## Counties Manukau District Health Board
### Disability Support Advisory Committee Meeting Agenda

**Wednesday, 26 August 2015 at 1.30 – 4.00pm, Manukau Boardroom, CM Health Board Office, 19 Lambie Drive, Manukau**

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
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<tbody>
<tr>
<td>1.30 – 1.40pm</td>
<td>1. Welcome</td>
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<td>1.40 – 2.00pm</td>
<td>2. Governance</td>
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<tr>
<td></td>
<td>2.1 Attendance &amp; Apologies</td>
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<td></td>
<td>2.2 Disclosure of Interests/Specific Interests</td>
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<td></td>
<td>2.3 Confirmation of Previous Minutes (3 June 2015)</td>
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<td>2.4 Action Items Register</td>
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<td>2.5 DISAC Terms of Reference - Redraft</td>
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<td>2.00 – 2.45pm</td>
<td>3. Disability Strategy – Community Dialogue</td>
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<td></td>
<td>3.1 How the Voice of Disability is being heard (Locality General Managers, Denise Kivell &amp; Renee Greaves)</td>
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<td></td>
<td><strong>Afternoon Tea</strong></td>
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<td>3.00 – 3.15pm</td>
<td>4. For Discussion</td>
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<tr>
<td>3.15 – 3.30pm</td>
<td>4.1 Clinician Capability Update (Kim Wiseman)</td>
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<td>4.2 Disability Support Services Funding</td>
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**Next Meeting: Wednesday 18 November 2015**  
Manukau Boardroom, CM Health Board Office, 19 Lambie Drive, Manukau
## COMMITTEE MEMBER ATTENDANCE SCHEDULE 2015 – DiSAC

<table>
<thead>
<tr>
<th>Name</th>
<th>Jan</th>
<th>Feb</th>
<th>11 Mar</th>
<th>Apr</th>
<th>May</th>
<th>3 June</th>
<th>July</th>
<th>26 Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>18 Nov</th>
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<td>Lee Mathias (Board Chair)</td>
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<td>Colleen Brown (DiSAC Chair)</td>
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<td>Sandra Alofivae</td>
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<td>Dianne Glenn</td>
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<td>Mr Sefita Hao’uli</td>
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<td>Ms Wendy Bremner</td>
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<td>Mr Ezekiel Robson</td>
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* As from 26 August no longer on this Committee  
** New member as from 26 August
<table>
<thead>
<tr>
<th>Member</th>
<th>Disclosure of Interest</th>
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<tbody>
<tr>
<td>Dr Lee Mathias, Chair</td>
<td>• Chair Health Promotion Agency &lt;br&gt;• Chairman, Unitec &lt;br&gt;• Deputy Chair, Auckland District Health Board &lt;br&gt;• Director, Health Innovation Hub &lt;br&gt;• Director, healthAlliance NZ Ltd &lt;br&gt;• Director, New Zealand Health Partners Ltd &lt;br&gt;• External Advisor, National Health Committee &lt;br&gt;• Director, Pictor Limited &lt;br&gt;• Advisory Chair, Company of Women Limited &lt;br&gt;• Director, John Seabrook Holdings Limited &lt;br&gt;• MD, Lee Mathias Limited &lt;br&gt;• Trustee, Lee Mathias Family Trust &lt;br&gt;• Trustee, Awamoana Family Trust &lt;br&gt;• Trustee, Mathias Martin Family Trust</td>
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<tr>
<td>Colleen Brown</td>
<td>• Chair, Disability Connect (Auckland Metropolitan Area) &lt;br&gt;• Member of Advisory Committee for Disability Programme Manukau Institute of Technology &lt;br&gt;• Member NZ Down Syndrome Association &lt;br&gt;• Husband, Determination Referee for Department of Building and Housing &lt;br&gt;• Chair IIMuch Trust &lt;br&gt;• Director, Charlie Starling Production Ltd &lt;br&gt;• Member, Auckland Council Disability Advisory Panel</td>
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<tr>
<td>Sandra Alofivae</td>
<td>• Member, Fonua Ola Board &lt;br&gt;• Board Member, Pasefika Futures &lt;br&gt;• Board Member, Housing New Zealand</td>
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<tr>
<td>David Collings</td>
<td>• Chair, Howick Local Board of Auckland Council &lt;br&gt;• Member Auckland Council Southern Initiative</td>
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<td>Dianne Glenn</td>
<td>• Member – NZ Institute of Directors &lt;br&gt;• Member – District Licensing Committee of Auckland Council &lt;br&gt;• Life Member – Business and Professional Women Franklin &lt;br&gt;• Member – UN Women Aotearoa/NZ &lt;br&gt;• Vice President – Friends of Auckland Botanic Gardens and Member of the Friends Trust &lt;br&gt;• Life Member – Ambury Park Centre for Riding</td>
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<tr>
<td>Name</td>
<td>Roles and Responsibilities</td>
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<tr>
<td>Therapy Inc.</td>
<td>• CMDHB Representative - Franklin Health Forum/Franklin Locality Clinical Partnership</td>
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<td>• Vice President, National Council of Women of New Zealand</td>
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<td></td>
<td>• Member, Auckland Disabled Women’s Group</td>
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<td></td>
<td>• Member, Pacific Women’s Watch (NZ) Limited</td>
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<td>• Justice of the Peace</td>
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<td>Reece Autagavaia</td>
<td>• Member, Pacific Lawyers’ Association</td>
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<td>• Member, Labour Party</td>
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<td>• Member, Auckland Council Pacific People’s Advisory Panel</td>
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<td>• Member, Tangata o le Moana Steering Group</td>
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<td>• Employed by Tamaki Legal</td>
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<td>• Board Member, Governance Board, Fatugatiti Aoga Amata Preschool</td>
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<td>Sefita Hao’uli</td>
<td>• Trustee Te Papapa Pre-school Trust Board</td>
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<td>• Member Tonga Business Association &amp; Tonga Business Council</td>
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<td>• Member ASH Board</td>
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<td>• Board member, Pacific Education Centre Advisory roles:</td>
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<td></td>
<td>• Tongan Community Suicide Prevention Project (MoH)</td>
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<td></td>
<td>• Tala Pasifika (NZ Heart Foundation Pacific Tobacco Control)</td>
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<td></td>
<td>• Member Pacific People’s Advisory Panel, Auckland Council</td>
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<td>Consultant:</td>
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<td>• Government of Tonga: Manage RSE scheme in NZ</td>
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<td>• NZ Translation Centre: Translates government and health provider documents.</td>
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<td>• Promotus GSL on Rheumatic Fever campaign (HPA)</td>
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<td>• Taulanga U Society Rheumatic Fever Innovation project (MoH)</td>
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<tr>
<td>Name</td>
<td>Positions and Contributions</td>
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</tbody>
</table>
| Ezekiel Robson| • Department of Internal Affairs Community Organisation Grants Scheme Papakura/Franklin Local Distribution Committee  
                  • Be.Institute/Be.Accessible ‘Be.Leadership 2011’ Alumni  
                  • Member, CM Health Patient & Whaanau Centred Care Consumer Council                                                                 |
| Wendy Bremner | • CEO Age Concern Counties Manukau Inc  
                  • Member of Health Promotion Advisory Group (7 Age Concerns funded by MOH)  
                  • Member Interagency Suicide Prevention Group                                                                                                   |
| John Wong     | • Director, Asian Family Services at The Problem Gambling Foundation of New Zealand (PGF), also part of the PGF national management team  
                  • Member, National Minimising Gambling Harm Advisory Group  
                  • Chairman and Trustee, Chinese Positive Ageing Charitable  
                  • Chairman, Chinese Social Workers Interest Group of the Aotearoa New Zealand Association of Social Workers  
                  • Chairman, The Asian Health network of East Health Trust  
                  • Founding member and council member, Asian Network Incorporation (TANI)  
                  • Board member, Auckland District Police Asian Advisory Board  
                  • Member, Auckland and Waitemata DHBs Suicide Prevention Advisory Group  
                  • Board member, Manukau Institute of Technology (MIT) Chinese Community Advisory Group  
                  • Member, CADS Asian Counselling Service Reference Group  
                  • Member, Waitemata DHB Asian Mental Health & Addiction Governance Group  
                  • Member, Older People Advisory Group (ACC)  
                  • Member, University of Auckland Social Work Advisory Group  
                  • Member, Community Advisory Group of Health Care New Zealand  
                  • Member, Auckland Regional Public Health Service – Asian Public Health External Reference Group |
| Arthur Anae   | • Councillor, Auckland Council  
                  • Member The John Walker ‘Find Your Field of Dreams’ |
## DISABILITY SUPPORT ADVISORY COMMITTEE MEMBERS’ REGISTER OF DISCLOSURE OF SPECIFIC INTERESTS

