

# **Canterbury**

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District Health Board

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Te Poari Hauora ō Waitaha

## **Submission on Transforming Respite: Disability Support Services Draft Respite Strategy 2017–2022**

- To:** Ministry of Health  
Disability Support Services, PO Box 5013 Wellington 6140
- Submitter:** Canterbury District Health Board  
  
Attn: Allison Nichols-Dunsmuir  
Community and Public Health  
C/- Canterbury District Health Board  
PO Box 1475  
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- Proposal:** The Ministry has drafted a respite strategy that proposes aligning respite with the Disability Support Services strategic direction to enable greater choice, control and flexibility to people with disabilities and their families.

## **Details of submitter**

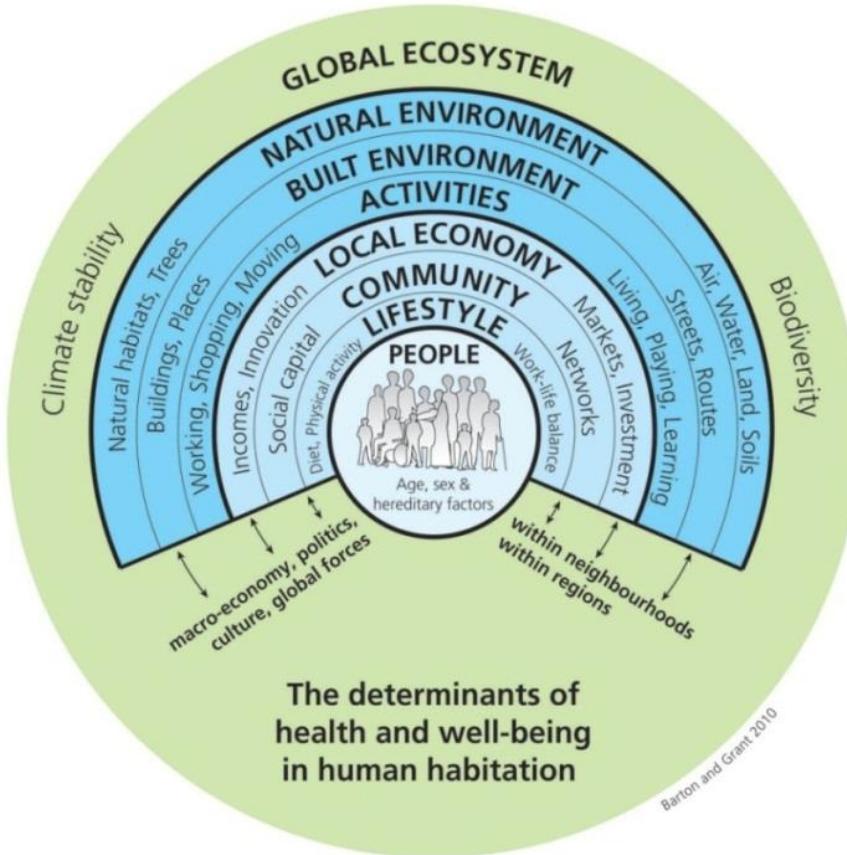
1. Canterbury District Health Board (CDHB).
2. The CDHB is responsible for promoting the reduction of adverse environmental effects on the health of people and communities and to improve, promote and protect their health pursuant to the New Zealand Public Health and Disability Act 2000 and the Health Act 1956. These statutory obligations are the responsibility of the Ministry of Health and, in the Canterbury District, are carried out under contract by Community and Public Health under Crown funding agreements on behalf of the Canterbury District Health Board.
3. The Ministry of Health requires the CDHB to reduce potential health risks by such means as submissions to ensure the public health significance of potential adverse effects are adequately considered during policy development.

## **Details of submission**

4. The CDHB welcomes the opportunity to comment on Transforming Respite: Disability Support Services Draft Respite Strategy 2017-2022 . The future health of our populations is not just reliant on hospitals, but on a responsive environment where all sectors work collaboratively.
5. The following diagram<sup>1</sup> illustrates how the various influences on health are complex and interlinked. They are often referred to as the ‘social determinants of health’. The most effective way to maximise people’s wellbeing is to take these factors into account as early as possible during decision making and strategy development.

