

Distribution

Committee Members

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- David Warburton (Deputy Chair)
- Diane Anderson
- Ann Chapman (ex officio)
- Phil Sunderland (ex officio)
- Jonathan Godfrey
- Tawhiti Kumaiti
- Nicolas Steenhout

Board Members

- Graeme Campbell
- Jack Drummond
- Dennis Emery
- Jim Jefferies
- Stephen Paewai
- Barbara Robson

Management Team

- Murray Georgel, Chief Executive Officer
- General Manager, Corporate Services
- Mike Grant, General Manager, Funding
- General Manager, MidCentral Health
- Heather Browning, General Manager, Enable NZ
- Jill Matthews, Principal Administration Officer
- Karen Nisbet, Committee Secretary
- Communications Dept, MDHB
- External Auditor
- Board Records

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Contact Details

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Next Meeting Date: 5 October 2010
Closing Date for Agenda Items: 23 September 2010

MIDCENTRAL DISTRICT HEALTH BOARD

A g e n d a

Disability Support Advisory Committee

Part 1

Date: Tuesday, 6 July 2010

Time: 4.00 pm

Place: MidCentral DHB Offices
Board Room
Gate 2B
Heretaunga Street
Palmerston North

MIDCENTRAL DISTRICT HEALTH BOARD

Disability Support Advisory Committee Meeting

6 July 2010

Part 1

Order

1. APOLOGIES

2. LATE ITEMS

3. CONFLICT OF INTEREST/REGISTER OF INTEREST UPDATE

3.1 Amendments to the Register of Interests

3.2 Declaration of Conflicts in Relation to Today's Business

4. MINUTES

4.1 Minutes

Pages: 4.1 – 4.5

Documentation: minutes of the previous meeting held on 2 March 2010

Recommendation: that the minutes of the previous meeting held on 2 March 2010 be confirmed as a true and correct record.

4.2 Recommendations to Board

To note that all recommendations contained in the minutes were approved by the Board.

4.3 Matters Arising

5. STRATEGIC ISSUES

5.1 Update on Communication Formats

Pages: 5.1 – 5.2

Documentation: Manager, Administration & Communication's report dated 3 June 2010

Recommendation: that the report be received.

5.2 Human Rights Review Tribunal – Paid Family Caregivers Case

Pages: 5-3
Documentation: CEOs' report dated 21 June 2010
Recommendation: that the report be received.

5.3 Child and Adolescent Oral Health Update

Pages: 5-4 – 5-5
Documentation: Operations Director, Specialist Community and Regional Service's report dated 21 June 2010
Recommendation: this report be received.

5.4 centralAlliance

Pages: 5.6 – 5.37
Documentation: CEOs' report dated 22 June 2010
Recommendation: that this report be received.

6. GOVERNANCE ISSUES

6.1 2010/11 Work Programme

Pages: 6.1 – 6.5
Documentation: CEO's report dated 25 June 2010
Recommendation: that the Committee's 2010/11 work programme be noted.

7. LATE ITEMS

To discuss any such items as identified under item 2 above.

8. DATE OF NEXT MEETING

Tuesday 5 October at 4pm, MidCentral DHB Offices, Board Room, Gate 2B, Heretaunga Street, Palmerston North.

9. EXCLUSION OF THE PUBLIC

Recommendation: that the public be excluded from this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reasons stated:

Item	Reason	Reference
"In Committee" minutes of the previous meeting	For reasons stated in the previous agenda	

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the Disability Support Advisory Committee held on Tuesday 2 March 2010 at 4.00pm in Board Room, Board Office, Gate 2B, Heretaunga Street, Palmerston North.

PRESENT

Lindsay Burnell (Chair)
Diane Anderson
Ann Chapman
Jonathan Godfrey

Tawhiti Kunaiti
Phil Sunderland
David Warburton

IN ATTENDANCE

Murray Georgel, Chief Executive Officer
Mike Grant, General Manager, Funding Division
Heather Browning, General Manager, Enable New Zealand
Karen Nisbet, Committee Secretary
Jill Matthews, Manager, Administration and Communications
Muriel Hanratty, Director, Patient Safety and Clinical Effectiveness
Anne Amooore, Group Manager, Human Resources
Jeff Small, Group Manager, Commercial Services
Nicholas Glubb, Operations Director, Specialist and Regional Services

Media (o)
Public (o)

1. APOLOGIES

There were no apologies. Nicholas Steenhout was absent.

2. LATE ITEMS

There were no late items.

3 CONFLICT OF INTEREST/REGISTER OF INTEREST UPDATE

3.1 Amendments to the Register of Interests

There were no amendments to the Register of Interest.

3.2 Declaration of Conflicts in Relation to Today's Business

No interests were declared.

4. MINUTES

4.1 Minutes

that the minutes of the previous meeting held on 6 October 2009 be confirmed as a true and correct record.

4.2 Recommendations to Board

The Committee noted that all recommendations contained in the minutes had been approved by the Board.

4.3 Matters Arising

There were no matters arising from the minutes.

5. STRATEGIC ISSUES

5.1 Annual Communications Update

The issue of alternate communication formats for the disabled, more specifically Braille and large print formats was discussed. It was advised that the alternate formats that are available at MidCentral DHB are largely what is available nationally. Management agreed to investigate means of making key documents available in this way, eg. Code of Rights and Responsibilities and the informed consent form.

An update will be provided back to the Disability and Support Advisory Committee in July.

It was recommended:

that the report be received.

5.2 Disability Facility Stocktake Update

The Group Manager, Commercial Support Services summarised the Disability Facility Stocktake Update. It was noted that projects valued at \$180 - \$190k had been put on hold due to the financial situation.

It was noted when a new building is built there was a requirement to meet the current regulations. This also applies when renovating an existing building. It was advised by the Group Manager, Commercial Support Services that this process was assessed and then completed at the planning stages of a new building.

It was recommended:

this report be received.

5.3 New Zealand Disability Strategy Contracts Update

The General Manager, Funding Division summarised the report. It was noted that ten special audits were commissioned over the last 18 months due to the ongoing problems with clinical care and leadership. It was advised that the audits provided information on the lack of career planning and succession planning in management and nursing care. This is a national and regional problem and the General Manager, Funding Division was confident this was a sector wide issue not specific to MidCentral DHB.

The General Manager, Enable New Zealand provided information on a new policy announcement from the Ministry regarding access levels and funding for equipment and housing modifications and hearing aid subsidies. This scheme will provide \$8.2 million immediately for disability equipment and modifications and an additional \$20 million over the next two years.

The General Manager, Enable New Zealand was working to ensure that the information regarding the policy changes was relayed to the staff and the public domain.

The policy is to try and get waitlists down to a reasonable number by 2011.

It was recommended:

that this report be received.

5.4 Annual Update – Stocktake of Employment Practices and Education & Development.

The role of MidCentral DHB as a large organisation in modelling the way in promoting employment for the disabled community was discussed.