**Specific disclosures (to be regarded as having a specific interest in the following transactions) as at 26 August 2015**

<table>
<thead>
<tr>
<th>Director having interest</th>
<th>Interest in</th>
<th>Particulars of interest</th>
<th>Disclosure date</th>
<th>Board Action</th>
</tr>
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<tbody>
<tr>
<td>Mr Ezekiel Robson</td>
<td>Be.Institute</td>
<td>Mr Robson had a past interest with the Be.Accessible Leadership Alumi.</td>
<td>18th June 2014</td>
<td>That Mr Robson’s specific interest is noted and the Committee agree that he may remain in the room and participate in any deliberations or decisions.</td>
</tr>
</tbody>
</table>
Minutes of the meeting of the Counties Manukau District Health Board

**Disability Support Advisory Committee**

**Wednesday 3 June 2015**

held at Counties Manukau Health Boardroom, 19 Lambie Drive, Manukau
commencing at 1.30pm

**COMMITTEE MEMBERS PRESENT:**

Dr Lee Mathias (Board Chair)
Ms Colleen Brown (Committee Chair)
Mr David Collings
Mr Apulu Reece Autagavaia
Mr Sefita Hao’uli
Mr Ezekiel Robson

**ALSO PRESENT:** Mr Martin Chadwick (Director of Allied Health)

**APOLOGIES:** Apologies were received and accepted from Ms Dianne Glenn, Ms Wendy Bremner, Mr George Ngatai, Ms Sandra Alofivae, Mr Geraint Martin and Dr Lee Mathias (for leaving early).

Dr Mathias asked that the issue of attendance and time of arrival at Board and Board sub-committee meetings be placed on the 17th June Board only session agenda.

**WELCOME** The Chair welcomed everyone to the meeting.

**2.2 DISCLOSURE OF INTERESTS**
The Disclosures of Interest were noted with no amendments.

**2.2 SPECIFIC INTERESTS**
There were no specific interests to note with regard to the agenda for this meeting.

**2.3 ACRONYMS**
The acronym list was noted.

**2.4 CONFIRMATION OF PREVIOUS MINUTES**
Confirmation of the Minutes of the Counties Manukau Health Disability Support Advisory Committee meeting held 11 March 2015.

