

**MINUTES OF THE
DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
OF THE
WAIRARAPA DISTRICT HEALTH BOARD,
HELD ON TUESDAY 12TH AUGUST AT 1PM
IN THE BOARD ROOM, WAIRARAPA DISTRICT HEALTH BOARD,
BLAIR STREET, MASTERTON**

Present:

Ms Janine Vollebregt (Chairperson), Ms Yvette Grace, Ms Fiona Samuel and Ms Trish Taylor

In Attendance:

Ms Joanne Edwards (Portfolio Manager), Ms Stephanie Turner (Director of Maori Health), Ms Joy Cooper (Director Planning and Funding) and Gillian Malton (Minute taker)

1. Apologies

Mrs Ruth Carter, Ms Anne Savage, Ms Liz Falkner and Ms Viv Napier

2. Conflicts of Interest

Nil

3. Minutes of last meeting held 13th May 2008

THE MINUTES OF THE MEETING HELD ON 13TH MAY 2008 WERE ACCEPTED AS A TRUE AND CORRECT RECORD

Matters arising:

Members agreed that Fred Wheeler, Patient Services Unit Manager, should be invited to attend the DSAC meetings in future.

4. Chairpersons Report

The Chairperson had nothing significant to report.

5. Day Activity Support Service

Joanne Edwards spoke to this report and highlighted the following points:

- This report provided the Committee with information about how the WDHB funds and contracts for Day Support Programmes. These programmes are either based in residential care facilities or in the community and are provided by a range of agencies.

Resolved:

THAT THE DISABILITY SUPPORT ADVISORY COMMITTEE:

(1) **NOTE** THAT THE DHB CONTRACTS FOR DAY ACTIVITY AND SUPPORT PROGRAMMES WHICH ARE PROVIDED BY 14 AGENCIES IN WAIRARAPA

(2) **NOTE** THAT FUNDING FOR TDAY ACTIVITY AND SUPPORT PROGRAMMES IS NOT ALLOCATED TO INDIVIDUAL PROVIDER AGENCIES, BUT IS ALLOCATED TO INDIVIDUALS WHO HAVE BEEN ASSESSED AS NEEDING DAY SUPPORT. THESE INDIVIDUALS MAY THEN CHOOSE WHICH SERVICE THEY WISH TO USE.

(3) **NOTE** THAT EACH AGENCY MUST PROVIDE THEIR SERVICE ACCORDING TO THE DAY ACTIVITY SUPPORT SERVICE SPECIFICATION AND MEET DHB CONTRACTUAL REQUIREMENTS. WITHIN THESE BOUNDARIES, THERE IS SCOPE FOR PROVISION OF DAY SUPPORT PROGRAMMES WHICH MEET SPECIFIC NEEDS (E.G. GENDER SPECIFIC, COMMUNITY SPECIFIC OR DISABILITY SPECIFIC SUCH AS DEMENTIA)

(4) **NOTE** THAT ADDITIONAL SERVICE COMPONENTS PROVIDED BEYOND THE REQUIREMENTS OF THE SERVICE SPECIFICATIONS ARE NOT FUNDED BY THE DHB AND THEREFORE NEED TO BE FUNDED THROUGH DONATIONS AND VOLUNTARY CONTRIBUTIONS.

6 "Support to Live at Home" Programme Evaluation

Joanne Edwards spoke to this report and highlighted the following points:

- An evaluation has been conducted by Kaye McAuley of a pilot home based support programme, "Support to Live at Home".
- Wairarapa DHB initiated the SLH programme to provide a cost effective way of providing a more flexible care package for the elderly that would lead to a better quality of life. The main difference between the SLH programme and other programmes is that in the SLH programme the clients social needs are addressed.
- Glenwood Masonic Hospital manages the day to day implementation of the programme, FOCUS holds monthly quality assurance meetings and also has many informal contacts with Glenwood.
- Joanne will provide further feedback to the Committee on the implementation of the recommendations later in the year.

Resolved:

THAT THE DISABILITY SUPPORT ADVISORY COMMITTEE:

