back.	Alan Wilson Reg Prasad	Verbal update to be provided

6

CHAIRMAN'S REPORT

7

IMPROVEMENT ACTIVITIES

7.1 Combined Activity Report

7.1 Combined Activity Report

Making a healthy difference to the community

AUCKLAND and WAITEMATA DISTRICT HEALTH BOARD

COMBINED DISABILITY SUPPORT ADVISORY COMMITTEE

Date	Wednesday 16 November 2011
To	Auckland and Waitemata DHB - DSAC Committee
From	Tim Wood, Funding & Planning Manager, Denis Jury, CPFO
Author	Katrina Lenzie-Smith, Health of Older People, Programme Manager, WDHB Lisa Gestro, Planning and Funding Manager, ADHB
Functional Group	Auckland and Waitemata DHB Funding and Planning Managers
Subject	DISAC Quarterly Report on activities in Auckland & Waitemata DHBs

Purpose

The purpose of this report is to provide an update to DiSAC on the progress and activities occurring across both DHB's. Material is provided across both Boards where appropriate, and for specific boards as outlined.

Recommendation:

That the report be received by DiSAC.

Long Term Supports – Chronic Health Conditions (LTS-CHC)

The management of Long Term Support Services for people under the age of 65 years with chronic health conditions (LTS-CHC) has been devolved from the Ministry of Health to District Health Boards. This process is being managed regionally by the Northern Region DHBs with local delivery of services.

In the period leading up to the transfer of funding, planning at both DHB and Ministry level was completed. The National Health Board will monitor DHB performance in relation to the LTS CHC funding and services. Each region finalised how funding would be managed and negotiated contracts with NASCs to manage the access, assessment, and coordination functions. Reporting to the National Health Board on a quarterly basis will be coordinated by the Northern DHB Support Agency.

In the two months since DSAC met, activity around LTS-CHC includes:

- Development of operating guidelines for the regional review panel –this is significant as all new referrals to the pool with an estimated per annum cost of $80,000 or more need to be reviewed by the panel for acceptance. These guidelines are currently being consulted on across the region
- New contracting processes are being discussed and agreed to ensure timely access to services for clients referred to the pool
- Processes are being agreed around high needs children and the way that support agencies are being contracted for their care. Currently there is an issue with the high level of training required for staff allocated to LTS CHC children, and these carers are unable to be maintained during times of hospitalisation or in cases of delayed discharge as the contract is currently paid according to hours of care delivered rather than per high needs client. This is currently being reviewed.
- Further discussion is occurring about the ongoing relationship between DHB's and Taikura Trust in the management of these clients
- The Ministry of health has also recently circulated a document which helps clarify some of the existing boundary dispute between Disability funded clients and LTS CHC (DHB) funded clients, which is proving valuable.

InterRAI and Age Related Residential Care(ARRC) Quality

The national roll out of interRAI into ARRC facilities is to take place over the next four years with the associated implementation costs to be borne by individual DHBs. The implementation of the InterRAI – Comprehensive Clinical Assessment tool is supported by the utilising of the Momentum software. This was presented in a separate paper to the DiSAC committee in September. National pilot sites have been identified and there is only one provider in the Central Auckland area who has been selected in the first phase, but several others coming on stream in April 2011. There is currently a delay in getting the phase one cohort started due to availability of trainers.

Aged Residential Care Healthcare Utilisation Study (ARCHUS)

The Aged Residential Care Hospital Utilisation Study (ARCHUS) is a randomised cluster trial of multi-disciplinary clinical teams supporting nursing home staff to provide evidence-based care in order to reduce hospitalisations of residents. This study is underway with six facilities in each of the metropolitan Auckland DHBs being part of the intervention group. Interdisciplinary medicine reviews involving a geriatrician have been carried out on site at each facility. All intervention facilities are receiving one hour on site education sessions from a Gerontology Nurse Specialist. The intervention arm will be completed early 2012.

Certification

Under the Health and Disability Service (Safety) Act 2001 all ARRC facilities are required to provide safe and reasonable levels of service for consumers, and as such must have current Certification against the Health and Disability Standards. The Ministry of Health administers the certification process, and an ARRC facility may be

given a certification period of between 6 months and 4 years. Three year certification should be the norm.

Waitemata DHB currently has 61% and Auckland DHB has 64% of ARRC facilities with certification for 3 or more years. ARRC facilities that have had a change of ownership must undergo a provisional audit and can only receive 12 months certification.

Home Based Support Services (HBSS)

In June 2011, the Office of the Auditor General (OAG) published the HBSS national audit findings. This has been closely followed by a national review of the HBSS service specifications; both of which have informed activity at a local and regional level while supporting ongoing service development.

Waitemata DHB total expenditure for HBSS for FY 11/12 is estimated to increase by 2-3% compared to a 20-30% increase in expenditure between FY06-10. This reduction has been largely attributed to the short and medium term interventions of the HBSS taskforce specifically the development of new guidelines regarding the allocations of HBSS; closer monitoring and feedback of expenditure and regular taskforce meetings.

In October 2011, an audit of existing WDHB HBSS recipients commenced to discover more about the relationship between HBSS, the patient and associated health gains. This audit will assist in informing future development directions for these services.

In ADHB, further enhancements have continued to be made to the refined HBSS model, with the focus currently being on finalising the case mix funding model. Significant work has also been undertaken to better understand the clinical complexity of our clients currently categorised as complex with a view to determining what puts an older person at risk.

Volumes and costs for HBSS have continued to trend down against budget this quarter, due largely to readjustments in actual client numbers from the end of 2010/11 being washed up retrospectively.

A draft evaluation report from the University of Auckland on the new model of care as been received and is currently with the service development group for consultation. A more comprehensive report based on the findings of the evaluation will be provided to the next DSAC meeting.

interRAI Minimum Data Set (MDS) – Home Care (HC) and Contact Assessment (CA)

Training in the MDS – HC and CA commenced at WDHB in June 2011. Since then five cohorts of training have been completed which includes:

- 9 assessors competent in the HC and 2 assessors trained and working through competency
- 7 assessors trained in the CA and working through competency

- 4 further assessors will be trained before December 2012

The trained assessors work in both the inpatient and community settings. This is being implemented on time and within budget

ADHB – InteRAI audit of accredited assessors

In accordance with the National DHB Implementation Project (2008 – 2012) Auckland District Health Board has implemented the interRAI Home Care (interRAI-HC) and Contact Assessment (interRAI-CA). The National project seeks to improve assessment processes for older people in New Zealand and targets those people over 65 years who require a needs assessment for access to publicly funded services.