Dr Mathias confirmed that the second half of the Recommendation to the Board on page 9 of these minutes was Passed at the last Board meeting however, the first half of the Recommendation was not as the Board felt it needed rewording. Mr Martin undertook to look at
the Maaori Health Plan to ensure that disabled people have been identified and what the relationship is to the First 2000 Days programme and report back to the Committee.

Dr Mathias also confirmed that the Recommendations to the Board on page10 of these minutes were Received at the last Board meeting.

Resolution (Moved Ms Colleen Brown/Seconded Mr Ezekiel Robson)

That the minutes of the Counties Manukau Health Disability Support Advisory Committee meeting held 11 March 2015 be approved.

Carried

2.5 ACTION ITEMS REGISTER
The following items were verbally updated at the meeting:

**Carers New Zealand**

The original discussion in April 2015 was in regard to people with disabilities turning 65 and whether their care was transferred to another provider at that stage. This creates problems with peoples understanding and perceptions and what resources are available.

It was agreed that rather than have a presentation from Carers NZ, Mr Chadwick & Ms Dana Ralph-Smith come back to the Committee with a position statement paper from a service perspective to enable the Committee understand what we are dealing with (ie) what is happening now, what the MoH direction is in relation to what should be happening and is that different and what would our Health of Older Persons service think is the ideal way this should happen. 

*This item will remain on the Action Item Register but be updated.*

(Mr Collings arrived at 1.50pm)

**Health Navigator**

Mr Chadwick to look into the status of the Health Navigator - what it is doing, what is their activity, what are the similarities/differences with Healthpoint and what is happening here in this area (ie) Swift and report back to the Committee with a paper.

*This item will remain on the Action Item Register but be updated.*

**Disability Strategy**

This was covered at the 11th March DiSAC meeting.

*This item can be removed from the Action Item Register.*

**DiSAC ToR**

Ms Brown noted that there were two Manawhenua representatives on previous DiSAC committees that might once again sit on this Committee.

Mr Robson commented that it was important to have Maaori who have experience with disability advising this sub-committee on their needs. If this sub-committee is making decisions that impact on disabled Maaori we need their voice here, he cannot give valid advice that would meet their needs.

*This item has been deferred to the Board Chair to follow up in*
conjunction with ongoing discussions she is currently having with Manawhenua regarding representation at MHAC.

This item will remain on the Action Item Register.

Dr Mathias asked that at the next MHAC meeting, the subject of Board Sub-Committees and how we would see Manawhenua contributing to them be placed on the agenda and that the Board Sub-Committee Secretary email a link to the DiSAC & CPHAC minutes on the CM Health website to Manawhenua for their information.

2.6 DiSAC TERMS OF REFERENCE
Mr Chadwick to review the five clauses under Health of Older People (page 2) to ensure they reflect the need to monitor disability in the older persons’ community.

Resolution (Moved Ms Colleen Brown/Seconded Dr Lee Mathias)

That the Action Items Register of the Counties Manukau Disability Support Advisory Committee be received.

Carried

3. CLINICIAN LITERACY

3.1 Developing Clinician Capability
Ms Kim Wiseman, Building Capability Lead, Ko Awatea and Ms Linda Berkett, People & Professional Development Manager took the Committee through their presentation. A copy of the presentation is available on the CM Health website.

(Dr Lee Mathias departed at 2.25pm).

A small working group was formed to give clear direction as to how the Committee could inform improved workforce capability and competence around working with the disability community.

Time was invested to clarify what was the problem they were trying to solve. A problem statement was developed: 

Knowledge, attitudes and skills are lacking around issues pertaining to dealing with the disability community in delivering respectful care by CMH employees.

By clarifying the problem, it gave an aim or resolution:

Any person with a disability or a disability support person will have the confidence that any care delivered will be done in a knowledgeable and respectful way with a focus on inclusion on all aspects or care delivery and in a way which is accessible to the client/patient.

Next steps – Resource and partner with disabled people to:
• Understand more about where we are falling short for our disability community
• Work with Consumer Council, Patient Experience Team & PWCC Board to strengthen the wider capability building approach
• Proposal for development activity to DiSAC
• International Day of Persons with Disabilities
Ms Brown, Mr Robson and Mr Chadwick agreed to work with Kim and Linda on the next steps.

**Resolution** (Moved Ms Colleen Brown/Seconded Mr Ezekiel Robson)

**The Disability Support Advisory Committee:**

- Reviewed the Te Pou documentation.
- Received the presentation from the Building Capability team detailing the above points.
- Discussed the live experiences and concerns but did not address the perceived gaps.
- Discussed some solutions for the Building Capability team to investigate further:
  - Patient Experience sessions with disabled people/patients
  - Close the gap between empathy & sympathy
  - Capture appropriate data
  - Do something around Disability Awareness Week of which 3rd December is International Day of Persons with Disability
- Discussed what success would look like for CMH if the aim statement was achieved.
- Agreed that Ms Wiseman come back to the 26th August DiSAC meeting with an updated paper setting out what’s happened between now and then and the work in train with a presentation at the 18th November meeting setting out an informed work plan/strategy to move forward, what that looks like and timeline.

**Carried**

The Chair thanked Ms Wiseman and Ms Birkett for their presentation.

4. **DISCUSSION**

4.1 Manawhenua Community Representative on DiSAC
This item was discussed under Item 2.5 above.

5. **GENERAL BUSINESS**

Mr Hao’uli suggested that a Pacific community representative with a disability been appointed to the Committee. Ms Brown undertook to discuss this with the Board Chair.

The meeting concluded at 3.49pm.

The minutes of the Counties Manukau Health’s Disability Support Advisory Committee meeting held 3 June 2015 be approved.