The Group Manager, Human Resources advised that all positions available in MidCentral Health go through a robust review with Occupational Health and Safety on their attributes, components and skills. It was noted that it was difficult with the current environment as not all jobs were available to all people with disabilities. However every reasonable accommodation to modify a job for someone with a disability was made where possible.

It was noted that the new Career and Salary Progression Framework that had been established was an advanced competency framework and you would require a good level of understanding to advance to the next level.

It was recommended:

that this report be received

5.5 Human Rights Review Tribunal – Paid Family Caregivers Case

The CEO advised that the information provided in this report was to inform members only of the possibility of changes that may occur from the decision. He advised that he will keep members updated with information as it comes to hand.

It was noted by a member that the reason to appeal was for dollar signs and not what is best for the person in care. It was advised that this is a Ministry of Health contract and MidCentral DHB is not involved, however if the appeal was unsuccessful there may well be financial considerations for MidCentral DHB.

It was recommended:

that the report be received

5.6 Child and Adolescent Oral Health Update

It was advised that the survey approved by the Disabled Persons Assembly is still to be completed and the results when received will provide a basis for further options to universal access for the mobile dental clinics. The Disability Support Advisory Committee will be updated further in the July Disability Support Advisory Committee.

It was recommended:

this report be received

5.7 centralAlliance

The CEO summarised the order papers that were provided to the Disability Support Advisory Committee from Whanganui.

It was noted that the order papers seemed very general and did not provide as much focus as the committee meetings held at MidCentral DHB.

The Chairman of MidCentral Health DHB advised that he would talk to the Chairman of the Disability Support Advisory Committee in Whanganui and provide feedback of this conversation to the Committee in July.

It was also advised that the next two order papers from Whanganui will be available at the July Disability Advisory Support Committee meeting.

It was recommended:

that this report be received

5.8 Letter of Expectation

The CEO advised that this letter is reasonably consistent with the Minister's advise from last year and expectations. This has been provided to the board for information only.

It was recommended:

that the Minister of Health's letter of expectations dated 9 February 2010 be noted.

6 OPERATIONAL REPORTS

6.1 Disability Consumer Feedback (January – December 2009 inclusive)

It was recommended:

this report be received.

7 GOVERNANCE ISSUES

7.1 2010/11 Work Programme

The General Manager, Funding Division updated the committee on a major primary care initiative. This was one of nine projects underway nationally.

This project is being led by the four PHOs in MidCentral DHB's district and the four major areas of focus being:

- Integrated family health care centres
- Acute demand
- Elderly population
- Whanau Ora

The DHB's approach was to work with Primary Healthcare. Each separate business case would need the DHB's endorsement.

It was recommended:

that the updated 2010/11 work programme be noted.

8. LATE ITEMS

There were no late items.

9. DATE OF MEETING

Tuesday 6 April 2010 at 4pm, MidCentral DHB Office, Board Room, Gate 2B, Heretaunga Street, Palmerston North.

This would be to discuss the District Annual Plan. There is a possibility that this meeting may not be required, but at this stage it is confirmed for 6 April 2010. Jonathan Godfrey advised that he may not be attending.

It was recommended:

that the Disability Support Advisory Committee's next meeting be held on 6 April 2010.

10. EXCLUSION OF THE PUBLIC

It was recommended:

that the public be excluded from this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reasons stated:

<i>Item</i>	<i>Reason</i>	<i>Reference</i>
<i>2010/11 District Annual Plan</i>	<i>Under negotiation</i>	<i>9(2)(j)</i>

The meeting closed at 5.20 pm.

Confirmed this 6th day of April 2010.

.....
Chairperson

TO Disability Support Advisory Committee

FROM Manager, Administration & Communications

DATE 3 June 2010

SUBJECT Update on Communication Formats



MEMORANDUM

1. Purpose

This report is provided to update members on the alternate communication formats for the disabled, more specifically Braille and large print formats. No decision is required.

2. Executive Summary

A range of documents are now being prepared in large print format and a system is in place to regularly assess the need for such documents.

3. Recommendation

It is recommended that:

that the report be received.

COPY TO:

CEO's Department
 MidCentral DHB
 Heretaunga Street
 PO Box 2056
 Palmerston North
 Phone +64 (6) 350 8967
 Fax +64 (6) 355 0616

4. Discussion

At the Committee's last meeting, members requested management to look into the possibility of increasing the range of information available in large print and/or Braille.

MidCentral District Health Board provides a wide range of information via its website and advises that alternative formats will be provided where possible on request.

The Communication's Unit in discussion with the Clinical Forms Committee, has identified a number of documents and forms which are widely used. Large print versions are now being developed. These will be and are available on request. Staff using these forms will be advised of these alternative formats so that they can offer these to patients/clients as appropriate.

The Clinical Forms Committee has put in place a new procedure so that each time a form is developed or amended, the need for a large print version is considered.

A lot of the general health information material is generated by the Ministry of Health, such as elective service information sheets. The Ministry advises it provides alternative formats where possible in response to consumer needs, such as audio tape, large print and if necessary Braille. The cost of Braille publications reduces its use.



Jill Matthews
Manager
Administration & Communication

TO Disability Support Advisory Committee
FROM Chief Executive Officer



MIDCENTRAL DISTRICT HEALTH BOARD

Te Pae Hauora o Ruahine o Tararua

DATE 21 June 2010

SUBJECT Human Rights Review Tribunal –
Paid Family Caregivers Case

MEMORANDUM

1. Purpose

This report is provided to update members on further developments regarding the recent Human Rights Review Tribunal hearing on the Paid Family Caregivers Case. No decision is required.

2. Executive Summary

As previously advised at the Disability Support Advisory Committee meeting in February, the Human Rights Review Tribunal considered a case taken against the Ministry of Health regarding the non-payment of resident family members who provide care for a disabled person(s). The Tribunal ruled that the Ministry's policy of not funding the employment of specified family members to provide support services to their disabled family member(s) discriminated on the grounds of family status.

As this decision has significant implications, the Solicitor-General has lodged an appeal of the Human Rights Review Tribunal's decision. The High Court will hear submissions in the week beginning 28 June on whether or not the appeal should proceed at this stage or be deferred until after the Tribunal has dealt with the plaintiff's claims for damages and other remedies. In the interim, the Tribunal has issued orders suspending the effect of its earlier decision which means the Ministry of Health can continue lawfully to operate the current policy.

We will continue to update the committee of any further developments.

3. Recommendation

It is recommended:

that the report be received.

Murray Georgel
Chief Executive Officer

COPY TO:

CEO's Department
MidCentral DHB
Heretaunga Street
PO Box 2056
Palmerston North
Phone +64 (6) 350 8910
Fax +64 (6) 355 0616

TO Disability Support Advisory Committee
FROM Nicholas Glubb
Operations Director
Specialist Community
& Regional Services



MEMORANDUM

DATE 21 June 2010

SUBJECT Child and Adolescent Oral Health – Universal Access

1. Purpose

This report provides an update on universal access to the mobile dental units. No decision is required.