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<sup>1</sup>Barton, H and Grant, M. (2006) A health map for the local human habitat. The Journal of the Royal Society for the Promotion of Health 126 (6), pp 252-253.  
<http://www.bne.uwe.ac.uk/who/healthmap/default.asp>



6. This submission was prepared with input from the following divisions of the CDHB:
  - i. Specialist Mental Health Services;
  - ii. Brain Injury Rehabilitation Service (including respite services),
  - iii. Child Development Services;
  - iv. Planning & Funding; and
  - v. Community & Public Health.
7. The CDHB notes that a lack/inadequacy of respite services was among the major points raised during its own consultation for the *Canterbury and West Coast Health Disability Action Plan 2016-2026*.
8. The CDHB commends the Ministry for carrying out a survey of disabled people, their families/whanau, and service providers. The survey findings appear to have strongly informed the proposed respite strategy.

9. The CDHB supports the proposed strategy, including the Ministry's intention to:

- allow more flexibility and control by disabled people and their families/whanau, with flexible budgets making it easier for families to continue in the caring role (outcomes 1 & 2)
- recognise the importance of respite over the life span (outcome 3)
- improve monitoring (outcome 4)
- develop a good range of options in terms of locations and types of respite, including after school and holidays for children (outcomes 5 and 7)
- simplify administration (outcome 9)
- improve information about respite options, and support families to access services (outcome 10)
- improve the work environment for support workers and NASCs (outcomes 8 & 11)

### **Recommendations for consideration**

10. The CDHB has a number of recommendations for consideration which would further improve health outcomes for the community.

11. The CDHB notes that adequate payment to providers of respite is an issue in terms of recruiting appropriately trained staff and sufficient numbers. The CDHB acknowledges that an investment approach is the best way to achieve value for money over time, however without adequate funding, outcome 3 may remain unattainable.

12. Nationally, the provision of a small number of very high care respite and assessment beds, including hospital level beds, is necessary to achieve outcome 6. The options for respite for children, young people and adults who have challenging behaviours, such as physical aggression, are very limited. The CDHB acknowledges the important role respite has for carers of this group. However currently, there is no appropriate respite option for parents/carers who are being regularly physically hurt by their child/loved one and it is especially difficult for parents/carers to find respite carers prepared to look after this group.

13. An increase in challenging behaviours over baseline may be related to transitions and changes in their lives of the cared for person and at other times may represent emerging physical or mental difficulties. The CDHB recommends that the specialised respite beds be used for assessment and treatment of new or escalation of challenging behaviours and regular respite for children/adults with serious aggression.

14. Adequate resourcing of respite and assessment beds is paramount. The CDHB recommends that such beds would require:

- Well trained staff, including clinical staff to undertake behavioural analysis, and well trained nursing staff to supervise and assist with the children/adults' treatment and management plans.
- A safe physical environment conducive to de-escalation when the cared for person is aggressive or distressed, while still able to be closely observed and where risk to others can be mitigated.
- Beds that are allocated specifically for respite. If beds are also used for long term residential care they would rarely be available, especially in times of crisis when they are most needed. The CDHB however agrees that they could be co-located in the same facility as residential beds.
- Models of care for which family / whanau involvement is perceived as an important aspect in helping children/adults settle and manage transitions.
- Psychiatric/educational and MVCOT input whilst the beds themselves should remain primarily managed by disability services.
- Access to paediatric and other medical speciality support for joint assessments of physical and mental health, thus maximising the value of an Assessment and Treatment role of such beds.

15. To achieve outcome 9, the CDHB recommends that the strategy address how people who don't/can't manage a budget should be supported to ensure that funds are used appropriately.

16. Despite the survey and strategy identifying the lack of respite services for rural families/whanau as an issue, the strategy itself contains no specific reference to

solutions for this group. The CDHB therefore recommends a focus on rural respite services be incorporated in the strategy.

17. The CDHB recognises that the proposed strategy relates only to the DSS funded clients, but strongly recommends that work be done nationally to encompass respite for people with disabilities and their families/whanau, regardless of funding source, e.g. MoH, ACC, and DHBs (Mental Health and Older People's Services).

## **Conclusion**

18 Thank you for the opportunity to submit on *Transforming Respite: Disability Support Services Draft Respite Strategy 2017–2022*. While the CDHB supports the strategy overall, it encourages further work be done in relation to very high needs people and rural people, and that a coordinated national respite approach, across funding streams, be developed in future.

## **Person making the submission**



Evon Currie Date: 2/05/2017

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