(Moved /Seconded )
Items once ticked complete and included on the Register for the next meeting, can then be removed the following month.

**Disability Support Advisory Committee Meeting – Action Items Register – 26 August 2015**

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<thead>
<tr>
<th>DATE</th>
<th>ITEM</th>
<th>ACTION</th>
<th>DUE DATE</th>
<th>RESPONSIBILITY</th>
<th>COMMENTS/UPDATES</th>
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<tbody>
<tr>
<td>11.3.2015</td>
<td>5.1</td>
<td><strong>Disability Strategy</strong> – Community Dialogue:</td>
<td></td>
<td>Mr Chadwick</td>
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<td></td>
<td></td>
<td>• Presentations from the four Locality GMs detailing the community engagement forums they have in pace and seeking clarification on how the voice of the disability and older persons communities are being heard.</td>
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<td>• Presentations from the hospital services consumer council seeking clarification on how the voice of the disability and older persons communities are being heard</td>
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<td></td>
<td>with a view to drafting a recommendation to the Board summarising DiSACs view on Community Dialogue on issues unique to the disability and older persons communities</td>
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<td>11.3.2015</td>
<td>5.1 <strong>Disability Strategy</strong> – Statistics pertaining to the disability community:</td>
<td></td>
<td>Mr Chadwick</td>
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<td>11.3.2015</td>
<td>• Presentations from the population health team collating known information pertaining to the disability community</td>
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<td>11.3.2015</td>
<td>• Form a view as to whether the information reported to date is adequate to form a view of health issues of the disability community</td>
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<td></td>
<td>11.3.2015</td>
<td>With a view to drafting a Recommendation to the Board summarising DiSACs view on current and ongoing reporting of information unique to the disability community</td>
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<tr>
<td>11.3.2015</td>
<td>5.1</td>
<td><strong>Disability Strategy</strong> - Update on initiative focusing on Health Literacy:</td>
<td>March 2016</td>
<td>Mr Chadwick</td>
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</table>
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<tr>
<td>3.6.2015</td>
<td>2.4</td>
<td>Update on Health Navigator</td>
<td>18 November</td>
<td>Mr Chadwick</td>
<td>Work underway - Mr Martin to report back at the November meeting.</td>
</tr>
<tr>
<td>3.6.2015</td>
<td>2.5</td>
<td>Māori Health Plan – Mr Chadwick to ensure that disabled people have been identified and what the relationship is to the First 2000 Days programme.</td>
<td>18 November</td>
<td>Mr Chadwick</td>
<td>3.6.2015 - deferred to Board Chair for follow-up with Manawhenua.</td>
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<tr>
<td>3.6.2015</td>
<td>2.5</td>
<td>Manawhenua community representative for this Committee.</td>
<td>26 August</td>
<td>Mr Chadwick</td>
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<tr>
<td>3.6.2015</td>
<td>2.5</td>
<td>Paper on funding for disability services:</td>
<td>26 August</td>
<td>Mr Chadwick/ Dana Ralph-Smith</td>
<td></td>
</tr>
<tr>
<td>3.6.2015</td>
<td>2.6</td>
<td>Health Navigator – paper on what is happening with Health Navigator – what is their activity, what are the similarities/differences with Healthpoint and what is happening here in this area (ie) Swift.</td>
<td>18 November</td>
<td>Mr Chadwick</td>
<td>Mr Martin investigating and will report back to the November meeting.</td>
</tr>
<tr>
<td>3.6.2015</td>
<td>2.6</td>
<td>DiSAC Terms of Reference – review 5 clauses under Health of Older People to ensure they reflect the need to monitor disability in the older persons’</td>
<td>26 August</td>
<td>Mr Chadwick</td>
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<tr>
<td>3.6.2015</td>
<td>3.1</td>
<td><strong>Clinician Literacy</strong> - Developing clinician capability. Updated paper setting out what’s happened between June and August and work in train. Updated presentation setting out an informed work plan/strategy to move forward, what that looks like and timeline.</td>
<td>26 August</td>
<td>Mr Chadwick/</td>
<td>Deferred to 18 November meeting as Ms Brown not present at 26 August meeting Mr Wiseman</td>
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<td>18 Nov.</td>
<td>Mr Chadwick/</td>
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<td>Ms Wiseman</td>
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<td>3.6.2015</td>
<td>5.</td>
<td>Mr Hao’uli suggested that a Pacific community representative with a disability been appointed to the Committee. Ms Brown undertook to discuss this with Board Chair.</td>
<td>26 August/ 18 Nov.</td>
<td>Ms Brown</td>
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</table>
Disability Support Advisory Committee (DiSAC)

1 Establishment

1.1 The Committee is established by the Board of CMDHB under Section 35 of the New Zealand Public Health and Disability Act 2000 (“the Act”).

2 Functions

2.1 The functions of DiSAC are set out in clause 3 of Schedule 4 of the Act and are to give the Board advice on:

   a) the disability support needs of the resident population; and
   b) priorities for use of the disability support funding provided.

2.2 The aim of the Committee’s advice must be to ensure that the following promote the inclusion and participation in society, and maximise the independence, of people with disabilities within CMDHB’s resident population:

   a) the kinds of disability support services the DHB has provided or funded or could provide or fund for those people; and
   b) all policies the DHB has adopted or could adopt for those people.

2.3 The Committee’s advice must be consistent with the New Zealand Disability Strategy.

2.4 In carrying out its functions the Committee shall have regard to the Health of Older People Strategy and the New Zealand Positive Aging Strategy.