Auckland District Health Board commenced training assessors in August of 2009. As of August 2011, there were ten certified interRAI HC1 and 26 interRAI-CA only assessors.

Bi-annual audits aim to support the consistent use of interRAI assessment methodology and to identify inconsistencies against agreed business rules. In doing so, the quality of data at clinical, service and population levels should be supported. Furthermore, audits help to support the ongoing competency of certified interRAI assessors, as recommended by the National Training Service.

interRAI-HC assessments completed by seven certified assessors working in the Gerontology Service, A+ Links Home Health were audited and 29 assessors using interRAI CA in the community.

An audit tool and audit process was developed and subsequently adjusted following consultation feedback. The aim was to develop a tool that assessed standards as objectively as possible. The tool was piloted with a sample of two assessments and no issues using the tool arose. All standards were easily assessed and no issues of part achievement occurred.

This inaugural audit of the assessments was managed by the interRAI Lead Practitioner who acted as the auditor, and analysed results and compiled the findings. Assessors were notified of the audit and asked to provide two assessments completed in the previous month. The auditor then randomly selected one assessment to include in the audit.

Compliance was achieved for all assessors, with the following findings added to the overall final report:

- Assessors are working within the scope of their interRAI assessment
- certification
- Data field permission rights on the Client Overview page were compiled
- with across the sample
- The quality and content of assessment notes that were documented had
- high levels of achievement against the audit standards, demonstrating

- added value to the assessment coded information
- Assessment notes were not consistently present in all areas, particularly
- assessment items assessing Mood, Pain, Dizziness, and Dyspnea
- Entry of the assessor name on the Momentum client record and
- Community Service Card details did not achieve 100% compliance
- across the sample
- Assessment completion status did not achieve 100% compliance, two
- were still in 'draft' format
- Evidence of a care plan was achieved for the majority of the sample,
- however difficulty assessing this information made auditing these standards somewhat difficult

Advanced Care Planning (ACP)

The National Advanced Care Planning (ACP) Cooperative together with the Northern Region DHBs has developed a competence-based ACP training course in partnership with the National Health Service Connected™ Advanced Communication Programme. The course aims to improve participant's knowledge about ACP and to increase their communication skills, particularly around discussing ACP and end of life care. The Northern Region DHBs have been allocated 100 free training places for training that begins in February 2012, and in addition to this ADHB are sponsoring 10 places from Aged residential Care places following a brief selection process to identify sites to work with the national collaborative on this initiative.

NZ Disability Strategy Implementation Plan 2010-2013

The WDHB implementation plan status report is attached in Appendix II

Disability Awareness Training – e-learning module

The joint Waitemata and Northland DHBs Disability Awareness e-learning module went live on 19 September. To date 22 people have accessed the course and 16 people have completed it. Feedback has been positive and staff from other DHBs have asked if they would be able to access the course for their staff.

There has been a series of conversations and meetings between ADHB and WDHB over the last month to try and identify a partnership approach to the management and resourcing of Disability specific issues across the DHB's, and this is providing a useful platform for the work that ADHB are currently doing to progress the recommendations in the Accessibility Review commissioned in 2010.

Mainstream Update (ADHB)

Further to the update to DSAC dated 24 August 2011, communications via a number of mediums to ADHB employees and services regarding the Mainstream Programme and ADHB's participation has now closed, and seven services stepped forward and

have created eight positions.

They include:

- Allied Health Assistant (Allied Health)
- Team Administrator (Allied Health)
- Project Administrator (Maori Health)
- Kitchen Assistant (Auckland City Hospital Kitchen)
- Research Assistant (Paediatric Neurology)
- Marketing & Communications Assistant (Safekids)
- Ward Clerk (Tamaki Ward)
- Team Administrator (Occupational Health & Safety)

To date, six applicants have been sent from Elevator (the employment specialist for people with disabilities), with three being confirmed as suitable for interviewing, two yet to be matched to potential positions, and one not currently being suitable. From the applicants where there is a possible job match, all have some work experience, with one also having a bachelor's level degree, one having completed two years towards a bachelor degree, and one with limited schooling but the right attitude for work.

The project team have met and agreed the interview and selection process, which also includes pre-employment screening and workplace assessments. Where appropriate interviews are being set up and held throughout November.

This is a really exciting project where people in our community with disabilities are putting themselves forward, and we are able to provide meaningful work which benefits all.

WDHB – Car Parking

Further to the DiSAC meeting on 21 September, a free phone number has been set up for anyone who needs to call Traffic Services before coming to the hospital. The number is **0800 101190** and is on both the WDHB website and the barrier arms. For Deaf and hearing impaired people a number has been set up that they can text. This links to the Traffic Services office, who will respond immediately.

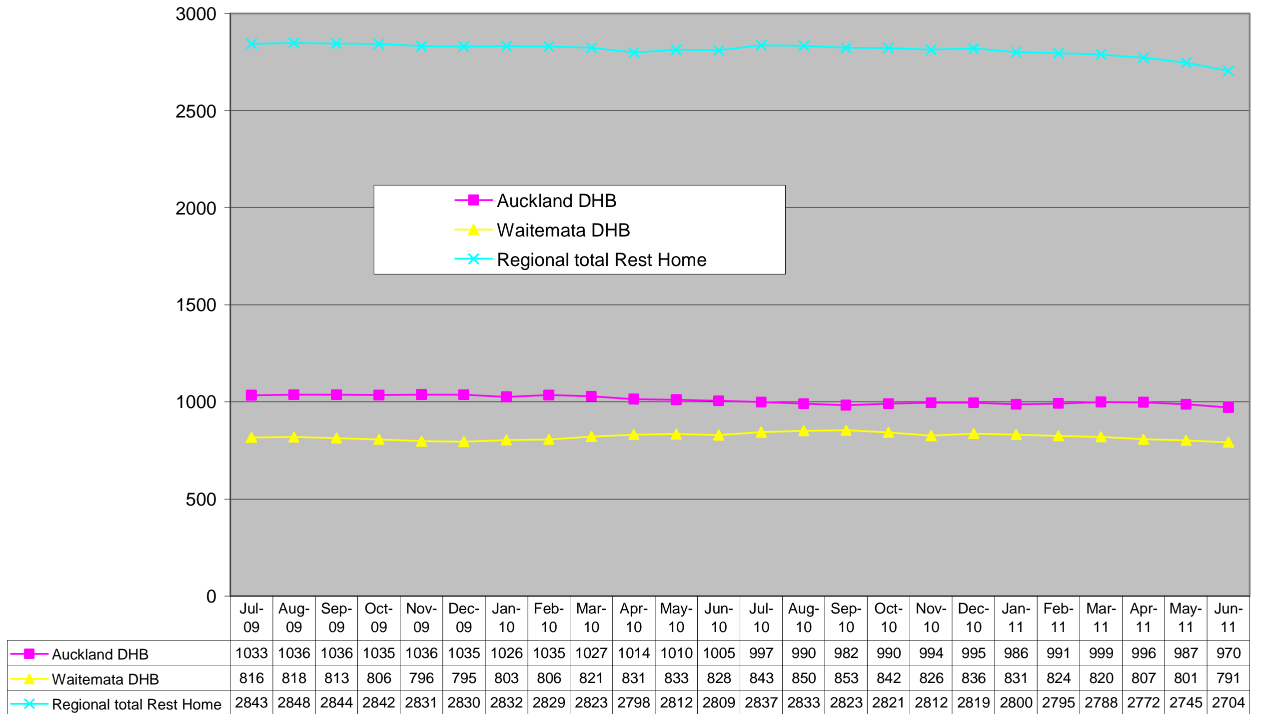
With regard to more complex individual situations, these will be dealt with on a case-by-case basis.