2. Progress

- A survey around oral health service use for 0 – 17 year olds with impairment, or for carers of these children and adolescents with impairments, is currently being collated.
- The results will be used as a basis for identifying possible improvements.
- The mobile dental clinic manufacturer continues to explore options for making the two chair mobile dental clinics as accessible as possible.

3. Summary

The data received from the disability access survey will be utilised to undertake a cost benefit analysis to determine the feasibility of any potential changes.

4. Recommendation

It is recommended that

this report be received

COPY TO:

**Specialist Community
& Regional Services**
MidCentral Health
Private Bag 11036
Palmerston North

5. Background

At both the October 2009 Disability Support Advisory Committee and the February 2010 Hospital Advisory Committee meeting, updates about the universal access issue relating to the mobile dental clinics were requested as a result of the access issues that had been identified. A report was provided to the DSAC meeting in March 2010 with a further update requested for the July 2010 meeting.

6. Universal Access Update

A survey (conducted in April) around oral health service use for 0 – 17 year olds with impairment, or for carers of these children and adolescents with impairments, is currently being collated. This process will be given priority over the next period.

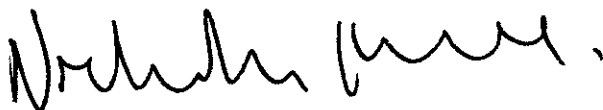
The mobile dental clinic manufacturer continues to explore options for making the two chair mobile dental clinics as accessible as possible.

Within this national project, to date, no other DHB has raised concern about universal access to these clinics. This means that it is likely that any variation to the design or alterations to existing clinics will be at MidCentral DHB's request only. We would make available to others any enhancements that we believed were worthy of being undertaken. As a consequence, the costs associated with any changes are more likely to sit solely with MidCentral DHB.

Notwithstanding the comments above, as part of the commissioning process the steps have been modified on the two-chair dental clinics to provide greater stability and hand rail assistance.

7. Next Steps

- The survey approved by Disabled Persons Assembly has been completed and is currently being collated. The results will be used as a basis for identifying possible improvements. This will be subjected to a cost benefit analysis with regard to universal access options for the mobile dental clinics.
- The outcome of the process will be reported to the October Disability Support Advisory Committee and will be included in the monthly Oral Health Update reports to the Hospital Advisory Committee.



Nicholas Glubb
Operations Director
MidCentral Health

TO Disability Support Advisory Committee



MIDCENTRAL DISTRICT HEALTH BOARD
Te Pee Hauora O Ruahine O Tairāia

FROM Chief Executive Officer

DATE 22 June 2010

MEMORANDUM

SUBJECT centralAlliance Order papers

1. Purpose

This paper is for information only. No decision is required.

2. Summary

At the last meeting the Disability Support Advisory Committee a request was made that we continue to provide copies of order papers from Whanganui DHB's Disability Support Advisory Committee.

The Whanganui DHB's Disability Support Advisory Committee, which meets together with Community and Public Health Advisory Committee, has met three times since our previous Disability Support Advisory Committee meeting in February.

3. Recommendation

It was recommended:

that this report be received.

4. Discussion

The Whanganui DHB's Disability Advisory Support Committee met on 1 April 2010, 14 May 2010 and again on 25 June 2010. Key items on the agendas were as follows:

1 April 2010 and 14 May agenda key items

- District Annual Planning for 2009/10
- Whanganui Region Disability Strategy
- Quality Improvement Initiatives and Success Stories
- Health Gain Initiatives and Service Coverage
- Financial Performance and Results: Planning and Funding Division
- Regional and National Collaborative Activities

There was one item on the 14 May agenda that required a decision. This was Whanganui District Health Board – Position on Access to Public Funded Bariatric Surgery.

A copy of the region's draft disability strategy is attached. This is a discussion document prepared by the Whanganui Disability Resource Centre with funding from Whanganui District Council, Whanganui District Health Board and Whanganui Community Foundation. The strategy is yet to be finalised and no additional funding has been identified to support its implementation at this stage. It contains a number of action points though only one specific to health services, and this relates to membership of DHB Boards. The draft Strategy recommend DHBs "must have disabled people as board members so that the views and perspectives of disabled people and their families and whanau are incorporated into all matters related to community issues, disability support services, healthcare and health services". DHB board membership is determined by local elections (7 members) and Ministerial appointments (4). However, while there is no legislative requirement for DHB board membership to include disabled people, DHBs must have a Disability Support Advisory Committee and this enables disabled people to participate in governance matters.

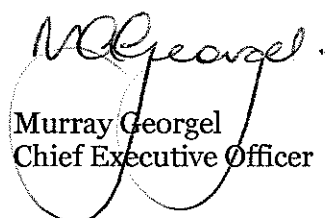
MidCentral DHB did its own stocktake against the NZ Disability Strategy so that it could specifically advance this document at a local level. The outcome of this stocktake is reflected in the Committee's work programme. The key areas of activity were and continue to be:

- human resource employment practices
- staff development education
- customer feedback re services
- facilities
- communication
- contractual requirements of contracted providers in respect of disability issues

25 June 2010 agenda key items including:

- District Annual Planning for 2010/11
- Quality Improvement Initiatives and Success Stories
- Health Gain Initiatives and Service Coverage
- Financial Performance and Results: Planning and Funding Division
- Regional and National Collaborative Activities

No decisions were required from the Committee.


Murray Georgel
Chief Executive Officer

AGENDA

Agenda for a meeting of the
**Community and Public Health Advisory Committee and Disability
Support Advisory Committee**
of the Whanganui District Health Board

To be held in the Board Room, Fourth (4th) Floor, Wanganui Hospital on
Thursday, 1 April 2010, commencing at 9.30am

Part One

Committee Chair

Mrs Philippa Baker-Hogan

Community and Public Health Advisory Committee

Disability Support Advisory Committee

Mrs Kim Austin
Mr PJ Faumui
Mrs Judith MacDonald
Mrs Di Valentine
Dr Alan Mangan
Ms Ailsa Stewart
Ms Nancy Tuaine
Ms Kate Joblin (*ex officio*)

Mrs Philippa Baker-Hogan
Mrs Barbara Ball
Mr PJ Faumui
Mrs Sandi MacMillan
Ms Ailsa Stewart
Ms Kate Joblin (*ex officio*)

1. APOLOGIES Ms Ailsa Stewart and Mrs Sandi MacMillan

2. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE

Page: 1

- 2.1 Amendments to Conflicts of Interest Register
- 2.2 Declaration of Conflicts in relation to today's business

3. REGISTERING LATE ITEMS

- 3.1 Minor: (no decision required, except to receive or refer item)
- 3.2 Major: (decision required)

4. MINUTES OF PREVIOUS MEETING, 19 FEBRUARY 2010

Page: 7

Recommendation:

That the minutes of the Community and Public Health Advisory Committee and Disability Support Advisory Committee meeting held on 19 February 2010 (Part One), be confirmed and approved as a true and correct record.

