

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini



**DISABILITY SUPPORT
ADVISORY COMMITTEE
MEETING**

15 APRIL 2009

**AGENDA
AND
MEETING PAPERS**

All information contained in these committee papers is subject to change

DSAC AGENDA

West Coast DHB Disability Support Advisory Committee Meeting
to be held in the Board Room, Corporate Office, Greymouth
Wednesday 15 April 2009 9.00am to 12.30 pm

9.00am – 10.00am Business section

- 1 Welcome / Introductions / Apologies
- 2 Karakia
- 3 Disclosure of Advisory Committee Members' Interests
- 4 Agenda Check
- 5 Minutes of the Last Meeting - 4 March 2009
- 6 Action / Responsibility List, Matters Arising and Updates
- 7 Report to WCDHB Board from DSAC Chair
- 8 Correspondence
- 9 General Business
- 10 **10.15 – 12.30 Planning Workshop**

DSAC Planning Workshop following up on the discussion on papers presented at the March 4th meeting:

- Review of 2008 Health Needs Assessment (attached)
- Review and prioritisation of WISE plan initiatives for 09/10.
- Development of key criteria and headings for inclusion in WCDHB Disability Action Plan for 2009 – 2012

NB please also bring the following briefing papers from March 4th DSAC meeting:

- I. Ministers Letter of Expectation
- II. Chairs Letter of Expectation
- III. Government Health Priorities

- 11 Confirmation of DSAC workplan for 09/10

Next Meeting - Wednesday 27 May 2009

KARAKIA

E Te Atua i runga rawa kia tau te rangimarie, te aroha, ki a matou i tenei wa
Manaaki mai, awhina mai, ki te mahitahi matou, i roto, i te wairua o
kotahitanga, mo nga tangata e noho ana, i roto i tenei rohe o Te Tai Poutini
mai i Karamea tae noa atu ki Awarua.

That which is above all else let your peace and love descend on us at this
time so that we may work together in the spirit of oneness on behalf of the
people of the West Coast.

DISABILITY SUPPORT ADVISORY COMMITTEE MEMBERS' DISCLOSURES OF INTERESTS

Member	Disclosure of Interest
CHAIR John Vaile WCDHB Member	Member - CCS Westport Branch Director - Vaile Hardware Ltd
DEPUTY CHAIR Elinor Stratford WCDHB Member	Manager - Disability Information Service Member - NZCCS Greymouth Branch Chairperson - West Coast Sub-branch - Canterbury Neonatal Trust Trustee - Canterbury Neonatal Trust Vice-Chair Victim Support, Greymouth Member - Clinical Governance Committee West Coast PHO
Mohammed Shahadat WCDHB Member	Director - Asia Pacific Immigration Consultants Ltd, trading as Aspac Immigration Consultants
Patricia Nolan	Member - Brain Injury Association Member - Independent Living Centre Committee Member - Hokitika CCS Disability Action
Lynnette Beirne	Secretary of the West Coast Stroke Support Group Educator, Arthritis New Zealand Committee Member, Southern Regional Stroke Committee
Kevin Brown	Trustee, Juvenile Diabetes Trust Member, CCS Councillor, Grey DC Wife employed by West Coast DHB pharmacy Trustee, WestPower
Rick Barber	Trustee, Greymouth High School Member, Runanga o Ngati Waewae Executive

MINUTES OF THE DISABILITY SUPPORT ADVISORY COMMITTEE MEETING HELD WEDNESDAY 4TH MARCH 2009 IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH

Present	John Vaile, Chairman, WCDHB member Elinor Stratford Lynnette Beirne Graeme Axford Mohammed Shahadat Patricia Nolan Kevin Brown
In Attendance	Wayne Turp, GM Planning and Funding Torfrida Wainwright, Planning and Funding Analyst Juliette Reese, Minute Secretary
Apologies	Rex Williams (West Coast DHB Chair) Joel George (Acting CEO, West Coast DHB)
Absentees	Rick Barber

1. **APOLOGIES, WELCOME**

The Chair welcomed those present to the meeting.

Added to the Agenda as Item 1. As per memo from Christine Robertson dated 3/3/09, Advisory Committees can elect a Chair and Deputy chair from the Board members present in the meeting.

John Vaile vacated the chair and Wayne Turp opened nominations to Chair and Deputy Chair positions from the four Board members on the Committee.

Mohammed Shahadat nominated John Vaile for Chair and Elinor Stratford as Deputy Chair. Seconded Graeme Axford. Carried unanimously.

John Vaile resumed the Chair.

2. **KARAKIA**

Wayne Turp and the committee members said the karakia.

3. **DISCLOSURES OF INTEREST**

Elinor Stratford - as Manager of Disability Information Services which has now entered into a contract with WCDHB.

4. **AGENDA CHECK**

There were no changes to the agenda

5. **MINUTES OF THE PREVIOUS MEETING HELD 3RD DECEMBER 2008**

It was RESOLVED that with the corrections made the Minutes of the Disability Services Advisory Committee meeting held 3rd December 2008 were a true and accurate record.

Moved: Graeme Axford. Seconded: Elinor Stratford. Carried Unanimously.

6. **MATTERS ARISING**

Action Points - Correspondence to Robert Miedema - GM Corporate Services has responded. Refer to the Correspondence Section.

Discussion arising from this correspondence.