- **NOTE** THAT THE EVALUATION OF THE SUPPORT TO LIVE AT HOME PROGRAMME IDENTIFIES THAT THE PROGRAMME HAS ACHIEVED A VERY HIGH DEGREE OF SUCCESS IN TERMS OF MEETING ITS FINANCIAL AND SERVICE OBJECTIVES
- **NOTE** THAT THE EVALUATION REPORT RECOMMENDS:
 1. THAT GLENWOOD SHOULD ENSURE THAT THE SUPPORT WORKERS ARE MADE AWARE OF THE PROCESSES TO MAKE RECOMMENDATIONS INTO POSSIBLE PROGRAMME IMPROVEMENTS SUCH AS WHETHER MORE SUPPORT WORKER TIME SHOULD BE ALLOCATED TO A CLIENT.
 2. CLARIFICATION SHOULD BE PROVIDED TO ENSURE ALL PARTIES REALISE THAT GLENWOOD HAS DELEGATED AUTHORITY TO VARY THEIR CONTRACTED CLIENT SERVICES ON A DAY TO DAY BASIS AS LONG AS A PARTICULAR CLIENT'S CONTRACTED THRESHOLD IS MET ON A WEEKLY BASIS.
 3. THAT TRAVEL REIMBURSEMENT SHOULD BE REVIEWED FOR CLIENTS AT A DISTANCE TO ENSURE THE TRAVEL REIMBURSEMENT IS ADEQUATE AND TO REMOVE ANY PERCEIVED INEQUALITY IN PAYMENT FOR THESE CLIENTS.
 4. ALL PROCESSES, DOCUMENTATION AND REPORTING REQUIREMENTS SHOULD BE REVIEWED WITH THE AIM OF FURTHER IMPROVING; EFFICIENCY, FLEXIBILITY AND STREAMLINING THE SLH PROCESSES.
 5. GLENWOOD SHOULD EXPAND THE SKILLS THAT THEIR SUPPORT WORKERS HAVE TO INCLUDE SKILLS THAT ALLOW THEM TO MANAGE CLIENTS WITH CHALLENGING BEHAVIOR.
 6. THAT BOTH FOCUS AND GLENWOOD STAFF ARE INVOLVED IN INTERPRETING THE CLIENTS' NEEDS ANALYSIS INTO SPECIFIC ACTIONS. THE ACTIONS SHOULD SATISFY BOTH A RESTORATIVE AND NURTURING APPROACH FOR THE CLIENT.
 7. GLENWOOD REMAINS THE SOLE PROVIDER WHILST THE ADMINISTRATIVE PROCESSES ARE BEING STREAMLINED.

7 Health Recovery Programme Review

- The Health Recovery Programme has been provided in Wairarapa since 1st July 2003 by a small number of continuing care residential facilities. It is now well established as a valuable support service which enables safe and sustainable discharge from hospital. It was designed to be an active and proactive staged and purposeful programme to ensure safe and sustainable transition back home, through an integrated continuum of care and is achieving this.
- Initial evaluation of the programme occurred from July 03 to June 04. More recently programme activity and outcomes for the period 1 July – 31 December 2007 have been reviewed. This has provided a more general description of the use of the programme, its provision and its perceived value.

Resolved:

THAT THE DISABILITY SUPPORT ADVISORY COMMITTEE:

NOTE THAT THE HEALTH RECOVERY PROGRAMME IS NOW WELL ESTABLISHED AS A VALUABLE SUPPORT SERVICE WHICH ENABLES SAFE AND SUSTAINABLE DISCHARGE FROM HOSPITAL.

NOTE THAT THE HEALTH RECOVERY PROGRAMME COULD BE USED FURTHER AS AN EXTENSION OF PRIMARY CARE TO SUPPORT GP PATIENTS WHO DO NOT NEED HOSPITALISATION, BUT DO NEED 24/7 NURSING INTERVENTION TO ENABLE THEM TO PREVENT HOSPITALISATION AND ENABLE A SAFE RETURN TO THEIR HOME.

NOTE THAT THIS PROGRAMME CAN CHALLENGE LONG TERM RESIDENTIAL CARE PROVIDERS IN THAT IT IS A SHORT TERM SERVICE WHICH REQUIRES A RESTORATIVE FOCUS.

8. Wairarapa Stroke Services

- This report provided the Committee with information about the Wairarapa District Health Board's stroke incidence and services within the context of the evidence-based NZ Stroke Guidelines and Ministry expectations.
- The Wairarapa, like most other DHBs, does not currently have an organised stroke service. Whilst Wairarapa DHB provides components of an organised stroke service, these components need to be drawn together into an organised stroke service that provides evidence based clinical management (aligned with the NZ guidelines) for all stroke patients. Clinical leadership is paramount in achieving this. The AT&R Plan provides directions for moving ahead with Wairarapa stroke services.

Members suggested that a request be made to HAC on the progress of the developments of the implementation of the Stroke pathway.

Resolved:

THAT THE DISABILITY SUPPORT ADVISORY COMMITTEE:

NOTE THE WAIRARAPA IN COMMON WITH MOST OTHER DHBS, DOES NOT CURRENTLY HAVE AN ORGANISED STROKE SERVICE

NOTE THAT THE AT&R REVIEW USED THE STROKE GUIDELINES AS ONE OF ITS MAJOR REFERENCES AND MADE RECOMMENDATIONS FOR THE DEVELOPMENT OF STROKE SERVICES AND ACTIONS TO REALISE THE RECOMMENDATIONS ARE NOW INCLUDED IN THE AT&R REVIEW IMPLEMENTATION PLAN.

NOTE THAT DISTRICT WIDE (PRIMARY AND SECONDARY HEALTH) PROTOCOLS NEED TO BE DEVELOPED FOR STROKE SERVICES AND THAT THE APPOINTMENT OF A REHABILITATION/GERONTOLOGY SPECIALIST NURSE IS EXPECTED TO ASSIST IN ACHIEVING THIS.

ASK THE HOSPITAL ADVISORY COMMITTEE TO REPORT TO THE DISABILITY SUPPORT ADVISORY COMMITTEE IN NOVEMBER 2008 ON PROGRESS IN IMPLEMENTING THE AT&R ACTION PLAN AND DEVELOPMENT OF A STROKE SERVICE.

The meeting closed at 2.20pm

Signed: _____