4.1 Matters arising

5. COMMITTEE CHAIRMAN'S VERBAL REPORT

6. PRESENTATION

No presentation at this meeting.

7. REPORT OF THE GENERAL MANAGER, PLANNING AND FUNDING**Page: 14**

- 7.1 District Annual Planning for 2010/11
- 7.2 Quality Improvement Initiatives and Success Stories
- 7.3 Health Gain Initiatives and Service Coverage
- 7.4 Financial Performance and Results: Planning and Funding Division
- 7.5 Regional and National Collaborative Activities

8. ITEMS FOR INFORMATION (Blue pages)**Page: 27**

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4	Health Gain Initiatives and Service Coverage - Better help for smokers to quit (Health Target 5)	39
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9. ITEMS FOR DISCUSSION (Gold pages)**Page: 47**

- 9.1 'Better Sooner More Convenient' (BSMC): Proposed changes to Primary Health Care Services
- 9.2 Whanganui Region Disability Strategy

10. PAPERS FOR DECISION (Buff pages)**Page: 57**

There are no items for decision at this meeting.

11. Late Items**12. Date of Next Meeting**

Friday, 14 May 2010.

13. Exclusion of Public**Recommendation:**

That the public be excluded from Part Two of this meeting in accordance with the Official Information Act 1992, as outlined below:

Part Two	Reason	Ref
Subject		
Community and Public Health Advisory Committee and Disability Support Advisory Committee minutes of meeting held 19 February 2010 (public excluded section)	For the reasons stated in the previous agenda	

AGENDA

Agenda for a meeting of the
**Community and Public Health Advisory Committee and Disability
 Support Advisory Committee**
 of the Whanganui District Health Board

To be held in the Board Room, Fourth (4th) Floor, Wanganui Hospital on
 Friday, 14 May 2010, commencing at 9.15am

Part One

Committee Chair

Mrs Philippa Baker-Hogan

Community and Public Health Advisory Committee

Disability Support Advisory Committee

Mrs Kim Austin
 Mr PJ Faumui
 Mrs Judith MacDonald
 Mrs Di Valentine
 Dr Alan Mangan
 Ms Ailsa Stewart
 Ms Nancy Tuaine
 Ms Kate Joblin (*ex officio*)

Mrs Philippa Baker-Hogan
 Mrs Barbara Ball
 Mr PJ Faumui
 Mrs Sandi MacMillan
 Ms Ailsa Stewart
 Ms Kate Joblin (*ex officio*)

1. APOLOGIES Mrs Barbara Ball

2. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE

Page: 1

- 2.1 Amendments to Conflicts of Interest Register
 2.2 Declaration of Conflicts in relation to today's business

3. REGISTERING LATE ITEMS

- 3.1 Minor: (no decision required, except to receive or refer item)
 3.2 Major: (decision required)

4. MINUTES OF PREVIOUS MEETING, 1 APRIL 2010

Page: 7

Recommendation:

That the minutes of the Community and Public Health Advisory Committee and Disability Support Advisory Committee meeting held on 1 April 2010 (Part One), be confirmed and approved as a true and correct record.

4.1 Matters arising

5. COMMITTEE CHAIRMAN'S VERBAL REPORT

6. PRESENTATION

No presentation at this meeting.

7. REPORT OF THE GENERAL MANAGER, PLANNING AND FUNDING**Page: 13**

- 7.1 District Annual Planning for 2010/11
- 7.2 Quality Improvement Initiatives and Success Stories
- 7.3 Health Gain Initiatives and Service Coverage
- 7.4 Financial Performance and Results: Planning and Funding Division
- 7.5 Regional and National Collaborative Activities

8. ITEMS FOR INFORMATION (Blue pages)**Page: 25**

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2	Maternity Strategy: Implementation	31
3	'Better Sooner More Convenient' (BSMC): Proposed changes To Primary Health Care Services	33
4	centralAlliance: Whanganui and MidCentral DHBs	37

9. ITEMS FOR DISCUSSION (Gold pages)**Page: 39**

There are no items for discussion at this meeting.

10. PAPERS FOR DECISION (Buff pages)**Page: 41**

Whanganui District Health Board - Position on Access to Public Funded Bariatric Surgery

11. Late Items**12. Date of Next Meeting - Friday, 26 June 2010.****13. Exclusion of Public****Recommendation:**

That the public be excluded from Part Two of this meeting in accordance with the Official Information Act 1992, as outlined below:

Part Two		
Subject	Reason	Ref
Community and Public Health Advisory Committee and Disability Support Advisory Committee minutes of meeting held 1 April 2010 (public excluded section)	For the reasons stated in the previous agenda	

DRAFT

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**Discussion Document
WHANGANUI REGION DISABILITY STRATEGY**

Manā Tangata Hauā o Whanganui

The authority of disabled people of Whanganui

April 2010

Sue Watson
Project Director
Whanganui Region Disability Strategy

Whanganui Disability Resources Centre
28 Churton Street, P O Box 102, Wanganui
Phone (06) 347 1176
Email: information@whanganuidrc.org.nz
Website: www.whanganuidrc.org.nz

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Introduction

Background To This Discussion Document

This document is the result of a consultation process that began at a public meeting in Whanganui in September 2008. A reference group was formed to review the local implementation of *The New Zealand Disability Strategy* and guide the development of the Whanganui Region Disability Strategy (see Appendix 1 for a list of reference group members).

The Whanganui District Health Board, the Whanganui District Council and the Whanganui Community Foundation made funding available for a consultant to be contracted to develop the disability strategy. Sue Watson began this work in January 2010 (see Appendix 1 for a description of Sue's credentials).

This discussion document is informed by the disability strategy reference group meetings over the past two years and by consultation with approximately forty organisations in the Whanganui, Rangitikei and Ruapehu districts in January and February 2010 (see Appendix 2 for a list of the organisations).

This discussion document is being widely distributed in the Whanganui region. The feedback we receive will shape the Whanganui Region Disability Strategy.

Introduction To The Whanganui Region Disability Strategy

The Whanganui Region Disability Strategy will be based on two key documents:

1. *The New Zealand Disability Strategy* (2001)
2. *The United Nations Convention on the Rights of Persons with Disabilities* (2007). New Zealand ratified the Convention in September 2008.

These two foundation documents are based on the vision of a fully inclusive society that protects and promotes the human rights of disabled people. The *New Zealand Disability Strategy* says that New Zealand will be inclusive when people with impairments can say they live in:

“A society that highly values our lives and continually enhances our full participation.

Achieving this vision will involve ensuring that disabled people have a meaningful partnership with Government, communities and support agencies, based on respect and equality.”

Disabled people in this region have asked for a disability strategy that builds on these two documents but that is specific to the Whanganui region. The Whanganui Region Disability Strategy will be based on the issues that were raised during the initial consultation process that informed the development of this discussion document, as well as the feedback to the discussion document.