Elinor could only find 9 of the 10 parks referred to in Wayne Champion's letter. It appears that one of the parks has been tar sealed over when car park was re-laid. Wayne Turp to follow up and check that the park will be repainted back in. Peter McIntosh can advise Wayne which car park Elinor is referring to.

There was discussion around the issues of disabled parking. Consideration of the legislative requirements, which the Hospital is meeting, versus the practicalities of the actual parks and those who use them.

For example the new disabled parks by the Mammography area are difficult for wheelchair access due to the heavy doors which are hard for both an unaccompanied wheel chair user and if the wheelchair bound person being assisted by a frail or elderly person. There are also concerns about elderly or frail people having to cross the full length of the hospital.

The comment was made that should the lift by these doors be reinstated for public use as well as staff, this would alleviate the current

situation where patients and visitors need to walk through to the main entrance, use the lift, then walk back towards the end of the building once on the first floor.

Suggestions for going forward:

As part of the future hospital development / rebuilding program, the practicalities and realities of the disabled car parks, in line with legislation, be considered. Wayne Turp to consider in line with the Sustainability Project.

In the short term some low cost solutions that could be incorporated quickly:

- Repaint the parking space white lines, to avoid bad or angle parking (which, for example, takes up 3 parks for 2 cars).
- Include painted signage on the ground in the car park space, e.g. "Outpatients".
- Add visible sign boards
- Tar seal grass area by the dementia unit for disabled car park, also for use by police or emergency services.

Action point - Sheltered Housing Units. Torfrida Wainwright spoke to this action point - Granger House had originally purchased houses behind Granger with the intention to pull them down and build sheltered housing units. However since then Granger has been sold. (or has it sold the site?) Torfrida Wainwright has raised the topic of supportive housing with Dermott Martin (Unimed), however at this stage he has indicated they are not likely to proceed due to costs vs income not being sufficient.

Planning and Funding discussed with the Grey and Buller Councils the possibility of using pensioner housing and DHB providing staff. The Councils have said they are not interested.

Housing New Zealand maybe willing to provide rental housing as the housing option and this is being explored.

It was commented that the DSAC papers being submitted to members via post are not arriving in a timely enough manner. Apologies given by Juliette, explaining unfamiliarity with the workload and process involved. Elinor made the comment that issue exists with post as well, and even items posted in the correct time frame are not being received. Request made that papers are either submitted earlier or sent by courier.

7. CORRESPONDENCE

- Copy of Robert Meidema's original letter.

- Copy of Wayne Champion's response.

8. WORK PLAN

8.1a GM Planning and Funding Report to DSAC

The report was given verbally.

The committee has been advised that the function of the committee is intended to have a more strategic in focus in the future.

Update of RFP focus for Residential Care for Elderly in Buller.

Still an ongoing process. A preferred provider has been identified and negotiations are underway. It is expected that this will be concluded by the end of the financial year. There will be no change to current services until a new contract is in place.

Disability Action Plan

It is proposed to put new focus on this plan. It was suggested that a Workshop be incorporated within next DSAC meeting to further this plan.

Tor will submit the existing plan to the committee shortly. Please forward your suggestions to her and she will collate the responses to be submitted with the next DSAC papers.

Workshop agenda to be processed for the next meeting. Times to be confirmed (note - Board Room has now been booked for 15th April 9am to 3pm).

Discussion around Ministers Guidelines:

Targeting Waiting Lists and Efficiencies, in particular:

- Reduce waiting time for cancer treatments
- Increase Emergency Department Response Time
- Increase Elective Surgery
- Workforce retention

Regional collaboration – some instances already in place, future development ongoing.

Acknowledgement of Chair WCDHB Letter of Expectation

Further discussion at next meeting - add to agenda

8.1b Report against the District Annual Plan

The report was received. There were no questions from committee members.

Further discussion at next meeting - add to agenda

8.1c Report against the WISE Plan

Tor Wainwright spoke to her report. There were no questions from committee members.

Further discussion at next meeting - add to agenda

8.1d Development of DSAC Workplan 2009/10

To be considered under Workshop process.

Further discussion at Workshop - add to Workshop agenda

9. NEXT MEETING

The next meeting is scheduled for Wednesday 15 April 2009, Board Room, Corporate Office, Greymouth. Additional time will be scheduled to accommodate the proposed workshop.

There being no further business to discuss, the meeting concluded at 12.03pm

MATTERS ARISING FROM DISABILITY SERVICES ADVISORY COMMITTEE MEETINGS

Meeting Date	Action Item	Action Responsibility	Reporting Status
4 March 2009	Matters Arising	GM Planning and Funding to confirm that 10 th Carpark referred to in Wayne Champion's letter to Robert Meidema be repainted.	Update to be given next meeting 15 April 2009.
4 March 2009	Matters Arising	GM Planning and Funding to consider Practical vs Legislative requirements for disabled parking long term under the Sustainability Project.	Update to be given end of financial year.
4 March 2009	Matters Arising	GM Planning and Funding to raise to GM Facilities the Committees short term suggestions around improving parking clarity and visibility.	Update to be given next meeting 15 April 2009.
4 March 2009	General Business	Disability Action Plan - Workshop to be incorporated in addition to next meeting. Existing plan to be submitted to Committee by Tor Wainwright, Committee to comment, Tor Wainwright will collate and submit results with next meeting papers.	Committee to make comments within 2 weeks of receipt of existing plan, Tor to provide collated results with Workshop Agenda.????
4 March 2009	General Business	John Vaile and Wayne Turp - Workshop Agenda to be processed prior to next meeting. Times to be confirmed.	By 27 th March 2009.
4 March 2009	General Business	Items 8.1 (aii), (b), (c) and (d) to be added to the next meeting agenda for further discussion.	Juliette to add by 27 th March 2009