2.5 In carrying out the functions set out at paragraphs 2.1 and 2.2 it is expected that the Committee shall have regard to the specific needs of both the disability community and the older adult population in relation to each function to be performed.

3 Responsibilities

Note – Mental Health
Mental health services are dealt with by the Hospital Advisory Committee (CMDHB provider aspects) and the Community and Public Health Advisory Committee (funder aspects).

3.1 To carry out its functions the Committee will undertake the following activities:

   Disability
   a) develop an explicit philosophy that values diversity and self-determination for disabled people and operate under this philosophy;
   b) support the development of a quality improvement culture;
   c) review disability support service funding and service provision in the district, in regard to the New Zealand Disability Strategy;
d) advise the Board on the development of policies related to disability support services, disability issues and health service provision for disabled people in the district;

e) provide the Board with advice on the criteria, priorities and systems to be used in disability support services service provision, audit and monitoring;

f) advise the Board on issues related to the delivery of health services accessed by disabled people;

g) advise the Board on issues related to the delivery of disability support services in the district;

h) advise DSS funder(s) through the Board on disability issues for the district, including strategic planning, prioritisation and implications of funding decisions;

i) advise the Board on the district perspective to be contributed to the development and implementation of regional and national funder and provider policies related to disability issues;

j) advise the Board on development and maintenance of relationships with disability stakeholders to develop district and regional intersectoral collaboration and coordination;

k) advise the Board on how it can effectively meet its responsibilities towards the government’s vision and strategies for disabled people; and

l) advise the Board on issues arising in the regional DISAC forum.

**Health of Older People (original clauses)**

a) review the provision of services for Health of Older People within the district;

b) advise the Board on the development of policies related to the provision and monitoring of Health of Older People services;

c) provide the Board with advice on issues relating to the delivery of Health of Older People services within the district, including strategic planning, prioritisation and implications of funding decisions;

d) advise the Board on the development and maintenance of relationships with Health of Older People stakeholders to develop district and intersectoral collaboration and co-ordination; and

e) advise the Board on how it can effectively contribute towards the government’s vision and strategies for older people.

**Health of Older People (redrafted clauses)**

a) review the provision of services for Health of Older People within the district who have a disability;
b) provide the Board with advice on issues relating to the delivery of disability services to older people within the district, including strategic planning, prioritisation and implications of funding decisions;

c) advise the Board on how it can effectively contribute towards the government’s vision and strategies for older people living with a disability.

4 Accountability

4.1 The Committee is accountable to the Board of the CMDHB.

4.2 The Committee is advisory only although the Board may specifically delegate to the Committee authority to make decisions and take actions on its behalf in relation to certain matters.

4.3 Any recommendations or decisions of the Committee must be ratified by the CMDHB Board (unless authority has already been delegated to the Committee).

4.4 The Committee may only give advice or release information to other parties under authority from the Board of the CMDHB.

4.5 The Committee is to comply with the provisions of the New Zealand Public Health and Disability Act 2000 and the standing orders of CMDHB, including the requirements relating to Committee meetings.

5 Committee Membership

5.1 The Committee will comprise of CPHAC Members, plus 4 external appointees as determined by the Board, to enable it to carry out its functions.

5.2 The Board will appoint the Chairperson and Deputy Chair.

5.3 The Board will ensure that the Committee includes representation for Maaori and Pacific people.

5.4 The Board will ensure that the Committee includes disability community and older adult representatives.

5.5 All committee members are bound by the Act and CMDHB standing orders, whether or not they are CMDHB Board members or external appointees.

6 Quorum

6.1 If the total number of members of the committee is an even number, half that number; but

6.2 If the total number of members is an odd number, a majority of the members.

7 Frequency of Meetings
7.1 The Committee will meet twelve weekly, commencing March 2015.

8 Management Support

8.1 The DHB’s Director of Strategic Development will ensure provision of management and administrative support to the Committee.
Presentation for DiSAC

How the voice of the disability community is being heard in your remit?”

Hospital perspective:
Renee Greaves Patient Whaanau Care Advisor & Denise Kivell DON
Locality General Managers - Kathryn DeLuc, Linda Irvine & Sarah Marshall

Date: August 2015
Strategy Linkage — till December 2015

Achieving a Balance

Triple Aim

Improved health and equity for all populations

Executable Strategies

Better Health Outcomes for All

First, Do No Harm

Delivering Patient & Whaanau Centred Care

System Integration (through Localities)

Ensuring Financial Sustainability

Enabling High Performing People

Patient & Whaanau Experience Programme
Why is this programme important?

Kia whai kaha, whai mana painga ki ngaa kawenga oranga iwi ki tua o rangi.

Whaanau inspired, enabled, resourced and in control of their own health.
Our focus

...about using experience to gain insights from which you can identify opportunities for improvement

...about experiences not attitudes or opinions
What Matters to Patients
(Kings Fund & Kings College England 2011)

- Being treated as a person, not a number
- Feeling informed and being given options
- Staff who listen and spend time with me/patients
- Being involved in care and being able to ask questions
- The value of support services, for example patient and carer support groups
- Efficient processes

(Robert, Cornwall, Brearley et al 2011)
Hospital Survey

In-Patient Experience

Overall
3 Things, Most Difference
Information
Communication
Dignity & Respect
Care in Hospital
Conflicting Comments
Doctor/Nurse Rating
Other Staff Rating
0-10 Rating Examples
Involvement in Decisions
Pain & Nausea
Confidence in Care
Cleanliness
Food and Dietary Needs
Support of Whanau
Co-ordination of Care
Cultural Needs
Other Things
Difficulty, Everyday Activities
Respondent Statistics

Now thinking about your whole stay in hospital overall, how would you rate the care and treatment you received?