The strategy will be effective as organisations and individuals in the region commit to implementing the strategy in their lives and in the areas over which they have influence.

What Is Disability?

The New Zealand Disability Strategy explains that we live in a disabling society.

“Disability is not something individuals have. What individuals have are impairments. They may be physical, sensory, neurological, psychiatric, intellectual or other impairments.

Disability is the process that happens when one group of people create barriers by designing a world only for their way of living, taking no account of the impairments other people have.”

Barriers are in:

- The built environment;
- Information and services;
- Social attitudes and behaviours.

“The barriers disabled people encounter often affect their families and whānau as well. People’s assumptions and expectations about disabled people often form the biggest barriers. Disabled people are mostly just like everyone else. High expectations are appropriate.”¹

The Whanganui Region Disability Strategy will present goals and actions that will make a positive difference to the lives of disabled people in Whanganui by changing society so that it does not disable people.

Disability in the Whanganui Region

Statistics New Zealand undertakes a national Disability Survey to gather information about disabled people. It is not possible to get information on disability for the Whanganui Region but we can compare the national data with the population of our region from the most recent Disability Survey in 2006.

Nationally, approximately one in five people (17%) have some form of long-term impairment. Based on the last National Census in 2006, there were 70, 923 people living in the Whanganui Region. Assuming that the proportion of disabled people in the Whanganui Region is not significantly different from national levels, there are approximately 12,056 disabled people in the region.

¹ *Inclusive Communities. Guidelines about Disability for Councils and District Health Boards.* (September 2004), Disabled Persons Assembly, p. 8.

Approximate numbers of disabled people in the Whanganui Region

Whanganui district:	7,248
Ruapehu district:	2,307
Rangitikei district:	2,501
TOTAL Whanganui Region:	12,056

Disability by age

The 2006 national Disability Survey found that older people are more likely than younger people to have a long-term impairment:

- 45% of people aged 65 or older have a long-term impairment
- 20% of people aged 45-64 have a long-term impairment
- 9% of people aged 15-44 have a long-term impairment
- 10% of people aged 0-14 have a long-term impairment.

The Disability Survey found that the most common types of long-term impairments for children are learning or developmental difficulties (such as dyslexia, attention deficit disorder or attention hyperactivity disorder) and long-term health conditions (such as severe asthma, cerebral palsy or diabetes).

For adults, the most common types of long-term impairments are physical, sensory (hearing and/or sight impairments) or difficulty speaking, learning, remembering or doing everyday activities.

Disability by ethnicity

Nationally, 17% of Māori have a long-term impairment; 18% of Europeans and 11% of Pacific peoples.

In the Whanganui Region, 25% of the population is Māori, a total of 17,484 people. Approximately 2972 Māori have a long-term impairment in the Whanganui Region.

In the Whanganui region, Pacific peoples make up 2% of the population, a total of 1494 people. Approximately 30 Pacific peoples have a long-term impairment in the Whanganui region.

The National Disability Census provides information about long-term impairments as defined by disabled people. There are other sources of information about the types of impairments experienced by disabled people in Whanganui. The information below is about the numbers of people receiving some form of income support in the Whanganui region because of short or long-term impairments.

Disability- related benefits

The Ministry of Social Development provides a number of benefits to people who are unable to work due to either permanent or temporary impairments. This provides one indication of the number of disabled adults who are not in paid employment in the Whanganui Region.

The Invalid's Benefit is for people who are not able to work because they are permanently and severely restricted in their capacity for work. The number of people receiving the Invalid's Benefit in the Whanganui region in December 2009 was as follows:

Whanganui	1,533
Rangitikei	341
Ruapehu	306
TOTAL	2180

The Sickness Benefit is for people who cannot work due to sickness, injury, disability or pregnancy. The number of people receiving the Sickness Benefit in the Whanganui region in December 2009 was as follows:

Whanganui	772
Rangitikei	187
Ruapehu	124
TOTAL	1083

The Disability Allowance provides non-taxable assistance to people who have ongoing, additional costs because of a disability. In December 2009, 4,399 people were receiving a Disability Allowance in the Whanganui region.

The Child Disability Allowance is available to the principal caregiver of a dependent child who has a serious disability. It is paid because of the extra care that may be needed by a child who has a physical, sensory, psychiatric or intellectual disability. In December 2009, 891 people were receiving a Child Disability Allowance in the Whanganui region.

The New Zealand Disability Strategy in the Whanganui Region

The 15 goals that follow reflect the aspirations of disabled people in the Whanganui region in achieving the objectives of the New Zealand Disability Strategy.

The 'actions' are suggested activities that will go some way towards achieving those goals.

Each goal and *The New Zealand Disability Strategy* objective has been cross referenced to the relevant article of the *United Nations Convention on the Rights of Persons with Disabilities*. Doing this highlights the dual authorities, *The New Zealand Disability Strategy* and *United Nations Convention on the Rights of Persons with Disabilities* that uphold the rights and aspirations of disabled people in the Whanganui region and the vision of "a society that highly values our lives and continually enhances our full participation."

Goal 1:

Disabled people are highly valued and participate fully in all aspects of life in the Whanganui region.

Encourage and educate for a non-disabling society
New Zealand Disability Strategy 2001

Actions

- 1.1 Acknowledge, publicise and celebrate the achievements of disabled people.
- 1.2 Disabled people run disability awareness workshops.
- 1.3 Re-establish the Disabled Persons Assembly (DPA NZ) to take a leadership role in educating for a non-disabling society.
- 1.4 Support disability consumer groups to undertake an awareness and education role.
- 1.5 Recognise efforts by organisations and individuals who enable the full participation of disabled people.

Article 8: Awareness-raising

The countries agree that, without delay, they will:

- (a) Help families and all people in society be more aware of the issues facing people with disabilities. They will work to make sure that rights and dignity of people with disabilities are respected;
- (b) Fight against stereotypes and prejudices about people with disabilities; stereotypes are general and incorrect beliefs that some people have about people with disabilities.

United Nations Convention on the Rights of People With Disabilities 2007

Goal 2:

The rights of disabled people are understood, respected and protected by everyone in the Whanganui region.

Ensure rights for disabled people
New Zealand Disability Strategy 2001

Actions

- 2.1 Re-establish the Disabled Persons Assembly (DPA) as an independent advocate for the rights of disabled people.
- 2.2 Provide training for disabled people to be self-advocates.
- 2.3 Provide training about the rights of disabled people, to all board members, staff and volunteers of all statutory and volunteer organisations and services.
- 2.4 Ensure that easily accessible information about the rights of disabled people is widely promoted.

Article 1: Purpose

The reason why this Agreement is made is to make sure that:

- All human rights and freedoms of all people with disabilities are enjoyed, promoted and protected;
- The dignity of people with disabilities is respected.

Article 4: General obligations

1. The countries promise to make sure that all human rights apply to all people, without discrimination because of disability. To fulfill this promise, they will: (i) Promote training about the rights in this Agreement for those who work with people with disabilities to make sure they can work better with people with disabilities.