Report to WCDHB Board from DSAC Chair

TO: Chair and Members, West Coast District Health Board

FROM: Chair – John Vaile

DATE: 9 March 2009

Recommendations to the Board

Nil

Reporting back on Board referred items

Nothing Noted

Seeking Board approval for further Advisory Committee consideration of an item

Nothing Noted

Items of interest for the Board to be aware of

Parking

It continues to be a problem in Greymouth, particularly for the Dementia Unit and Outpatients, this has been ongoing for the last 2 years with no resolution.

The Committee have identified ways to fix the problem without a large cost.

Strategic Direction of the DSAC Committee

This was discussed by the Committee and it was decided to have a workshop with the next meeting of DSAC.

The Committee will focus strategically at ways to improve the meetings.

It will also progress the Disability Action Plan.

Author: John Vaile, DSAC Chair – Date 9 March 2009

CORRESPONDENCE

DATE	SENDER	TO	DETAILS
6 April 2009	Robert Miedema, CCS Disability Action	Wayne Champion / DSAC Committee	Response to Wayne Champion's letter.

25 Albert St
Greymouth.
24/3/09.

DISAC Committee
WC District Health Board
PO Box 387
Greymouth 7805.



CCS
disability action
Including all people



Dear Wayne Champion,

Thank you very much for your reply to my letter,
(13/2/08), about accessible parking for the Dementia Unit.

I note that you advise that visitors to the Unit are expected to use the four accessible parks provided between Parfitt Ward and the Corporate Office. I note that these parks are completely at the opposite end of the hospital.

The criteria for being eligible for a mobility card is as follows:

- 1) Being unable to walk and reliant on a wheelchair for mobility, or
- 2) Rely on mobility devices, (eg crutches, walking sticks, walking frames), or
- 3) Be unable to walk 200 metres unassisted because of the nature/severity of their condition.

(Source: Application for a mobility card permit).

The question is; which of the mainly frail elderly people who will be using the parks and visiting the Dementia Unit, will be able to cope with the walk?

Wheelchair users will find the journey exhausting; (unless they have a fit grandchild to push them).

Those using crutches, walking sticks and walking frames would require several rests along the way.

Those unable to walk 200 metres will also be exhausted, as I estimate the distance involved would be at least 200 metres.

Plainly then the status quo is not an adequate solution.

The Standards NZ handbook, “Design for Access and Mobility-Building and Associated Facilities”, stipulates:

“Parking spaces for people with disabilities shall be on the accessible route to a building and shall be provided close as practicable to the accessible entrance...”
(NZS 4121:2001.5.2.1).

I see that the DHB is considering establishing an accessible park directly in front of the Dementia Unit.

I would like to support the this course of action with the following recommendation:

That an accessible park be established where the two service vehicle parks are, close to the entrance of the Dementia Unit. By reducing the grassed area beside the two existing service vehicle parks a third park could be easily created. The accessible park should ideally be the middle one of the three, as this would allow wheelchair users who are either drivers or passengers to embark and disembark from cars with plenty of space on either side.

It would need to be as level as possible; 5 metres long and at least 3.5 metres wide. Service vehicles would not be disadvantaged as they would have the same number of parks. The verandah support would need to be relocated and this would require the work of a skilled builder.

As you mention in your letter there is an issue of emergency and service vehicles having to share a fairly confined space with elderly and disabled motorists. However service and emergency vehicles have to share the road with a broad variety of other road users as part of their normal work. I imagine the number of motorists using the accessible parks will be quite low and a little patience and consideration would be all that would be needed.

There is a second option of establishing an accessible park on the south side of the Unit converting part of the small grassed area. A bell could be installed to allow visitors to signal ward staff to come and open the gate.

This option has significant disadvantages;

- There is a considerable flow of traffic in this area and cars will appear around the corner without warning. Reversing out of the park could be a nerve wracking experience.
- Wheelchair users would be forced to go onto the road to get around an abutment in the fence.
- Disabled people would often find themselves waiting in the rain for staff to let them in, and,
- Ward staff would have their work interrupted by the task of having to let visitors in, or allow them to leave.

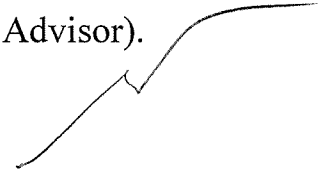
Thank you once again for this opportunity to comment.
I hope that my recommendation can contribute towards resolving this interesting issue in a way that satisfies all the stakeholders involved.

Yours Faithfully,

A handwritten signature in black ink, appearing to read 'RM', followed by a long horizontal line that tapers to the right.

Robert Miedema

(Barrier Free Advisor).

A handwritten flourish consisting of a curved line that starts from the left, goes up and right, then down and left, and finally up and right again.