There have also been several conversations at ADHB to address the two issues that were raised in September – the first being the new car park, and graphic displays of the disabled car park layout will be presented to the Committee at the meeting.

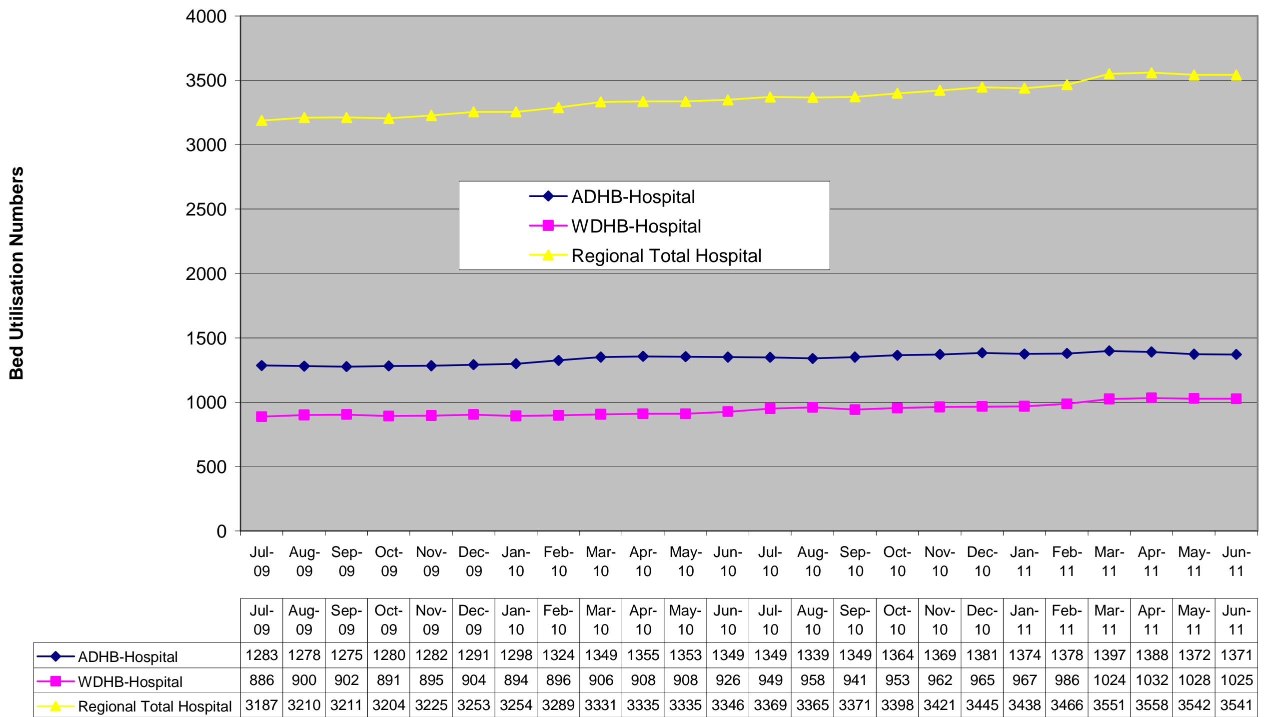
The second issue was in respect of making access to ADHB services easier for high user clients, foe whom cost could be considered a barrier to access at both the Auckland and Greenlane sites. Discussions with Wilson parking have confirmed that we are able to 'load up' values onto swipe cards for any clients that we wish, which

could provide either full value or subsidisation of parking for this group. Any further discussion on whether this should be pursued would need to be agreed by SLT, and would of course need to be considered against in line with agreed ADHB prioritisation processes.
Translation Policy, WDHB Waitemata DHB has a new Translation Policy. The policy includes considering different formats information needs to be available in, as well as different languages. This is a very positive step towards making sure information is inclusive to all.
Recruitment and Retention of Staff with Impairments policy Sam Bartrum, GM HR, has approved this policy and it is now available on the intranet for all managers. The updated policy gives advice on making recruitment an equal opportunity for applicants, advice on reasonable accommodations and information on supporting staff with disabilities. ADHB is currently underway with its Mainstream recruitment project, which is the subject of a separate paper for presentation at this meeting.
Appendix I : Combined KPI Report