Response Count
Date Filtered: 2389

Select from the list below:

<table>
<thead>
<tr>
<th>Group by</th>
<th>Monthly</th>
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<tr>
<td>Excellent</td>
<td>22 (30%)</td>
</tr>
<tr>
<td>Very good</td>
<td>51 (42%)</td>
</tr>
<tr>
<td>Good</td>
<td>18 (14%)</td>
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</table>
• Involve patients/carers and staff
• Create ‘co-design’ teams
• Be clear about actions needed and impact desired
• Use improvement tools and techniques

Co-design - turning experience into action
A Multidimensional Framework For Patient And Family Engagement In Health And Health Care

Continuum of engagement

Levels of engagement

- **Direct care**
- **Organizational design and governance**
- **Policy making**

Consultation

- Patients receive information about a diagnosis
- Organization surveys patients about their care experiences
- Public agency conducts focus groups with patients to ask opinions about a health care issue

Involvement

- Patients are asked about their preferences in treatment plan
- Hospital involves patients as advisers or advisory council members
- Patients’ recommendations about research priorities are used by public agency to make funding decisions

Partnership and shared leadership

- Treatment decisions are made based on patients’ preferences, medical evidence, and clinical judgment
- Patients co-lead hospital safety and quality improvement committees
- Patients have equal representation on agency committee that makes decisions about how to allocate resources to health programs

Factors influencing engagement:

- **Patient** (beliefs about patient role, health literacy, education)
- **Organization** (policies and practices, culture)
- **Society** (social norms, regulations, policy)

**Source** Authors’ analysis. **Note** Movement to the right on the continuum of engagement denotes increasing patient participation and collaboration.
Patient & Whaanau Centred care
Consumer Council

- 10 members ranging from 25-85yrs old
- Representation from localities
- Provides Patient and Whaanau Perspectives
- Provide a Disability view through lived experience
- Links into over 60+ different community groups and organisations
- Diverse range of ethnic backgrounds
Our Objective

*Inpatient and Ambulatory consumer and family perspective to development of Counties Manukau Health plans, policies, publications and operational decisions and to raise issues that are being identified in the community.*
Where does the council fit in?
What can the council do for us?

- Links into over 60+ different community groups & organisations
- Provide advice and guidance on project concepts and proposals
- Constructive feedback from a patient & whaanau perspective
- Inspire you to work in partnership with consumers, family and whaanau to Co-design solutions
- Suggestions how to achieve consumer engagement for your project/programme
To date involvement....

Patient Experience week. Values and Strategy Refresh
Project SWIFT- solutions design work stream
Middlemore Foundation- ‘Jammies in June’
Visiting policy and guidelines
Mental Health and addictions workshops-Pukekohe / East
National Partners in Care Programme
HQSC  DHB guide to consumer engagement.
Consumer council enquiries & Requests:

Renee Greaves
Patient and Whaanau Care Advisor
Ext: 8895 or 021 661 407

Renee.greaves@middlemore.co.nz

It is the expectation of the lead PHO of the locality (East Health Trust PHO) that all disciplines have strong and relevant relationships with community groups and that the voice of the enrolled population is heard.

Networks with the wider community are a core part of how EHT PHO and the broader locality works.

Members of EHT PHO are represented on many community groups.

The following slides provide some key examples.
East Community Engagement

- The focus on community engagement through the PHO is critical for informing service development.
- On the EHT PHO Community Advisory Group is a representative from the disabled community and a retired older person is the Chair.
- We have run focus groups with Asian patients enrolled with general practices to better understand health perceptions, needs and barriers to accessing health care.
- Last year PHO staff were guest speakers at the Age Concern celebration of the International Day of Older People.
- Each year the PHO participates in Botany Day – this is an annual event that enables us to connect with the local community.
East Specific Roles

- East ElderCare Coordinator
- Mental Health & Addiction Programme Coordinator
- Health Promotion
Franklin Community Engagement

- Wider Community Network involves 400 + groups, individuals, services, schools, & churches;

- Bi-monthly Locality updates and communications across whole Network

- Franklin Health Forum members representing communities of interest
Franklin Health Forum

- Membership
  - Community Ambassador (ex Franklin Mayor)
  - Auckland Council Disability Advisor
  - Franklin Seniors Forum
  - Plus representation from diabetes, dementia, heart disease & stroke, respiratory disease, mental health, palliative care & spiritual needs, maternal & child health, education

- Community Ambassador is full member of the Locality Leadership Group (LLG)

- One member is also member of the CMH Patient & Whanau Consumer Council

- Membership of Helping You Helping Me Project Group
“Our aim is to develop a quality information service for the Franklin Community to enable them to access the whole health and social care spectrum to effectively participate in the management of their health conditions.”
Franklin Locality & The Positive Ageing Expo

- Largest event of its kind in New Zealand, based in Pukekohe, 2000+ visitors
- Wide range of Locality staff participate and engage in face-to-face dialogue with older people, carers, and those living with a disability
- Other participants include: Alzheimers, RNZFB, Stroke Foundation, Pindrop, walking groups, gardening groups, crafts, sports, travel etc.
Community Links – supporting patient outcomes in Manukau Locality

- Identification of key stakeholders for co-design processes
- Distribution of health promotion material – Winter Wellness Initiatives
- Identification of venues for community clinics and group education
- Community Health Expo participation (4 expos in 12 months)
- Community Collaboration – (Manurewa Kindergarten Play Truck, Charter School, English Language Cooperative – refugees and migrants)
Proposed CMH Whānau Ora Model