PLANNING & FUNDING GM'S REPORT TO DISABILITY SUPPORT ADVISORY COMMITTEE

TO: Members, Disability Support Advisory Committee

FROM: Wayne Turp, General Manager Planning & Funding

DATE: 8 April 2009

STRATEGIC ISSUES

Older Persons' Services

Carelink

Carelink has been establishing its role as the needs assessment and service coordination service for older people and those with chronic health problems. Manager Robyn McLachlan has had to take sick leave for an injury but now she has returned to work in early April she will be progressing Carelink's plans and also the role of the Advisor of Older Peoples Services

Initial negotiations have started with Canterbury DHB re using them as a host DHB to implement the InterRAI assessment system. This has been progressing satisfactorily in part because our GM Finance is part of the national InterRAI implementation group

Stroke

The patient pathway group continues its work.

A community focus for specialist service for older people

A proposal for a Wrap-Around Service for Frail Older people was submitted jointly with the West Coast PHO to the MoH's Rural Innovations Fund and a decision is still awaited. This may provide the impetus needed to establish a community rehabilitation function on the West Coast.

Discussions continue within EMT and with residential providers as to ways of funding and providing non-acute beds, in the face of RN shortages.

Residential Care

A preferred provider was identified in the tender for residential care beds in Westport and negotiations with this provider are progressing

Regular meetings between West Coast DHB staff and residential care staff continue quarterly. The general crisis in RN and experienced EN/carer staffing in residential facilities appears to be easing, as with WCDHB facilities

Dementia care

The dementia outreach nurse continues to be extremely busy, reflecting the need there has been for services in this area. Carelink is trialling a method of funding additional cares in 'ordinary' rest home and longstay hospital on an individual and closely supervised basis, to enable people with dementia to remain residing in these facilities.

Respite and Day-care

Negotiations have been concluded with successful tenderers and new contracts are now being processed. We have negotiated with Presbyterian Support Services (Upper South island) to start a HomeShare service on the West Coast in July, offering daycare and dementia daycare based in

individual homes. This service has been trialled in Ashburton and North Canterbury and is particularly useful for rural communities.

Workforce

Contracts are being negotiated with the homecare providers to fund the upskilling of home-care workers

Some progress has been made on ensuring that the recommendations of the routine audit of occupational therapy and physiotherapy have been implemented.

Author: Wayne Turp, 8 April 2009



West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

Corporate Office
High Street, Greymouth

Telephone 03 768 0499
Fax 03 768 2791

20 February 2009

Joel George
Acting Chief Executive
West Coast District Health Board
PO Box 387
GREYMOUTH

Dear Joel

Board Letter of Expectation – Planning for 2009/10

I am writing to you on behalf of the Board to guide your planning for 2009/10. Having spent just over a year as Chair of the Board I have, in consultation with the Board, identified a clear view on the issues that impact on the performance on the West Coast District Health Board.

2009/2010 is going to be a watershed year for the DHB. National and international economic conditions have deteriorated rapidly in the past six to twelve months creating an even greater pressure on the public sector, including health, to make more effective use of existing funding. West Coast DHB has been in a steadily eroding financial position over the last seven years and despite implementing many creative and innovative solutions to the provision of more effective and efficient service delivery, is still facing an unsustainable future in its current form.

We have a strongly committed workforce. We are one of the national leaders in the innovative use of information technology. In the past year the West Coast has ranked amongst the best of the country's District Health Boards in its overall achievement against the hospital benchmark performance indicators with outstanding results in three areas. Quarterly benchmark reports continue to show that the performance in clinical situations is amongst New Zealand's best. I would expect the West Coast District Health Board to further build upon these pleasing results.

Our performance against national health targets is more mixed with a greater focus being needed on reaching agreed indicators.

The National government recognises the new challenges for DHBs nationwide, and Minister Ryall will be setting out his expectations of DHBs in the next few weeks. The government has already indicated its intentions to "reduce the growth of bureaucracy in the sector", redirecting any savings to "frontline care", increase the participation of health professionals in decision making, encourage regional collaboration and increase investment in elective surgery, as well as making more use of private hospitals to reduce waiting lists.

As the government has also signalled that chairs of DHBs will be held accountable for improvements in productivity and quality within their organisations, one of my main focuses

for 2009/10 will be to improve governance and ensure effective management. I will expect to see increased effort made by all to reduce the DHBs current operating financial deficit.

I also see the coming year as an opportunity to further enhance our performance and seek higher levels of output, to increase our focus on collaboration, quality improvement and effective management of key health conditions and to continue in our efforts to reduce health inequalities between various population groups here on the West Coast.

I will defer any reference to priorities pending Minister Ryall's letter of expectation but the Board expects to see the following specific points included within the DHBs planning for 2009/10:

Process Improvement

- Continued work on improving patient pathways
- Increased collaboration between primary and secondary care and clinicians to reduce waste, and between primary care and Non Governmental Organisations (NGOs)
- Closer linkages between primary and secondary care brought about by the shared electronic patient record
- Effective communication and dissemination of health innovations
- Streamlined processes management that achieves agreed targets within timeframe and within budget
- Prioritization of identified health needs and the reconfiguration of service delivery to meet those needs, including more inter-district sharing where appropriate.