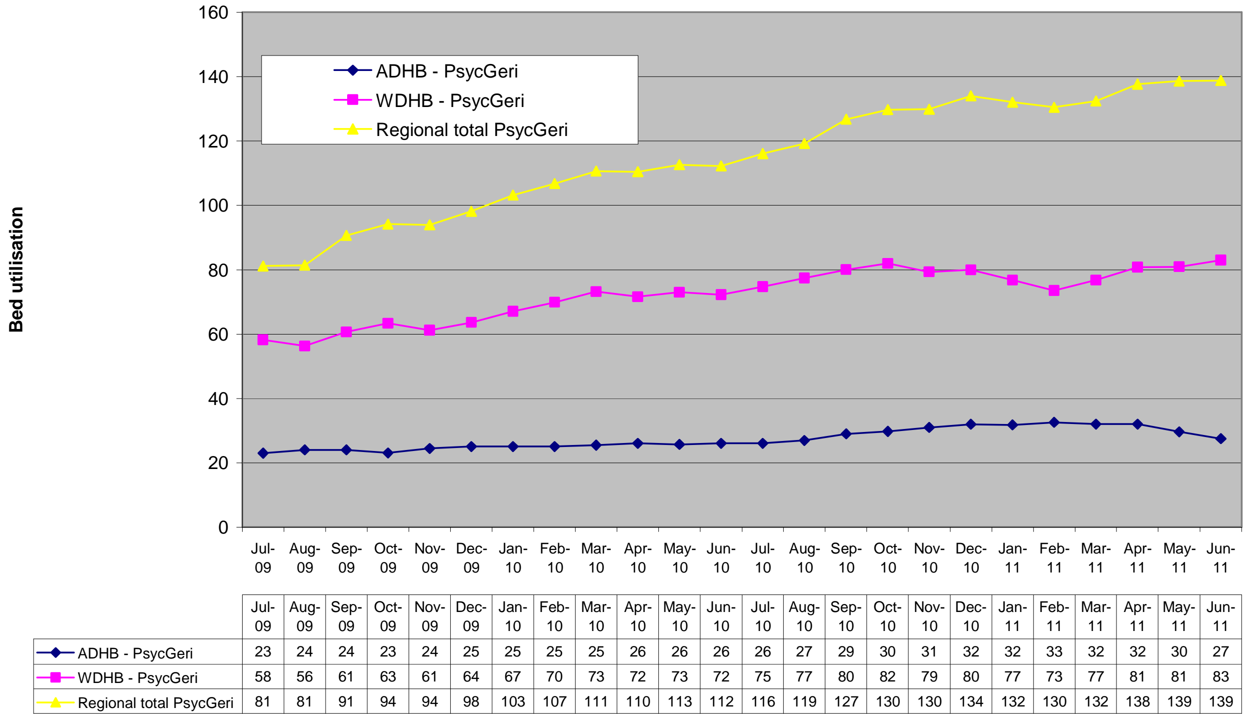
Appendix I – Combined KPI Report



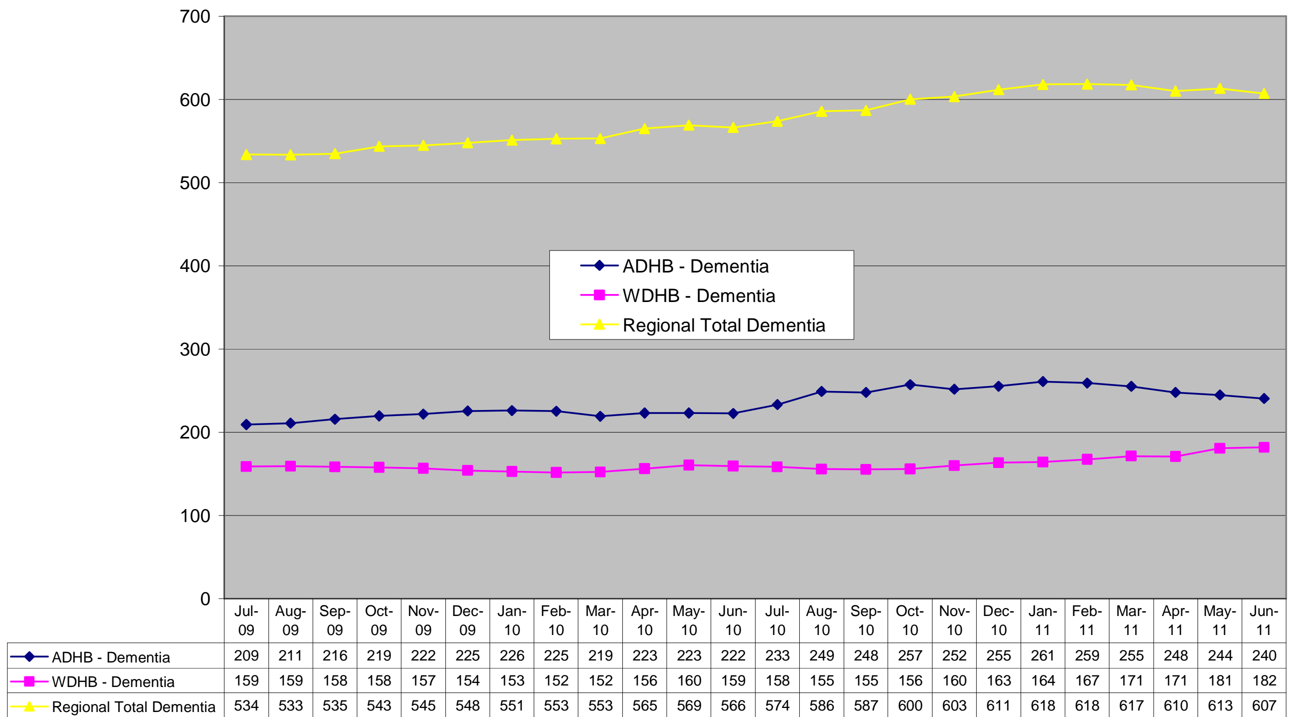
	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
Auckland DHB	1033	1036	1036	1035	1036	1035	1026	1035	1027	1014	1010	1005	997	990	982	990	994	995	986	991	999	996	987	970
Waitemata DHB	816	818	813	806	796	795	803	806	821	831	833	828	843	850	853	842	826	836	831	824	820	807	801	791
Regional total Rest Home	2843	2848	2844	2842	2831	2830	2832	2829	2823	2798	2812	2809	2837	2833	2823	2821	2812	2819	2800	2795	2788	2772	2745	2704



	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
ADHB-Hospital	1283	1278	1275	1280	1282	1291	1298	1324	1349	1355	1353	1349	1349	1339	1349	1364	1369	1381	1374	1378	1397	1388	1372	1371
WDHB-Hospital	886	900	902	891	895	904	894	896	906	908	908	926	949	958	941	953	962	965	967	986	1024	1032	1028	1025
Regional Total Hospital	3187	3210	3211	3204	3225	3253	3254	3289	3331	3335	3335	3346	3369	3365	3371	3398	3421	3445	3438	3466	3551	3558	3542	3541