United Nations Convention on the Rights of People With Disabilities 2007

Goal 3:

Disabled children with disabilities receive quality, inclusive education from early childhood through to secondary level in the Whanganui region.

Disabled people have access to quality, inclusive tertiary education, vocational training and lifelong learning in the Whanganui region.

<p>Provide the best education for disabled people <i>New Zealand Disability Strategy 2001</i></p>

Actions

- 3.5 Encourage parents and whānau of school-age children with disabilities to work together to advocate for the rights of their children to quality, inclusive education.
- 3.6 Ensure that the provision and use of special education funding is transparent.
- 3.7 Provide information and training to teachers, boards of trustees, students and the wider school community so they understand the rights, needs and contributions of disabled students.
- 3.8 Provide self advocacy training to disabled students.
- 3.9 Identify children and young disabled people who are not currently receiving any special education support (for example, children with autism spectrum disorders) and advocate for their right to access quality education.
- 3.10 Provide high quality career planning and guidance to disabled students.
- 3.11 Promote and support transition from school into further education, training or employment for disabled students.
- 3.12 Ensure disabled adults have equal educational opportunities.

Article 24: Education

1. The countries agree that all people with disabilities have the right to education. They will make sure that the education system, at all levels, includes people with disabilities.
2. To do this, the countries will make sure that: (a) people with disabilities are not excluded from education because of their disability, and children with disabilities are not excluded from free and compulsory primary and secondary education because of their disability.

United Nations Convention on the Rights of People With Disabilities 2007

Goal 4:

Disabled people have equal employment opportunities in the Whanganui region.

Provide opportunities for employment and economic development for disabled people
New Zealand Disability Strategy 2001

Actions

- 4.1 Advocate and affirm the right of disabled people to employment on an equal basis with others.
- 4.2 Promote and highlight the benefits of employing disabled people.
- 4.3 Provide information and training to employers to ensure they understand the rights of disabled people to employment and the resources available to support disabled people in employment.
- 4.4 Ensure transport to work is affordable and accessible for disabled people, including in rural areas.
- 4.5 Ensure workplaces are accessible to disabled people including the attitudinal as well as the physical environment.

Article 27: Work and employment

1. The countries agree that people with disabilities have the same right to work as other people. This also means that they have the right to earn a living from work they choose in a work environment that is open and accessible to all people.

United Nations Convention on the Rights of People With Disabilities 2007

Goal 5:

Disabled people have leadership roles in all aspects of society in the Whanganui region.

Foster leadership by disabled people
New Zealand Disability Strategy 2001

Actions

- 5.1 The District Councils, District Health Board and other planning and decision-making bodies must have disabled people as board members so that the views and perspectives of disabled people and their families and whānau are incorporated into in all matters related to community issues, disability support services, healthcare and health services.
- 5.2 Promote and encourage disabled people into positions of leadership in society.
- 5.3 Establish a directory of disabled people who have the appropriate skills to be considered for governance roles.
- 5.4 Recognise disabled people in leadership.
- 5.5 Foster leadership by young disabled people.

Preamble (o) We believe that people with disabilities should be included in the making of policies and programmes, especially those that are directly related to them.

United Nations Convention on the Rights of People With Disabilities 2007

Goal 6:

Publicly funded organisations and services in the Whanganui region are aware of and responsive to the needs of disabled people and draw on their expertise.

Foster an aware and responsive public service
New Zealand Disability Strategy 2001

Actions

- 6.1 Ensure all publicly funded facilities are fully accessible to disabled people.
- 6.2 Ensure that information from publicly funded organisations is available in formats appropriate to the different needs of disabled people.
- 6.3 Promote the use of advisory groups to access the expertise of disabled people to work in partnership with the district councils and the Whanganui District Health Board and other publicly funded organisations.
- 6.4 Ensure reference group members are paid for their services.
- 6.5 Develop a 'disability impact assessment tool' to assess the potential impact of changes by government and local government on disabled people.
- 6.6 Provide disability awareness training for all staff.

Article 9: Accessibility.

1. The countries will eliminate barriers that people with disabilities face in buildings, the outdoors, transport, information, communication and services, in both cities and the countryside. This way people with disabilities can live independently and fully live their lives.

United Nations Convention on the Rights of People With Disabilities 2007

Goal 7:

In the Whanganui region disabled people determine their own needs and have control over how their needs are met.

Create long-term support systems centered on the individual
New Zealand Disability Strategy 2001

Actions

- 7.1 Recognise that disabled people are experts on their needs and ensure they have the right to make decisions about the services they receive.
- 7.2 Ensure disabled people have access to independent, up-to-date and accurate information.
- 7.3 Incorporate a rights-based perspective into standards of best practice for service delivery.
- 7.4 Ensure that disabled people are well represented on boards that provide services to disabled people.

Goal 8:

Disabled people have a choice of lifestyle and accommodation options and can participate fully in the life of the community in the Whanganui region.

Support quality living in the community for disabled people
New Zealand Disability Strategy 2001

Actions

- 8.1 Ensure information about daily living and ongoing needs of disabled people is easily accessible.
- 8.2 Undertake research to identify the needs of disabled people who want supported accommodation and determine any unmet demand for supported accommodation.
- 8.3 Provide information to landlords about the resources available to adapt houses to the needs of disabled people.
- 8.4 Increase the provision of supported accommodation options, including places where disabled people can live independently but with support if needed.
- 8.5 Provide support so that disabled people in rural areas can live in their local community.
- 8.6 Provide high quality training to staff in elder care residential facilities on the needs of older people with disabilities.
- 8.7 Provide accessible transport options to enable disabled people to participate fully in community life and to access health and other services.
- 8.8 Address social isolation of disabled people who live at home.
- 8.9 Ensure health services and facilities are fully accessible to disabled people.
- 8.10 Promote the concept that every service provider is a 'first stop' to disability information provision.

Article 19: Living independently and being included in the community.

The countries agree that all people with disabilities have the same right as anyone else to live in the community and to be fully included and to participate in the community.

Article 20: Personal mobility.

The countries will make sure that people with disabilities can move around with the greatest possible independence.

United Nations Convention on the Rights of People With Disabilities 2007

Goal 9:

Disabled people have equal access to recreational and cultural activities in the Whanganui region.

Support lifestyle choices, recreation and culture for disabled people

New Zealand Disability Strategy 2001

Actions

- 9.1 Promote awareness of the benefits of ensuring that disabled people are included in recreational and cultural activities.
- 9.2 Ensure recreational and cultural facilities are accessible to disabled people.
- 9.3 Provide disability awareness training to staff and volunteers in recreational and cultural facilities and organisations.
- 9.4 Combine disabled sporting events with able-bodied events.
- 9.5 Provide support to disabled athletes to perform highly in their chosen sport and recognise their achievements.

Article 30: Participation in cultural life, recreation, leisure and sport.