Collaboration

- Identification of services that must be delivered on the West Coast and those that can be delivered to West Coast residents elsewhere
- Streamlined arrangements where services are delivered off the Coast
- Attracting clinicians and when appropriate other DHBs' patients to the Coast
- Opportunities to provide training for clinicians across a wider range of specialty areas

Primary Care

- A focus on the Ministry of Health targets that were not achieved in 2007/08, particularly those where the DHB's attainment is further from the target
- A reduction in waiting time overall but especially within the Buller district
- Improve the focus on primary care and opportunities to further extend its scope
- Continuation of the work already done on men's health
- An increased emphasis on primary care, particularly on health promotion and prevention services

Secondary Care

- Full achievement of agreed elective service targets through regional collaboration
- Action to retain a strong core of secondary service delivery that enables clinical staff to maintain their competence and scope of practice
- Identification of services that do to need to be delivered on the West Coast, or that cannot be maintained on a 24/7 basis
- Retention of the services that can be delivered safely, effectively and within budget

- Sustaining of acute and theatre capability for emergency services

Human Resources

- Concentrated efforts on employing qualified clinical staff including working with other District Health Boards to achieve this.
- A focus on workforce development and staff mix, e.g. enabling clinicians to focus on their clinical work and letting others undertake non-clinical roles

Our strategic relationships – between clinicians and management, between preventative primary and secondary services, between ourselves, other DHBs, and between the Ministry of Health and the Minister’s office will be key to improving the health of all West Coasters and in restoring public trust and confidence in the quality of care that we provide.

I look forward to working with Management to further the achievements and build on the progress made last year.

Yours sincerely

Rex Williams
Chair, West Coast District Health Board

cc Wayne Turp, GM Planning and Funding

UPDATE AGAINST THE WISE PLAN

TO: Members, Disability Support Advisory Committee

FROM: Torfrida Wainwright, Planning and Funding Analyst

DATE: 1 April 2009

Box = end result

Underline = meetings

Bold =documents

WISE + number = WISE plan objective referred to

Project and Tasks	Deliverables and by when	Progress
1. Set up Community Co-ordinating Service (see also Homecare review and InterRAI below) – Carelink		
<ol style="list-style-type: none"> 1. Ongoing project team – extend to DIS, other NASCs and PHO 2. Recruit new Project Co-ordinator 3. Draft Implementation Plan and get EMT approval 4. Support new project co-ordinator 	<ol style="list-style-type: none"> 1. <u>Co-ordinate</u> meetings Feb – July 2. Implement Plan approved by EMT 1 June 3. Community Co-ordination Service starts 1 March 2008 	<p>Carelink is well under way and Robyn’s return from sick leave following injury, plans for extending publicity etc will go ahead faster.</p> <p>WCDHB has contracted with Disability Information Service through Carelink to coordinate mini-expos of the support agencies (eg Stroke Fnd etc) in Westland and Buller over the next few months.</p>
2. Develop and implement a clear model of care and plan for funding long-term support services		
<ol style="list-style-type: none"> 1. Receive responses to the Request for Expressions of Interest (REOI), outlining direction and seeking interest 2. Discuss REOI with providers individually and jointly (including AT&R and other internal DHB), and clarify internally what we want, how it fits with other West Coast DHB plans e.g. Sustainability Project 3. Send out RFP and/or start negotiations for services in a staged process: <ul style="list-style-type: none"> • Long-term residential (alongside ARC process) with restorative focus (i.e. greater clinical and rehab specialist input) • Short-term non-acute/respice/rehab (see 4 below) • Homecare with restorative focus (see 5 below) 	<ol style="list-style-type: none"> 1. <u>Meetings</u> with DHB and non-DHB providers completed (includes secondary care, AT&R, residential and homecare) and a clear funding plan finalised with bed numbers and expenditure levels – by end April 2. RFP out and/or <u>negotiations</u> started by 1 June for <ul style="list-style-type: none"> • Additional longstay beds, with greater clinical and rehabilitation input • Short-stay non-acute beds for long-term rehab, carer support respice care & palliative care • Restorative homecare service 3. Services in place by 1 July 2008 	<p>RFP for all residential care beds in Westport – negotiations are continuing with the preferred provider</p> <p>Most current contracts for respice care & daycare are in the process of being terminated and replaced with new contracts that have a more comprehensive spec and higher price</p> <p>Negotiations are underway with Presbyterian Support Services (Upper Sth Is) to provide Homeshare, a home-based day support / activity service, including for people with dementia. This is expected to get underway by 1 July.</p> <p>Discussions continue with the residential providers regarding the overall provision of short-term nursing care beds for respice/ palliative/ convalescence etc.</p> <p>A proposal for a Wrap-Around Service for Frail Older people, including access to non-acute beds, was jointly submitted by West Coast PHO and WCDHB to the Rural Innovations Fund.</p>