Whānau Ora Outcomes

Review and Re-evaluation of Whānau Needs

Appointment of a Care Coordinator

ENTRY POINT
Patient & Whānau Needs Assessment

Individuals and Whānau with high needs

Whānau Ora Network – Manukau Locality

Primary Health Organisations/NGOs

Social services Providers

Secondary Services

In-patient Whānau Ora Services

Workforce

Whānau Ora Collectives

Disability Support Services

Māori Service Providers (ISA)

Education

Employment

Housing

Social Development

Corrections

Child Youth and Family

Māori Development

Whānau Ora Network – Manukau Locality

Intersectorial Agencies
Community Integrated System

US Health Care Delivery System Evolution

Acute Care System 1.0
- Episodic Health Care
- Lack integrated care networks
- Lack quality & cost performance transparency
- Poorly Coordinate Chronic Care Management

Coordinated Seamless Healthcare System 2.0
- Patient/Person Centered
- Transparent Cost and Quality Performance
- Accountable Provider Networks Designed Around the Patient
- Shared Financial Risk
- HIT integrated
- Focus on care management and preventive care

Outcome Accountable Care

Community Integrated Healthcare System 3.0
- Healthy Population Centered
- Population Health Focused Strategies
- Integrated networks linked to community resources capable of addressing social/economic needs
- Population based reimbursement
- Learning Organization: capable of rapid deployment of best practices
- Community Health Integrated
- E-health and telehealth capable
Community Integrated System

OTARA-MANGERE LOCALITY STRUCTURE
19 May 2015

[Diagram of Community Integrated System]

OTARA-MANGERE LOCALITY LEADERSHIP GROUP
empowering wellbeing; setting short-term and long-term goals, agreeing measures of success, leading service design, development & delivery; monitoring and regularly reporting results.
Community Integrated Health System

A multi-stakeholder ‘backbone’ organization accountable for Triple Aim outcomes for the population in a defined geographic region

- Sets a vision, mission and goals for health
- Oversees the implementation of a balanced portfolio of programs
- Uses a diverse set of financing vehicles to make community-wide investments in multiple sectors
- Contracts with Intervention partners for short, intermediate, and long term health-related interventions
- Measures the "savings" in the health care and non-health sectors and captures a portion of these savings for reinvestment
Community Integrated System

OTARA-MANGERE LOCALITY LEADERSHIP GROUP

emerging wellbeing; setting short-term and long-term goals, agreeing measures of success, leading service development & delivery; monitoring and regularly reporting results.

Mangere Town Cluster
- Freddy Drive
- Te Pae's Surgery
- Airport Oaks Pharmacy
- Mangere Health Centre
- Mangere Family Doctors
- Mangere Pharmacy
- John Spong Pharmacy
- Social Worker
- District Nurses
- Primary Mental Health Co-ordinator
- Local SMO

Mangere East Cluster (by 04/2015)
- Wood Drive
- Dr Patels' Surgery
- Middlemore Retail Pharmacy
- Mangere Bridge Pharmacy
- Mangere Bridge Pharmacy
- Mangere Pharmacy
- Social Worker
- District Nurses
- Mental Health Co-ordinator
- Local SMO

ETHC Cluster (TBA)
- ETC Uteke Medical Centre
- ETC Mangere Town Centre
- ETC Mangere Bridge
- Mangere Bridge Village Pharmacy
- Mangere Bridge Village Pharmacy
- Mangere Bridge Village Pharmacy
- Mental Health Co-ordinator
- District Nurses
- Local SMO

Otara Central Cluster
- South Seas Healthcare
- Otara Family & Christian
- Otara Union Health
- Johnson's Pharmacy
- Otara Unichem Pharmacy
- Amase Pharmacy, Otara
- District Nurses
- Social Worker
- Social Worker
- District Nurses
- Social Services Co-ordinator
- Mental Health Co-ordinator
- Local SMO

Cluster Co-ordinator (GS)
- Cluster Co-ordinator (GS)

COMBINED PRACTICES MULTIDISCIPLINARY TEAM MEETINGS
A foundation of medical homes and community health teams that can support coordinated care and linkages with a broad range of services

A health information infrastructure that includes e-referrals, e-shared care, and teleconferencing capability

An evaluation & monitoring infrastructure that uses routinely collected data to support services, guide quality improvement, and determine program impact
Community Integrated System

Who holds the organisational knowledge of where the disabled community is per locality and what their needs are?

Who has resources to plan, fund, undertake a current state & gap analysis of community groups and services per locality, from a disability perspective?

Who can resource disability stakeholder engagement per locality for sustainable service design & development?
Counties Manukau District Health Board
Disability Support Advisory Committee
Clinician Capability Update

Recommendation

It is recommended that the Disability Advisory Committee receive the update provided in this paper.

Prepared by: Kim Wiseman, Building Capability Lead and Linda Berkett, People and Professional Development Manager

Purpose

The purpose of this paper is to provide an update on the activities in regard to the disability support plan for Building Capability, since the meeting of 3 June 2015.

Discussion

The list below details the activities we are currently involved in and our progress since the previous meeting.

Values Refresh – team resource ABC/BUILD

We have developed a resource for managers to use as an interactive exercise with their teams, ABC/BUILD. This resource is being ‘rolled out’ over the next month.

The first part of the exercise, ABC, is about showing appreciation and positive reinforcement for actions:

- Action – what was said or done
- Benefit – the positive impact of what was said or done
- Continue – keep up the good work.

The second part of the exercise, BUILD, is about building more constructive behaviours:

- Behaviour – talk about the behaviour
- Understand the context – don’t judge
- Impact – describe this
- Listen to their point of view
- Differently – explore what they would do differently next time.