1. The countries recognise the right of people with disabilities to take part in cultural life.
2. The countries will take action to make it possible for people with disabilities to develop and use their creative, artistic and intellectual potential.
5. The countries also recognise that people with disabilities have the same right as others to take part in recreation, leisure and sports.

United Nations Convention on the Rights of People With Disabilities 2007

Goal 10:

Information about disabled people is accessible and widely used to identify and remove barriers faced by disabled people in the Whanganui region.

Collect and use relevant information about disabled people and disability issues

New Zealand Disability Strategy 2001

Actions

- 10.1 Undertake a community needs-assessment of disabled people.
- 10.2 Provide a database resource of research, policy and information about local disabled people.

Article 31: Statistics and data collection.

1. The countries will collect and look at statistics and other information to put into practice this Agreement.
2. The information collected will be in categories so that the countries can better understand how to put into practice this Agreement, and to learn more about the barriers that exist for people with disabilities.

United Nations Convention on the Rights of People With Disabilities 2007

Goal 11:

In the Whanganui region, disabled Māori receive culturally appropriate services as well as services provided by Māori for Māori.

Promote participation of disabled Maori

New Zealand Disability Strategy 2001

Actions

- 11.1 Ensure disabled Māori have equal access to culturally appropriate services and facilities.
- 11.2 Ensure all facilities, including marae, and events are accessible to disabled Māori.
- 11.3 Promote kaupapa Māori perspectives, including whānau-centred approaches, to service delivery.

Article 30: Participation in cultural life, recreation, leisure and sport.

4. People with disabilities have the right, just like everyone else, to have their culture and language recognised.

United Nations Convention on the Rights of People With Disabilities 2007

Goal 12:

Disabled Pacific people participate in the community in the Whanganui region and access disability services delivered in a culturally appropriate way.

Promote participation of disabled Pacific people

Actions

- 12.1 Encourage the Pacific community to consider disability issues and perspectives and to further their own understanding of disability.
- 12.2 Increase access to and improve the relationship with mainstream service providers that deliver disability services to disabled Pacific peoples, their families and communities.

Article 30: Participation in cultural life, recreation, leisure and sport.

4. People with disabilities have the right, just like everyone else, to have their culture and language recognised.

United Nations Convention on the Rights of People With Disabilities 2007

Agenda for a meeting of the
**Community and Public Health Advisory Committee and Disability
Support Advisory Committee**
of the Whanganui District Health Board

To be held in the Board Room, Fourth (4th) Floor, Wanganui Hospital on
Friday, 25 June 2010, commencing at 9.30am

Part One

Committee Chair

Mrs Philippa Baker-Hogan

**Community and Public Health
Advisory Committee**

Mrs Kim Austin
Mr PJ Faumui
Mrs Judith MacDonald
Mrs Di Valentine
Dr Alan Mangan
Ms Ailsa Stewart
Ms Nancy Tuaine
Ms Kate Joblin (*ex officio*)

Disability Support Advisory Committee

Mrs Philippa Baker-Hogan
Mrs Barbara Ball
Mr PJ Faumui
Mrs Sandi MacMillan
Ms Ailsa Stewart
Ms Kate Joblin (*ex officio*)

1. APOLOGIES Mrs Kim Austin

2. CONFLICT AND/OR REGISTER OF INTERESTS UPDATE

Page: 1

- 2.1 Amendments to Conflicts of Interest Register
- 2.2 Declaration of Conflicts in relation to today's business

3. REGISTERING LATE ITEMS

- 3.1 Minor: (no decision required, except to receive or refer item)
- 3.2 Major: (decision required)

4. MINUTES OF PREVIOUS MEETING, 14 MAY 2010

Page: 7

Recommendation:

That the minutes of the Community and Public Health Advisory Committee and Disability Support Advisory Committee meeting held on 14 May 2010 (Part One), be confirmed and approved as a true and correct record.

- 4.1 Matters arising

5. COMMITTEE CHAIRMAN'S VERBAL REPORT

6. PRESENTATION

No presentation at this meeting.

7. REPORT OF THE GENERAL MANAGER, PLANNING AND FUNDING**Page: 13**

- 7.1 District Annual Planning for 2010/11
- 7.2 Quality Improvement Initiatives and Success Stories
- 7.3 Health Gain Initiatives and Service Coverage
- 7.4 Financial Performance and Results: Planning and Funding Division
- 7.5 Regional and National Collaborative Activities

8. ITEMS FOR INFORMATION (Blue pages)**Page: 33**

Information		Page
Matters arising from minutes of meeting held 14 May 2010		
1.0	Whanganui & MidCentral DHB – Women's Health Services Network (As requested last month a copy of the Terms of Reference for the Regional Women's Health Services Network is included)	35
2.0	Whanganui DHB – Clinical Governance Framework (As requested last month a copy of the Framework is included)	53
Health Gain Initiatives and Service Coverage		
3.0	Better Sooner More Convenient (BSMC) Primary Health Care – Implementation Update <ul style="list-style-type: none"> ▪ Letter from the Ministry of Health dated 24 May 2010 ▪ Letter from the Ministry of Health Programme Director for Primary Health Care Implementation dated 25 May 2010 	65 69
3.1	Health Targets - Whanganui DHB Quarter Three Performance	73
3.2	Submissions to Wanganui District Council <ul style="list-style-type: none"> ▪ Ban Tobacco Retail Displays in New Zealand ▪ Wanganui District Council Draft Annual Plan 2010/2011 	77 82
3.3	Home Based Support Services for Older People Performance Audit	87
3.4	Whanganui DHB – Clinical Governance Framework	89
Regional and National Collaborative Activities		
4.0	National Whanau Ora Strategy Development <ul style="list-style-type: none"> ▪ Minister's presentation ▪ Letter from Stephen McKernan, Director General of Health 	91 97
4.1	Central Cancer Network – Cancer Control Indicators Report February 2010	99

9. ITEMS FOR DISCUSSION (Gold pages)**Page: 111**

Child & Adolescent Oral Health Business Case – Implementation Update

10. PAPERS FOR DECISION (Buff pages)**Page: 119**

There are no items for decision at this meeting

11. Late Items**12. Date of Next Meeting - Friday, 6 August 2010.****13. Exclusion of Public Recommendation:**

That the public be excluded from Part Two of this meeting in accordance with the Official Information Act 1992, as outlined below:

Part Two		
Subject	Reason	Ref
Community and Public Health Advisory Committee and Disability Support Advisory Committee minutes of meeting held 14 May 2010 (public excluded section)	For the reasons stated in the previous agenda	

- TO** Advisory Committees:
- Community & Public Health
 - Disability Support
 - Hospital



FROM Chief Executive Officer

DATE 25 June 2010

SUBJECT 2010/11 Reporting Framework

MEMORANDUM

1. PURPOSE

The paper outlines the reporting framework for 2010/11 for the Board and its committees, and the resultant work programmes.

The framework has been approved by the Board. No decision is required from the Committee.

2. SUMMARY

The 2010/11 reporting framework covers all aspects of governance, including strategic and operational matters, audit, disability support, and remuneration.