4. Stronger community role for specialist health of older peoples services (including non-acute rehab beds)		
<ol style="list-style-type: none"> 1. Work with AT&R to develop plan for a stronger role in advising, training and supporting primary and community services, including home-based carers, residential care facilities and primary nursing/medical services 2. Discuss location and resourcing of short-stay non-acute beds for longer term rehab, get agreement to this from all stakeholders, organise funding and contracting arrangements and commission the beds 3. Improved stroke service organised by AT&R 	<ol style="list-style-type: none"> 1. Plan developed for a stronger community role for AT&R (part of Secondary care planning) – by 1 Sept 2007 2. <u>Additional resources</u> available for advising, training and supporting primary and community based services, particularly allied health 3. Plan developed for new non-acute rehab beds by end April 2007 and agreed with stakeholders 4. <u>New beds</u> established by 1 January 2008 5. <u>Improvements</u> to stroke service in place by 1 January 2008 	<p>A new stroke pathway of care process continues.</p> <p>A revised proposal for a Community Rehabilitation and Transitional Care Service was submitted to senior management for inclusion in the 0910 DAP. This includes non-acute beds. How this could be funded is still being discussed.</p>
5. Reconfigure home-care services on restorative model		
<ol style="list-style-type: none"> 1. Discuss ways of implementing restorative model with potential providers as part of REOI discussions, including DHB and non-DHB 2. Ensure adequate community allied health resources are available – develop plan for this (alongside plan for stronger community role for AT&R) 3. Ensure adequate appropriate training initiatives are in place – meet trainers, work with HR 4. Develop a work plan for implementation of a restorative model (including carer training, allied health and other resourcing, funding/contracting method, link to Carelink etc) and get EMT approval 5. Consultation on proposed changes 6. Possibly pilot a restorative approach at Buller Health as part of a staged West Coast rollout 	<ol style="list-style-type: none"> 1. <u>Meetings</u> with potential DHB and non-DHB providers during March/April 2. <u>Discuss</u> development of community allied health services with DHB provider, and write EMT paper to get approval for increased resources 3. Meetings on training held mid 2007 and <u>training initiatives in place</u> by 1 March 2008 4. Homecare work plan completed for EMT approval by 30 June (priority given to getting Carelink up and running, but this can be done alongside) 5. Consultation document available 	<p>Contracts are being negotiated with the two homecare agencies re provision of subsidised training for West Coast carers. This initiative is tracking a little behind schedule but is expected to get underway early 2009.</p> <p>No response yet from the senior management team to the proposal for change to the structure of Allied Health and HOP services, including a workforce development plan, sent in July</p> <p>We have deferred taking up Auckland Medical School's SMART multi-disciplinary training programme in a restorative approach to older peoples care until later in 2009.</p> <p>Discussions have started with homecare providers on a package of care approach, and information has been collected on the specs, prices and process used by other DHBs, particularly Nelson Marlborough. We expect to undertake a RFP process for a new model of homecare delivery in the first half of 2009</p> <p>A quarterly collaborative forum between West Coast DHB and</p>

7. Finalise contracts and providers	<p>by 1 July. Consultation period July-August</p> <p>6. <u>Start pilot restorative approach</u> at Buller Health by 1 March 2008</p> <p>7. <u>Rollout of restorative approach</u> in all contracts by 1 July 2008</p>	<p>residential sector staff continues to meet to discuss issues of common concern, and subgroups have been working on issues of nursing workforce and access to medical services.</p> <p>The lack of dementia rest home beds is being addressed thru Carelink's flexible funding system, with rest home residents being considered on a case by case basis for additional funding to allow additional carer staffing.</p>
6. Implement InterRAI standard assessment tool in Community Co-ordinating Service		
<p>1. Include InterRAI planning and costing in Carelink implementation plan, following national guidelines</p> <p>2. Possibly pilot InterRAI at Buller Health, also as an evaluation of how current assessment practice compares to InterRAI benchmark (explore such high rest home entry, gaps in current homecare etc)</p> <p>3. Participate in national roll-out of InterRAI if it happens</p>	<p>1. InterRAI costing and planning included in CCS implementation plan by 1 June</p> <p>2. <u>Possible pilot</u> started 1 Sept 2007 and completed 30 June 2008</p> <p>3. InterRAI proposal approved by EMT by 31 December 07 and <u>rolled out</u> from 1 Oct 2008</p>	<p>WCDHB is hoping to be one of the first DHBs to be given funding to roll out InterRAI.</p>
7. Encourage supportive housing developments		
<p>1. Include in REOI discussions</p> <p>2. Contact councils, Abbeyfields groups, residential providers and other potential funders and providers to set up joint projects</p>	<p>1. Raise in REOI <u>discussions</u> in March/April</p> <p>2. <u>Discuss</u> with all potential funders/providers in Grey, Buller and Westland by 30 June, and have <u>joint agreements in place</u> in all areas by March 08</p>	<p>We have been discussing with Housing NZ's community housing team the possibility of aged supportive care housing being funded by them. This looks a real possibility so we are thinking about how to find a provider.</p> <p>Abbeyfields groups in Westport and Greymouth are progressing</p>
8. Implement health promotion part of WISE plan, including falls prevention and Disability Action Plan		
<p>1. Alan Lloyd (SISSAL) and new HEHA worker to get this underway</p> <p>2. Monitor implementation of Disability Action Plan</p>	<p>1. <u>New worker</u> by 1 April 07 and <u>expanded programmes in place</u> by 1 July 08</p> <p>2. Ongoing <u>meetings</u> with DIS</p>	<p>The two 0.5 FTE HEHA workers continue to implement the recommendations of their report</p> <p>Work has started on monitoring and progressing the Disability Action Plan</p>

9. WISE plan – make sure it is implemented and monitored

1. WISE groups supported in quarterly monitoring and advisory role	1. <u>WISE groups</u> in Greymouth and Westport meeting quarterly	Quarterly meetings held in December
2. Keep West Coast DHB website updated	2. Ongoing updating of website	RFPs posted on the website



Mission Statement: To fund a continuum of quality health services aimed at providing improved health outcomes and maximise the independence of people with disabilities.