	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
ADHB - PsycGeri	23	24	24	23	24	25	25	25	25	26	26	26	26	27	29	30	31	32	32	33	32	32	30	27
WDHB - PsycGeri	58	56	61	63	61	64	67	70	73	72	73	72	75	77	80	82	79	80	77	73	77	81	81	83
Regional total PsycGeri	81	81	91	94	94	98	103	107	111	110	113	112	116	119	127	130	130	134	132	130	132	138	139	139



	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
ADHB - Dementia	209	211	216	219	222	225	226	225	219	223	223	222	233	249	248	257	252	255	261	259	255	248	244	240
WDHB - Dementia	159	159	158	158	157	154	153	152	152	156	160	159	158	155	155	156	160	163	164	167	171	171	181	182
Regional Total Dementia	534	533	535	543	545	548	551	553	553	565	569	566	574	586	587	600	603	611	618	618	617	610	613	607

Appendix II – WDHB Disability Strategy Implementation Summary – November 2011

WAITEMATA DHB

is fully inclusive

Employment Opportunities

Providing employment opportunities for people with impairments and carers

Disability Awareness

Educating staff and challenging stereotypes and assumptions

Communication and Access to information

Empowering people through knowledge and understanding

Community and Consumer engagement

Building relationships and being responsive to needs

Physical Access

Overcoming a disabling society

Disability Awareness *Educating staff and challenging stereotypes & assumptions*
Current Status at 1 November 2011

What we will do… actions	**Who** will work on this… Partners / Collaborators	**When** will actions take place… in what order	**What** is the current status?
Provide a range of disability awareness training, targeting specific services.	Head of Departments GMs and key leaders DiSAC Committee Learning & Development	Ongoing	• COMPLETED Collaborative work with Northland DHB to develop a Disability Awareness e-learning module for health settings. Northland DHB Disability Advisory Group is overseeing the project. The training went live on 19 Sept 2011. To date 22 people have accessed the training and 16 people have completed the course. • COMPLETED The CALD Project e-learning module for working with CALD families with children with disabilities is complete. • Ongoing work to promote and deliver Disability Awareness Training.
Write article for Healthlines on Disability Coordinator role.	Communications	Q1 2010/2011 COMPLETED	April 2011 - Article on Health Passport in Healthlines. **Nov 2011** - Article on Health Passport implementation in Healthlines.
Target team meetings to introduce Disability Coordinator role.	Head of Departments GMs and key leaders	Ongoing	Taking the Health Passport to Team Meetings.
Develop clearer policies and procedures for working with patients with disabilities.	Quality Community Organisations	Q1-Q4 2010-2012	Policy started. Draft will go out for input and comment from clinical staff.
Develop 'Disability Champions' across WDHB.	GMs Operations Managers Charge Nurse Managers	Q1-Q4 2010-2012	Work not started.

Physical Access *Overcoming a disability society*
Current Status at 1 November 2011

What we will do… actions	**Who** will work on this… Partners / Collaborators	**When** will actions take place… in what order	**What** is the current status?
Review current Mobility/accessible car parking.	Traffic Services Facilities Dept Communications Dept	By Q4 2010/2011 Ongoing	**Nov 2011** – 0800 number has been put in place for people who may need to call ahead to Traffic Services. A number is available to text for Deaf & hearing impaired people. Nov 2011 – new parking building nearly complete at NSH. Has 20 accessible parking spaces.
Increase knowledge of Mobility/accessible parking by security staff.	Traffic Services	Ongoing	
Create maps of accessible car parking. Include maps in appointment letters and have them available on website.	Traffic Services Communications Dept Outpatient Departments	Ongoing	May 2011 – working to develop and Outpatients leaflet with Healthlinks. This would have maps on the back for patients. COMPLETED Nov 2011 – new site maps have been completed. New information to be included with Outpatient appointment letters.
Walk through 'patient journey' to look at accessibility issues.	Community Groups - IHC, Age Concern, Foundation for the Blind. Facilities Department	From Q1 – Q4 2010-2012	
Complete barrier free audits of all leased buildings.	Barrier Free Advisor Facilities Department	From Q1 – Q4 2010-2012	**Oct 2011** – Disability Strategy Coordinator has completed the 2-day Barrier Free training.
Develop accessibility audit policy and process for all new facilities.	GM Facilities Facilities Team	By Q4 2010-2012	Met with Facilities Dept who agreed that the Disability Strategy Coordinator would be involved in new build works. Currently reviewing the 'Disability Compliance Guidelines' policy.
Ensure public waiting areas, wards and treatment areas meet the needs of a range of impairments, including autistic spectrum disorders.	Facilities Team Outpatients Team	Ongoing	**Nov 2011** – it is now standard that the Disability Strategy Coordinator and the Consumer Engagement Coordinator are included in facilities planning.
The Disability Reference Group will work to raise and improve access issues.	Disability Reference Group	Ongoing	Working with Community Engagement Coordinator to look how to link input from people with disabilities into larger Community Engagement work.

Communication and Access to Information *Empowering people through knowledge and understanding*

Current progress at 1 November 2011

What we will do… actions	**Who** will work on this… Partners / Collaborators	**When** will actions take place… in what order	**What** is the current status?
Participate in development of Health Passport and work with HDC to plan roll out.	Health & Disability Commission (HDC) Quality Team, HOD Nursing	Draft passport out for consultation July 2010 Implementation during 2010/2011	**Nov 2011** – the Health Passport is currently being implemented across Waitemata DHB. Targeted internal marketing campaign and promotion to staff. Promotion of the Health Passport in the community and encouraging people to start bringing it into hospital.
Ensure WDHB website is accessible – both internet and intranet.	Communications Team	Ongoing	
Ensure patient information is in plain language with clear layout and good visuals.	Communications Team Waitakere & Rodney Health links & North Shore Community Health Voice Literacy Reference Group	Ongoing	**Nov 2011** – WDHB has a better understanding of the need for accessible information. Disability Strategy Coordinator asked to check information for accessibility more often. New consumer information being checked for Health Literacy by Waitakere and Rodney Health Links and consumers.
Increase formats of key documents, e.g. District Strategic Plan.	Communications Team	Ongoing	**Nov 2011** – Waitemata DHB has a new Translation Policy. The policy includes considering the different formats information needs to be available in, as well as different languages.