Through the reporting framework, Committees will receive the information they require to carry out their responsibilities. As is current practice, a report against each Committee’s work programme will be provided every time it meets, and members will have the opportunity to review their requirements.

The standardised approach to the structure of all reports which was introduced in July 2009 will continue.

In developing the 2010/11 reporting framework, we liaised with Whanganui DHB. It implemented a similar framework last year, and there is consistency regarding the key categories of reports. We have identified a number of reports which will be developed on a “joint” basis. Next year, a joint reporting framework is planned.

3. RECOMMENDATION

It is recommended:

that the Committee’s 2010/11 work programme be noted.

COPY TO:

CEO’s Department
 MidCentral DHB
 Heretaunga Street
 PO Box 2056
 Palmerston North
 Phone +64 (6) 350 8910
 Fax +64 (6) 355 0616

4. INTRODUCTION

The reporting framework for 2010/11 has been developed on the principles used in previous years, being:

1. reporting to be based on the accountability documents, particularly the Strategic and Annual Plan as these contains the breadth of responsibilities, in terms of governance, planning/funding and providing, and, the agreed processes and policies (eg prioritisation process), key performance measures, financials, and improvement initiatives.
 - i. reporting to take into account governance responsibilities (eg board and committee process, terms of reference, etc), and special issues.
 - ii. reporting to provide the Board/Committees with a high level of comfort that it can monitor progress in achievement of its key accountability documents (strategic and annual plan, and Statement of Intent) and satisfy its governance responsibilities
 - iii. reporting to the appropriate governance committee/Board
 - reporting on hospital provider issues, and governance of this Division, to be reported via the Hospital Advisory Committee
 - reporting on funding/planning issues, and governance of this Division, to be reported via the Community and Public Health Advisory Committee
 - reporting on Enable New Zealand's performance, and governance of this Unit, to be reported via the Enable New Zealand Governance Group
 - reporting on disability issues via the Disability Support Advisory Committee
 - reporting on audit and process matters via the audit committees
 - iv. reporting to be directed to one Committee/Board wherever possible to ensure clear accountability lines; with identified reports being copied to another committee for information only.
 - v. reporting to be practical and not onerous.
 - vi. reporting frequency to be risk based, ie high risk = more frequent reporting.
 - vii. reports on similar items to be linked.

The work programme does not preclude more frequent reports being provided on any particular issue, or new items being added.

5. 2010/11 ARRANGEMENTS

The 2010/11 Reporting Framework is based on the structure used in previous years, with amendments made to reflect:

- the centralAlliance
- the Government's review of DHB's accountability documents
- the Regional Clinical Services Plan

Key issues relating to the framework’s development are set out below.

A copy of the Committee’s work programme is attached.

5.1 Regional Planning

Implementation of the Regional Clinical Services Plan is now underway. Regular reports to the Hospital Advisory Committee are scheduled.

5.2 Annual Planning

5.2.1 Development of 2011/12 District Annual Plan

The development of 2011/12 Accountability Documents is a key component of the reporting framework. Traditionally, these documents have been the District Annual Plan and the Statement of Intent. As members are aware, a review of DHB accountability documents is currently being underway in readiness for a report to Cabinet. Concurrently, legislative changes around this are also in hand.

For MDHB’s purposes, governance involvement in the development and sign-off of these documents continue as previous. That is, being progressed through the Committees and Board, with the Board having final sign-off.

Once the new accountability document arrangements are known, a report will be provided to the Board outlining these and proposed reporting arrangements. The work programme would be updated accordingly and committee advised.

Usual pre-planning papers , such as the health needs assessment update, prioritisation framework, price: volume schedule, and planning assumptions have been incorporated in the reporting framework. Where appropriate, these will be done in conjunction with Whanganui DHB.

An annual planning workshop and a risk workshop is scheduled.

5.2.2 Implementation of 2010/11 District Annual Plan

The 2010/11 District Annual Plan has five key components (Performance Action Areas or PIAs). A report against each section will be provided every four months, with the exception of PIA 4, Quality Improvement. Six-monthly reports for this will occur.

Reports on a four-monthly basis is an increase over the current year (six-monthly).

For “impact” (or outcome) of each PIA has been identified in the District Annual Plan. Where practical, updates regarding the PIA will include measurement of the impact, eg using relevant non-financial performance indicators.

The 2010/11 DAP includes the development of business cases for specific capital items. These business cases will be the subject of a separate report, and are additional to the general DAP progress update.

In 2009/10 reports regarding “provider” components of the DAP were copied to CPHAC for their information, and vice versa. This practice will continue, enabling each Committee to get a feel for the total picture.

5.3 Operational Reports

Six-monthly updates on quality matters are scheduled and these will be provided to the Hospital Advisory Committee. The timing of these will match that relating to progress reports on the Quality component of the DAP.

Annual reports from the various clinical boards/councils will continue. For CPHAC, the combined PHO Clinical Board does not have annual reporting arrangements in place. These will now commence from next year.

Six-monthly updates on workforce matters are also scheduled for both HAC and CPHAC.

5.4 centralAlliance

Increased and more targeted reporting is scheduled, reflecting the current state of this alliance.

In addition to the regular overviews provided to the Board, HAC and CPHAC receive regular updates regarding the clinical and funding/planning work streams respectively. Updates against the governance and support service work streams would be reported to the Board, together with the project overview.

In recognition of the increased reporting, the frequency of reports has dropped from quarterly to four-monthly.

The clinicalAlliance reports would be joint reports, prepared in conjunction with WDHB's management team.

5.5 NZ Disability Strategy

No change to current reporting arrangements is proposed.


5.6 2009/10 Items

All items on the 2009/10 reporting framework which have not been completed have been carried forward.

5.7 Standardised Approach

The standardised approach to reports introduced this year will continue. Each report will provide:

- a. the purpose of the report in terms of what is being sought from the Board/Committee:
 - a decision
 - discussion
 - information only
- b. an executive summary
- c. the recommendation


 Murray Georgel
 Chief Executive Officer

		2011															
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
	Task Name																
1	DISABILITY SUPPORT ADVISORY COMMITTEE: 2010/11 WORK PROGRAMME																
2																	
3	ANNUAL PLANNING																
4	Plan - Draft 1																
5	Plan - Draft 2 (if required)																
6	PORTFOLIO UPDATES																
7	Facilities (inc rental accommodation & implementation of :																
8	Communications (inc staff awareness)																
9	Human Resources (inc staff awareness)																
10	Contract (FD)																
11	Customer Satisfaction (inc Staff Awareness)																
12	Update 1																
13	Update 2																
14	STOCKTAKE IMPLEMENTATION																
15	Annual Update (inc dental access)																
16	CARRIED FORWARD FROM 2009/10																
17	Update re DSAC's ToR & Role																
18	Update re mobile dental service & disability access																
19	Update re WDH's Order Paper																
20	Update re Communications & large print options																
21	Update re Human Rights Tribunal Case																