Objective	Responsibility	Date	Reporting Frequency	Progress			Comment
				Behind	On Target	Complete	
To develop							
1. Disability Plan	GM Planning & Funding	July 09					Work commencing after DAP is submitted to MoH
2. Advocacy Services	GM Planning & Funding	February 08					Clarification being sought
Provide input into							
1. District Strategic Plan	GM Planning & Funding	July 09	Tri-annually				Due for review 2008
2. District Annual Plan	GM Planning & Funding	December 09	Annually				January Board Workshop
3. Statement of Intent	GM Planning & Funding	January 09	Annually				January Board Workshop
4. Annual Report	Chief Financial Manager	July 09	Annually				September meeting
To monitor progress against key goals							
1. District Annual Plan	GM Planning & Funding	February 08	Quarterly				MoH Quarterly reports to be provided each quarter
2. Māori Health Plan	GM Maori Health	February 08	Quarterly				
3. West Coast Improved Services for the Elderly (WISE)	GM Planning & Funding	February 08	Quarterly				
1. New Zealand Disability Strategy							Monitor all plans against the 15 key objectives of this strategy
Disability Support Services							Report against MoH-funded services
Progress against Aged Care Plan (WISE and National Strategy).							
To investigate/scope							

WEST COAST DISTRICT HEALTH BOARD AND ADVISORY COMMITTEE TIMETABLE JANUARY 2009 TO DECEMBER 2009

DATE	MEETING	TIME	VENUE
Thursday 29 January 2009	BOARD	10.00 AM	Boardroom, Corporate Office
Wednesday 4 March 2009	DSAC	10.00 AM	Boardroom, Corporate Office
Thursday 5 March 2009	CPHAC	1.00 PM	Boardroom, Corporate Office
Friday 6 March 2009	HAC	10.00 AM	Boardroom, Corporate Office
Friday 6 March 2009	ARF	1.00 PM	Boardroom, Corporate Office
Thursday 19 March 2009	BOARD	10.00 AM	Boardroom Corporate Office
Wednesday 15 April 2009	DSAC	10.00 AM	Boardroom, Corporate Office
Thursday 16 April 2009	CPHAC	1.00 PM	Boardroom, Corporate Office
Friday 17 April 2009	HAC	10.00 AM	Boardroom, Corporate Office
Friday 17 April 2009	ARF	1.00 PM	Boardroom, Corporate Office
Friday 1 May 2009	BOARD	10.00 AM	Boardroom, Corporate Office
Wednesday 27 May 2009	DSAC	10.00 AM	Boardroom, Corporate Office
Thursday 28 May 2009	CPHAC	1.00 PM	Boardroom, Corporate Office
Friday 29 May 2009	HAC	10.00 AM	Boardroom, Corporate Office
Friday 29 May 2009	ARF	1.00 PM	Boardroom, Corporate Office
Friday 12 June 2009	BOARD	10.00 AM	Boardroom, Corporate Office
Wednesday 8 July 2009	DSAC	10.00 AM	Boardroom, Corporate Office
Thursday 9 July 2009	CPHAC	1.00 PM	Boardroom, Corporate Office
Friday 10 July 2009	HAC	10.00 AM	Boardroom, Corporate Office
Friday 10 July 2009	ARF	1.00 PM	Boardroom, Corporate Office
Friday 24 July 2009	BOARD	10.00 AM	Boardroom, Corporate Office
Wednesday 19 August 2009	DSAC	10.00 AM	Boardroom, Corporate Office
Thursday 20 August 2009	CPHAC	1.00 PM	Boardroom, Corporate Office
Friday 21 August 2009	HAC	10.00 AM	Boardroom, Corporate Office
Friday 21 August 2009	ARF	1.00 PM	Boardroom, Corporate Office
Friday 4 September 2009	BOARD	10.00 AM	Boardroom Corporate Office
Wednesday 30 September 2009	DSAC	10.00 AM	Boardroom, Corporate Office
Thursday 1 October 2009	CPHAC	1.00 PM	Boardroom, Corporate Office
Friday 2 October 2009	HAC	10.00 AM	Boardroom, Corporate Office
Friday 2 October 2009	ARF	1.00 PM	Boardroom, Corporate Office
Friday 16 October 2009	BOARD	10.00 AM	Boardroom, Corporate Office
Wednesday 11 November 2009	DSAC	10.00 AM	Boardroom, Corporate Office
Thursday 12 November 2009	CPHAC	1.00 PM	Boardroom, Corporate Office
Friday 13 November 2009	HAC	10.00 AM	Boardroom, Corporate Office
Friday 13 November 2009	ARF	1.00 PM	Boardroom, Corporate Office
Friday 27 November 2009	BOARD	10.00 AM	Boardroom, Corporate Office