Community and Consumer Engagement Building relationships and being responsive to needs

Current Progress at 1 November 2011

What we will do… actions	**Who** will work on this… Partners / Collaborators	**When** will actions take place… in what order	**What** is the current status?
Set up Disability Reference Group.	-Waitakere & Rodney Health links & North Shore Community Health Voice. -Community Engagement Team. -General Managers. -Quality Team. -Community Groups working with traditionally 'silent' groups, eg. People with intellectual disabilities, people with Alzheimer's disease.	Ongoing	Working with Imelda Quilty-King, Community Engagement Coordinator to look how to link input from people with disabilities into larger Community Engagement work. Have had positive response from IHC to my request for feedback from service users at their Self Advocacy forums. Attended 'Health Service Co-design' workshop.
Ensure people with disabil-ities are identified as stake-holders in planning projects.	General Managers DiSAC and Board members (to request reports)	Ongoing	A policy for community engagement is being developed and will include involving people with disabilities in planning.
Improve the complaints process and make it more transparent.	Quality Team	COMPLETED	There is a dedicated person in the Quality Team to respond to complaints. The whole complaints process is being reviewed and the aim is to make a clearer, more transparent process accessible to all.
Develop group of self-advocates with intellectual disabilities.	IHC –Self Advocacy Team & Health Advisor. Spectrum Care People First.	Ongoing	**Nov 2011** – further to the MoH report on health outcomes for people with intellectual disabilities (Oct 2011), Spectrum Care, IHC and People First have been approached to discuss working together to improve health outcomes for people with intellectual disabilities.

Employment Opportunities Providing employment opportunities for people with impairments and carers

Current Progress at 1 November 2011

What we will do… actions	**Who** will work on this… Partners / Collaborators	**When** will actions take place… in what order	**What** is the current status?
Review all recruitment and employment policies and make recommendations as required.	HR Group Manager Recruitment Manager Workforce Planning	Q1-Q4 2010-2011 COMPLETED	Reviewed and rewritten the 2006 "HR Guide for Recruitment and Retention of People with Impairments" with HR. Involved in review of HR policies.
Review support given to Hiring Managers during the recruitment process.	HR Group Manager Recruitment Manager Occupational Health General Managers	Q1-Q4 2010-2011 COMPLETED	Working with HR to review the 'Impairments at Work' Policy.
Encourage the use of 'Mainstream' and other supported employment agencies.	HR Group Manager Recruitment Manager Workforce Planning Hiring Managers	Ongoing	Met with Workforce Development Consultant to discuss finding suitable roles and suitable teams to employ using 'Mainstream'. Nov 2010 - ARDS (Auckland Regional Dental Service) were awarded the Mainstream Runner Up Employer of the Year. This award acknowledges employers who have a record in creating successful job placements for disabled people. We can use this to encourage other managers in the DHB to offer jobs through supported employment agencies.
Review the process for the recruitment of staff with disabilities.	Occupational Health HR Group Manager Recruitment Manager Hiring Managers	Q1-Q4 2010-2011 COMPLETED	Have reviewed the process. Met with Occupational Health to discuss their role. There is work to be done to support Hiring Managers, but centralised budgets are very positive.
Collect data on the number of staff with disabilities (at the time of employment and/or when a disability is acquired).	HR Group Manager Workforce Planning GM, Decision Support Systems	Ongoing	It is not mandatory for the organization to collect this data. The new HRMS that is due in 2011 should mean that it is possible to collect this data. There are some issues about the accuracy of the data that will be collected.

8

PAPERS

8.1 Northern Region Health Plan - Update

8.2 Specialist Services Report (WDHB)

8.3 Accessibility Review Update (ADHB)

8.1 Northern Region Health Plan - Update

AUCKLAND and WAITEMATA DISTRICT HEALTH BOARD

COMBINED DISABILITY SUPPORT ADVISORY COMMITTEE

Date	Wednesday 16 November 2011
To	Combined Disability Support Advisory Committee (DSAC) for ADHB and WDHB
Author	Janice Mueller, Director Allied Health, Scientific & Technical Extension 23941 JMueller@adhb.govt.nz
Functional Group	Chris Pegg, Programme Manager, Health of Older People, NDSA
Subject	Northern Region Health Plan (NRHP) Health of Older People Workstream, October 2011 Update

1 Purpose

The purpose of this paper is to provide an update to the combined DSAC on the progress of the Health of Older People (HOP) Programme and Engagement of Consumers.

2 Recommendations

It is recommended that the Committee note the update

3 Progress To Date

The Implementation Plan for the HOP NRHP is on target for the first quarter of 2011/12.

Deliverables completed

1. The Implementation Plan and major milestones have been agreed.

   Note: The major targets were outlined in the September DSAC update.

2. The Clinical Network Group is recruited, and characterised by;

   - a multi-disciplinary group comprising 21 members
   - 66% are new members (not previously on the HOP working group who contributed to the establishment of the NRHP)

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<td>• 20% represent the ARC/HBSS/Primary Care and are not employed by DHBs.

3. Methodology and targets have been agreed for Safety & Quality of Care Initiatives (DHB to apply these first then roll out to ARC sector):

1. Falls (resulting in serious harm) reduction = 20%:

• Baseline data & reporting obtained from Risk MonitorPro (Incident Management system)

2. Pressure injuries reduction = 20%:

• Baseline data & reporting suggested on a daily random audit of five patients or annual audit (although some DHBs are still obtaining their baseline data).

Focus for Second Quarter

1. Induction of new HOP Clinical Network Group members – a familiarisation meeting is scheduled for next week.

2. Identify further KPIs and establish reporting framework.

3. Formulate a consumer engagement strategy (see overleaf).

4. Review of Home Based Support Services provision.

5. Stocktake and DHB alignment of dementia pathway development activities (activity currently underway at WDHB and CMDHB).

6. Develop detailed plan with First, Do No Harm workstream around patient safety initiatives.

7. Appraise & recommend health workforce initiatives.

8. Establish NRHP Year 2 initiatives which will feed into the NRHP and the four DHB District Annual Plans for 2012/2013.</td>
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<td>Consumer Engagement

Last month, DSAC requested a short update on how HOP NRHP was planning to engage consumers. Development of a HOP Consumer Engagement Strategy (CES) is scheduled for the second quarter and as at today, is in the very early stages of drafting and will be underpinned by a number of principles and best practice elements.