We have identified and agreed the refreshed values for CMH and these will be launched in September. Work is progressing to embed these values and behaviours into recruitment, development activity and performance appraisals.

CALM Communication and SPEC Courses – AI2DET

We continue to run regular CALM courses for employees. Currently we are reviewing both the one day CALM course and the one day SPEC (Safe Practice Effective Communication, mental health)
The purpose of the review is to align common components of the courses and to integrate an adaption of AI2DET which would also incorporate more emphasis on our employees allowing clients to reflect their understanding of their health status and treatment giving a further opportunity to clarify any misunderstandings and reinforce their correct understanding.

**CALD Training (in particular CALD 8, Working with CALD Families – Disability (on-line and face to face))**

We are exploring how we can encourage more employees to enrol and complete the CALD 8 course.

A considerable number of our orderly and cleaning staff have now been funded to complete NZQA unit standards towards a National Certificate in Health and Disability (Level 2-4). This was an undertaking we made to their employee representative body, this study is funded for a three year period.

**Health Literacy Education Module Development**

Development work on the health literacy module is expected to be completed by the end of August and it is hoped we can commence offering this course to our employees as well as to our primary health and PHO colleagues. Elements of this will also strengthen existing education offerings, such as CALM, SPEC and our management programmes.

**Patient Experience Activity**

The findings of the Patient Safety Leadership ‘Walk around’ are being collated and will be presented at the APAC conference in a couple of months.

Dr Lynne Maher is liaising with our Information Team and the Complaints Team to identify what information we capture about patients (for example, if they have identified as living with a disability). We will then be in a better position to determine what other information would be useful to collect and how to go about that.

A meeting was held on 14 July with Colleen Brown, Ezekiel Robson and several key staff from the building capability and patient experience teams to discuss our activities and to hear more about how we could approach our work programme in this area. From this we are developing a proposed work plan.

**International Day of Persons with Disabilities**

We are in the process of ascertaining what other DHBs and the Council do on International Day of Persons With Disabilities and we are working with the patient experience team to develop a plan for the day.

**Next steps**

A project plan is being developed and a small working group is being established. A further update to the committee is scheduled for November.
Recommendation

It is recommended that the Disability Support Advisory Committee receive this report.

Prepared and submitted by Dana Ralph-Smith, General Manager Adult Rehabilitation and Health of Older People

Purpose

The purpose of this paper is to clarify questions the Disability Support Advisory Committee has on funding for people on disability support services as they approach 65 years of age. Specifically to:

- Clarify in what circumstances the funding for disability continues past age 65
- Clarify whether there is a specific assessment process that occurs automatically at age 65 to determine if the person has age related disability needs

Background

Funded Disability Support Services (DSS) may include: Child Development Services, Assessment Treatment and Rehabilitation (AT&R), Spinal Rehabilitation Services, Home and Community Support Services, Respite, Carer Support, Supported Independent Living and Community Residential Living. Some of these services are directly funded by the Ministry of Health (MoH) and delivered by Counties Manukau Health (CM Health) and include: AT&R, Spinal Rehabilitation Services and Child Development Services. Other services such as Home and Community Support Services, Respite, Carer Support, Supported Independent Living and Community Residential Living are Needs Assessed and provided by DSS MoH contracted providers.

Taikura Trust is contracted by MOH to provide Needs Assessment and Service Coordination Service (NASC) for people with non-age related disabilities in the Northern Region. CM Health NASC provides the Needs Assessment and Service Coordination Service for people with age related disabilities.

Once a person is accepted by MoH DSS NASC service as having a non-age related Disability related need), they are assessed by the MoH DSS NASC, and access to DSS funded services is facilitated as appropriate. Reassessments by the MoH DSS NASC may be initiated should the person’s non-age related Disability needs change throughout their life course and services adjusted accordingly. As long as the person continues to have a non-age related Disability related need, MoH DSS continues to fund services for these people regardless of age.
Identifying Age related disability needs

Should a person who is supported under MoH DSS services and funding develop needs associated to an age related disability, then usually Taikura Trust will approach CM Health to discuss the need and a further specialist clinical assessment will be requested. An age related disability need is usually determined by a Geriatrician or Psycho-geriatrician. If the Medical Specialist determines that the person’s Disability needs are now primarily due to an age related disability, then usually the person will be transferred to DHB NASC and services will be allocated under HOP funding. DHB NASC will then take over the reviews and service coordination going forward. This process could happen before 65 years (if someone develops a primary ‘close in age and interest’ age related disability need) or well beyond 65 years of age.

Transferring between the funding streams does not necessarily mean that a person will need to give up their current support as the funding of the support can still occur in the background. The HOP clinician and DHB NASC will usually work to minimise the disruption to the person by endeavouring to maintain the same provider and services as much as possible, as long as their needs are met. This is especially important if the person has been in a residential environment or under a specific provider for a long time).

In short, once someone is under Disability Support Services they continue until it is assessed and determined (usually by a Geriatrician or Psycho-geriatrician) that their needs have become age related. Even once this is the case it is important to remember that the needs of each individual are addressed with as little disruption as possible for the person. If someone has been living in a particular situation due to their disability which works for them and their needs change due to an age related issue any service change will acknowledge this as much as possible. While some services may change to reflect the age related needs the funding is done in the background and the services are provided based on need.

Automatic assessment at 65 years

Currently DSS funded clients are not automatically assessed for age related needs at 65 years of age but rather needs and services are reassessed as identified needs change (regardless of age) with services adjusted accordingly.