ABBREVIATIONS

# NOF	Fractured Neck of Femur (broken hip)
1°	Primary
2°	Secondary
3°	Tertiary
A&E	Accident & Emergency
A+	Auckland Healthcare
ADHB	Auckland DHB
ALOS	Average Length of Stay
ANDRG	Australian National Diagnosis Related Group
APAU	Adult and Paediatric Assessment Unit
ASMS	Association of Salaried Medical Specialists
AT&R	Assessment, Treatment & Rehabilitation Unit
BDC	Buller District Council
BOPDHB	Bay of Plenty DHB
C&CDHB	Capital and Coast DHB
CAA	Child Acute Assessment
CAMHS	Child & Adolescent Mental Health Service
CAP	Canterbury Association of Physicians
CC	Complications & Co-morbidity
CCMAU	Crown Companies Monitoring Unit
CCN	Clinical Charge Nurse
CCU	Critical Care Unit
CD	Clinical Director
CDHB	Canterbury DHB
CEA	Collective Employment Agreement
CFA	Crown Financing Agency
CHA	Crown Health Association
CHL	Canterbury Health Labs
CICU	Cardiac Intensive Care Unit
CMDHB	Counties Manukau DHB
COMRAD	Radiology Reporting System
CPAC	Clinical Priority Assessment Criteria
CPHAC	Community & Public Health Advisory Committee
CSC	Community Services Card
CSSD	Central Sterile Supplies Department
CTA	Clinical Training Agency
CWD	Case Weighted Discharge
DAO	Duly Authorised Officer
DAP	District Annual Plan
DDG	Deputy Director General
DHB	District Health Board
DHBNZ	District Health Boards New Zealand
DNA	Did Not Attend

DON	Director of Nursing
DOSA	Day Of Surgery Admission
DRG	Diagnostic Related Grouping
DSAC	Disability Services Advisory Committee
DSD	Disability Support Directorate
DSP	District Strategic Plan
DSS	Disability Support Services
EAP	Employee Assistance Programme
ED	Emergency Department
EMT	Executive Management Team
ENT	Ear, Nose and Throat
ER	Employment Relations
ESR	Institute of Environmental Science and Research
FSA	First Specialist Assessment
GP	General Practitioner
HAC	Hospital Advisory Committee
HAHS	Hospital and Health Services
HBDHB	Hawke's Bay DHB
HEHA	Health Eating – Health Action
HFA	Health Funding Authority
HHS	Hospital & Health Service
HMD	Hospital Monitoring Directorate (former CCMAU)
HNA	Health Needs Analysis
HOP	Health of Older Persons
HR	Human Resources
HTG	Hospital Technical Group
HUHC	High User Health Card
HVDHB	Hutt Valley DHB
ICD 9	International Code of Diseases
ICU	Intensive Care Unit
IDF	Inter District Flow
IEA	Individual Employment Agreement
IEC	Individual Employment Contract
IPA	Independent Practice Association (GP Group)
IRF	Inter Regional Flow
ISDN	Integrated Services Digital Network
ISSP	Information Services Strategic Plan
IT	Information Technology
Kai Arahi	Term generally refers to “guide” and / or advisor
KPI's	Key Performance Indicators
LDHB	Lakes DHB
LMC	Lead Maternity Carer
MDHB	MidCentral DHB
MECA	Multi Employer Collective Agreement
MHAC	Mental Health Advisory Committee
MOH	Ministry of Health
MOSS	Medical Officer Special Scale. A doctor with 4+ years post-graduate experience but not a specialist
MRT	Medical Radiation Technologist

NDHB	Northland DHB
NGO	Non Government Organisation
NHI	National Health Index
NICU	Neonatal Intensive Care Unit
NMDHB	Nelson Marlborough DHB
NRT	Nicotine Replacement Therapy
NZBS	New Zealand Blood Service
NZCM	New Zealand College of Midwives
NZNO	New Zealand Nurses Organisation
O&G	Obstetrician and Gynaecologist
ODHB	Otago DHB
OIA	Official Information Act
OP	Outpatients
OPD	Operational Policy Framework
Ora Services	Term used to describe all activities that promote health and prevent diseases that are undertaken in the primary care setting for children and their families and whanau
PBFF	Population Based Funding Formula
PCG	Project Control Group
Pegasus	One of the IPA's
PHO	Primary Health Organisation
PMS	Patient Management System
PNA	Professional Nursing Advisor
Primary Services	Services that receive self referred patients
PRIME	Primary Response in Medical Emergencies
PSA	Public Services Association
QA	Quality Assurance
QHNZ	Quality Health New Zealand
RDA	Resident Doctors Association
RFP	Request for Proposal
RHA	Regional Health Authority
RHMU	Residual Health Management Unit
RMO	Registered Medical Officer. A junior doctor with 0-4 years post-graduate experience
Runanga	Tribal Council
SCDHB	South Canterbury DHB
SDHB	Southland DHB
Secondary Services	Services where a primary carer must refer patients. Provided in a hospital supported by specialists, and meeting standard clinical criteria
SHO	Senior House Officer
SIRMHN	South Island Regional Mental Health Network
SMO	Senior Medical Officer
SMT	Senior Management Team
SOI	Statement of Intent
SSC	State Services Commission
SSP	Statement of Service Performance
Stargarden	Payroll System
STD	Sexually Transmitted Diseases
TAIRDHB	Tairāwhiti DHB
Tamariki	Children – usually refers to children up to and including 14 years of age
Tangata Whenua	People of the land”, most commonly referring to traditional Maori iwi occupants of a region or district

TARADHB	Taranaki DHB
Tino Rangatiratanga	Sovereignty / Autonomy
VLCA	Very Low Cost Access
WAIKDHB	Waikato DHB
WAIRDHB	Wairarapa DHB
WAITDHB	Waitemata DHB
WCDHB	West Coast DHB
Whanau	Family and Extended Family
Whanau Ora	Health and wellbeing of families
WHANDHB	Whanganui DHB
WISE	West Coast Improving Services for Elderly
WTF	Waiting Times Fund
XM	Crossmatch
YTD	Year to Date