The myriad of services that older people can or should access, means engagement with consumers can be a challenging but not impossible task. For example, services may be provided by DHBs, social services (government and NGO), and community based specialist health services. In turn, older people access these services at many different points along the continuum of care i.e. via primary care (GP), secondary care (ED), or referral via NASC. What we know though, that in partnering with these older patients, residents and their families as advisors, their input will often result in new ways of working and</td>
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	provide practical strategies for success[1]. In setting it's CES, HOP intends to leverage off work undertaken to date and/or existing mechanisms of consumer representation as follows: • Consumer engagement processes for HOP will be consistent with current consumer/community engagement policies and procedures in the northern DHBs, as outlined in the recent Community/Consumer Engagement Report.[2] • Consumers and community group representation will reflect key ethnic and cultural groups e.g. Maori, Pacific Island and Asian older persons and their families/whanau. • Expert opinion/review will be sought from DHB staff employed in community/consumer engagement activity and planning where necessary. • Where NRHP initiatives overlap and/or are closely linked to other projects, existing consumer engagement programmes will be utilised. A good example is where the HOP (NRHP) design of a regional Dementia Care Pathway containing an Advance Care Plan (ACP) intends to adopt the ACP Programme's (NRHP) recent patient and family engagement strategy which was used to inform ACP tools and guidelines. • Working groups will be established to progress major initiatives and where relevant, membership will include consumers. For example, when evaluating the capacity for respite and day care, feedback from patients and/or their primary caregivers/families will be key to understanding demand and quality of service. • The wide representation of HOP CNG members, particularly in the ARC, primary care and community sectors will assist in identifying consumers to engage. For example, one HOP CNG executive member is from the NZ Aged Care Association representing 80% of ARC beds nationally. And sometimes, members of groups wear more than one hat – on the CMDHB Dementia Reference Group one member represents an aged care facility and her profession, in addition to being the daughter of a man suffering from Alzheimer's.

[1] "Partnering with Patients and Families" Presentation, Institute for Patient- & Family-Centred Care, www.ipfcc.org

[2] Community/Consumer Engagement Report prepared for Auckland & Waitemata DHBs Community & Public Health Advisory Committees Meeting 12/10/11

8.2 Specialist Services Report (WDHB)

Making a healthy difference to the community

AUCKLAND and WAITEMATA DISTRICT HEALTH BOARD

COMBINED DISABILITY SUPPORT ADVISORY COMMITTEE

Date	Wednesday 16 November 2011
To	Combined Disability Support Advisory Committee (DSAC) for ADHB and WDHB
Author	Diana Spratt-Casas, Project Manager, Specialist Services for Older People
Functional Group	Planning and Funding
Subject	Specialist Services for Older Adult Work Programme Update

1 Purpose

The purpose of this paper is to provide an update to the combined DSAC on the progress of the WDHB work programme for older adults.

2 Recommendations

It is recommended that the Committee note the update

3 Background

The Specialist Services for Older Adult (SSOA) programme of work was developed from the WDHB District Annual Plan 2011/12 and includes individual project plans for five priority work streams. It has a dedicated project manager and operates within the framework of a Project Charter and Terms of Reference. It is guided by a Governance Group and Stakeholder's network.

4 Delirium

Overall goal of this project is to increase WDHB hospital staff awareness of delirium and improve response and patient outcomes (e.g. less in-patient falls, better management of related behaviours, fewer family/patient complaints related to delirium, etc).

- Roll out to wards is progressing, although timelines were extended as all clinical areas were overwhelmed with the winter workload, and other DHB priorities.
- By December 2011, all adult wards will have initiated the implementation of

	the programme and auditing of compliance. • Audit results show wards have increased the use of the delirium assessment tool. However, not all over 65 year olds are being assessed on admission. There is increased recognition of delirium as a “behaviour of concern” with Medical staff, pharmacists and physiotherapists increasingly involved in delirium assessment.
	Dementia Overall goal of this project is to plan and commence development of a whole of continuum dementia clinical pathway consistent with regional and national dementia service development. Its focus is on early diagnosis and better integration of DHB, primary care and NGO services. • A draft Dementia Care Pathway Model has been presented to and endorsed by stakeholders and governance groups, as well as senior staff members with a particular interest in dementia. • A work group has been formed charged with developing dementia services from this model. • Mapping of existing services on to the pathway is underway. This will be followed by identification of service gaps. • Dr Graham Stokes, Director Dementia Care, BUPA is spending two hours with Dementia Work Group. Dr Stokes has for 20 years specialized in the area of dementia care and holds lecturing roles at the University of Birmingham and at Staffordshire University. • WDHB is collaborating with CMDHB in updating a literature review
	Facilities Overall goal of the project is to ensure Specialised Services for Older Adults facilities are fit for purpose. Refurbishment of the mental health inpatient unit, KMU, is the first priority. • Identifying appropriate decanting options has delayed progress.
	Single Point of Entry Overall goals of the project are to: • determine the feasibility of bringing together Mental Health Services for Older Adults and Older Adults and Home Health referrals into one system; and • plan and implement agreed changes to SSOA referrals, screening and triage processes, including the establishment of a streamlined interdisciplinary assessment process. • Process mapping each division’s processes has occurred. • Options for a single point of entry pilot are being explored.

	Workforce Overall goal of the project is to ensure managers and staff have access to appropriate training and workforce development opportunities. Emphasis is on progressing the integrated SSOA Model of Care including: • *Complete Interventions Training.* Specific programme has been developed for older adults and training will begin with MHSOA and KMU. • *Let's Get Real* –Let's Get Real is being converted to a e-learning tool. Roll out to MHSOA staff will commence from the end of October 2011. • *Advanced Nurse Practice role* - Dementia Nurse Specialist position description has been developed. • Community Alcohol and Drugs Co-existing Problems training continues.

8.3 Accessibility Review Update (ADHB)

Making a healthy difference to the community

AUCKLAND and WAITEMATA DISTRICT HEALTH BOARD

COMBINED DISABILITY SUPPORT ADVISORY COMMITTEE

Date	Wednesday 16 November 2011
To	Auckland and Waitemata DHB DiSAC Committees
Author	Lisa Gestro, Planning and Funding Manager, ADHB
Functional Group	Auckland DHB Funding and Planning Managers
Subject	Update on the implementation of the Accessibility Review

1 Purpose

The purpose of this Briefing paper is to provide background to new members on the Accessibility review undertaken by ADHB in 2010, and to provide all members with an update on progress since the last report to the Committee.

2 Recommendations

It is recommended that:

- The background material is noted
- The update is noted
- Guidance be provided about the recruitment of a resource to assist with the implementation of the strategy, and that consideration be given to the alignment of the current WDHB position, by way of a partnership approach.

3 Background

The need to better understand the needs of our disabled community, and our responsiveness to them as a large health service provider is something that has been a priority for the ADHB for the last several years. The drive to commission a project to seek this information was crystallised on the back of the release of the Step Up Auckland project, which was a cross sector initiative led by ADHB, the then Auckland City Council and AUT. The Disability Action Review was commissioned by the ADHB under the direction of the Disability Support Advisory Committee (DSAC) and the process to identify a project team, agree the scope and terms of reference began in earnest in 2009/10.

4 Process

For the benefit of new committee members, a brief outline of the key phases

	and elements of the process steps is summarised below: 1. A planning phase, where work was undertaken collectively with the steering group to confirm the scope, focus and timing of the overall Access Review, including the detailed activities, roles and responsibilities. 2. A comprehensive literature review was then undertaken by collecting empirical data from a range of groups and individuals using a multi-method approach to ensure rigour and robustness. The empirical data will be gathered through both key informant interviews and focus groups. 3. Key informant interviews provided an opportunity to conduct in depth individual conversations in a semi-structured manner and within a secure environment. Key informants are usually people who are well-informed as well as being grounded within the project context. In this case key informants included a range of staff members in a variety of positions within ADHB. Individual key informants were chosen to offer a variety of perspectives and a range of levels of participation. As such they provided valuable insights that allow the identification of both strengths and gaps, as well as the formation of realistic recommendations. 4. Focus Groups were an effective way of developing and recording discussion about access within the ADHB environment. Focus Group participants contributed to a guided conversation and shared views with other participants. In such a conversation, differing perspectives and experiences were elaborated which contributed to the overall data, including both areas of agreement and disagreement. In the interest of full and frank discussion, all interviews and focus group discussions were confidential and anonymous.
5	**Result** The resulting report is a wide ranging and comprehensive report which covers not only the physical environs of all four ADHB building sites, but also access to information for disabled health users, the inpatient and outpatient experience of people with a disability, and the overall experience of interacting with services, from signage and way finding, parking and importantly staff attitudes and overall responsiveness.
6	**Key findings** The resulting report makes a series of recommendations for consideration. Many of small scale changes that can be easily realised and will have an immediate and positive effect on the experience of disabled service users. Many however are large scale and contain budget considerations which will need to be factored into District Annual Planning processes in subsequent years. The full list of recommendations resulting from the report are contained in the Workshop briefing paper, and can be largely summarised into the following three categories:

	1. Access to Information 2. Access to the physical environment 3. Staff Attitudes A steering group was established in 2010 to prioritise the recommendations, and then following SLT and DSAC sign off, implement the prioritised objectives over the next three years in line with District Annual Planning process.
7	**Work to date** The group has met on a number of occasions, and quick wins have been actioned where possible. The greatest progress has been made in the area of education and training, with an introduction to Disability Awareness now included at our monthly orientation sessions for new staff, and a Disability responsiveness module in development, which will be included as part of our core competency training for all staff via MOODLE as of January 2012. A commitment has been made to future proofing all new builds and renovations across both Greenlane and Grafton sites, with Disability advisors via Barrier Free being consulted on any new work. Clearly remedying historical infrastructure is costly and labour intensive, but where an urgent need has been identified in the report then this work is being prioritised along side other recommendations. Significant progress has been made in communicating with clients with a disability, and consultation with the disability sector has been a large component of the new Consumer engagement strategy which has gone live in the last month. There is a very clear need to systematically review all patient letters and information leaflets, and a systematic review across all outpatient services will be prioritised against other recommendations for the coming year. As part of the overall prioritisation of the recommendations, the steering group has spent a significant amount of time debating objective 18, which is the recruitment of a disability advisor for the organisation. As part of this discussion many conversations have been held with the holder of this post in the Waitemata DHB, and we see that there is an opportunity for a strategic partnership to be established across two key positions, which would be of mutual benefit to both DHBs. If this approach is endorsed by DSAC then a full prioritisation bid will be developed for a part time resource in the 20112/13 year.

9

CONFIRM

9.1 Action Points for next DSAC Meeting

9.2 DSAC Feedback to CPHAC

9.3 DSAC Feedback to Board

Use Forms at beginning of Meeting Pack

10

GENERAL BUSINESS

Making a healthy difference to the community

AUCKLAND and WAITEMATA DISTRICT HEALTH BOARD

COMBINED DISABILITY SUPPORT ADVISORY COMMITTEE

MEETING DETAILS		
Time and Date	**2:00 pm – 4:00 pm, Wednesday 16 November 2011**	
Venue	Marie Hosking Room, Level 7 Building 14, Greenlane Clinical Centre	
Members	Sandra Coney (Chair), Dairne Kirton, Jan Moss, Jo Agnew, Lester Levy, Marie Hull-Brown, Max Abbot , Michelle Cavanagh, Pat Booth, Robyn Northey, Susan Buckland ADHB, Susan Sherrard, Russell Vickery	
Apologies		
In Attendance	Garry Smith, Denis Jury, Lisa Gestro, Janice Mueller Ian Bell, Carolyn Simmons Carlsson, Dale Bramley	
	Item	**Page No**
1 5m to 2:05 pm	**Karakia and Introductions**	**001**
2 5m to 2:10 pm	**Attendance and Apologies**	**005**
3 5m to 2:15 pm	**Conflicts of Interest**	**007**
4 5m to 2:20 pm	**Confirmation of Minutes** - Wednesday 21 September 2011	**015**
5 5m to 2:25 pm	**Action Points** - Wednesday 21 September 2011	**023**

6 5m to 2:30 pm	**Chairperson's Report**	**027**
7 20m to 2:50 pm	**Improvement Activities** 7.1 Combined Activity Report	**029** **031**
8 10m to 3:00 pm 10m to 3:10pm 10m to 3:20pm	**Papers** 8.1 Northern Region Health Plan – Update 8.2 Specialist Services Report (WDHB) 8.3 Accessibility Review Update (ADHB)	**049** **051** **057** **063**
9 5m to 3:25 pm	**Confirm** 9.1 Action Points for next DSAC Meeting 9.2 DSAC Feedback to CPHAC 9.3 DSAC Feedback to Board	**069**
10 5m to 3:30 pm	**General Business**	**071**

NEXT MEETING

Time and Date: 2:00 pm – 4:00 pm, Wednesday 7 March 2012

Venue: Marie Hosking Room, Level 7 Building 14, Greenlane Clinical Centre

Hei Oranga Tika Mo Te Iti Me Te Rahi

Healthy Communities, Quality Healthcare