

APPENDIX 3 – DSS CONSULTATION FEEDBACK REPORT

Report on the consultation feedback on the Strategic direction for Disability Support Services (formerly Intellectual Disability Support Services)

Please note that because of the integration of Physical Disability Services with Intellectual Disability Support Services it is recommended that the service name be formalised to Disability Support Services (DSS) to support the wider focus of the service.

Purpose of this document

This document outlines the feedback received on the consultation document regarding the strategic direction of the Disability Support Services (DSS), draws some conclusions and makes recommendations for the future of the DSS.

For the Governance/ownership section of the consultation document the Board was seeking feedback on two options. 1) The formation of a Trust to take ownership and govern DSS. 2) To transfer the service to another provider or providers. We in fact received feedback on a number of options.

Background

As a consequence of recommendations arising from a Rutherford Initiative review report of DSS it was decided by NMDHB to consult with those people affected by the recommendations; clients, family/friends and staff. Those recommendations outlined a strategic direction for the service that included separation of the service from NMDHB.

The consultation covered three aspects of DSS.

4. **Governance /Ownership structure.** Two options were given; form a Trust or another organisation/s takes responsibility for the service.
5. **Financial sustainability.** This section contained a number of recommendations to ensure the future financial viability of the service.
6. **Service delivery.** This section made recommendations of developing a more person centred service delivery model.

This report analyses the consultation feedback and draws some conclusions.

Consultation

The consultation period was one month with meetings being held with Rescare (3), service clients (1), Client council (1) staff and unions (3).

Please note. Rescare is an advocacy service that has many parents and friends of clients as members and has a direct interest as advocates in the strategic direction of the service.

We received 104 submissions of which two in particular (ResCare, Public Service Association) were written on behalf of many of their members. Many Family and friends submitted a standard reply but referencing the ResCare submission.

A summary of submissions is attached as **Appendix 4**; we have tried to accurately reflect the essence of the feedback in summary form.

Governance / Ownership (refer Table one and two)

Of the 104 people who made submissions 102 provided feedback on the Governance ownership options. Identified in **Table 1** is the feedback on the two options in the consultation document. **Table 2** includes a number of other suggested options or combination of options.

Of the two options put forward for consultation 87.5% preferred the Trust option with 4.8% choosing another provider option. **Refer Table 1.**

We have identified all of the options as listed in **Table 2** to maintain transparency. However our main focus is on the feedback on the two options put forward for consultation as in **Table 1.**

Comparing all options proposed by submitters as well as the two put up for consultation it is clear that the majority would prefer the status quo to remain. **Refer Table 2.**

Table 1

Count of Respondent Information	Respondent Information					Grand Total
Owner Structure initiatives	Anonymous	Other Organisation	Parents, Friends, Family of DSS Client	Staff	Unknown Affiliation	
Another Provider		2		1	2	5
Community Trust	3	1	70	11	6	91
Neither Option	1		4	2	1	8
Grand Total		4	3	74	14	104

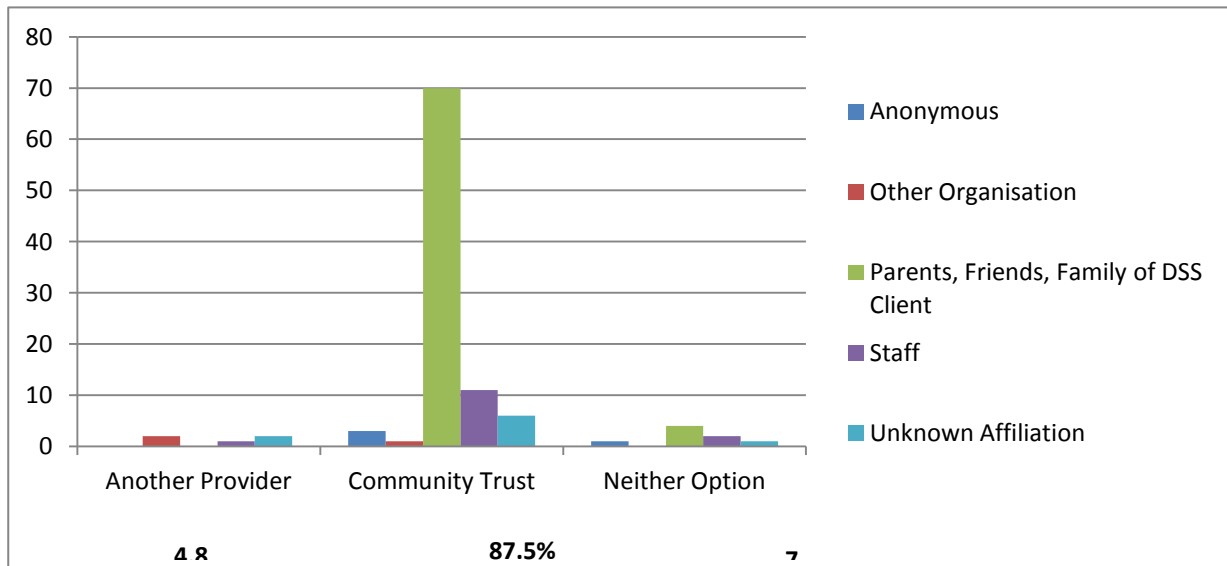
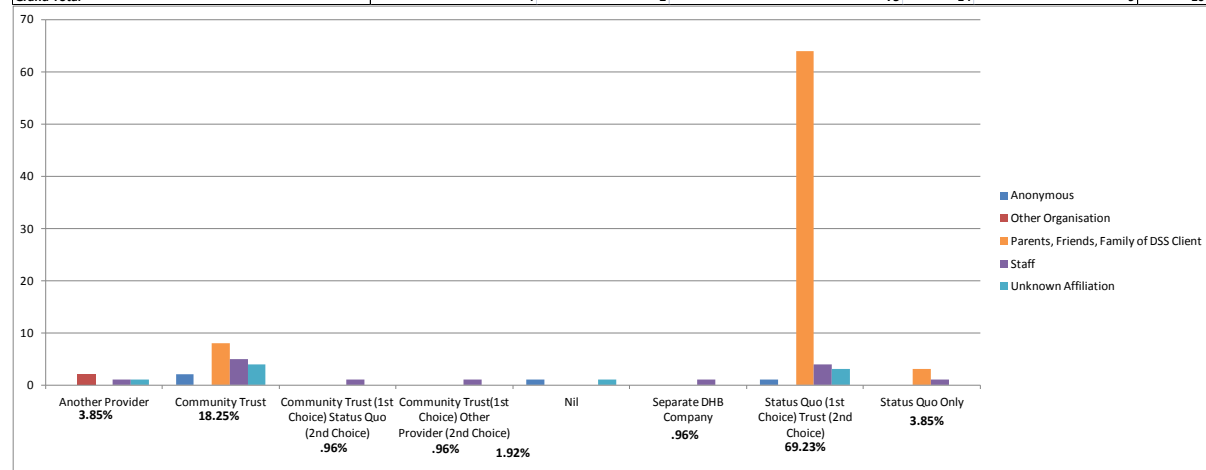


Table 2

Count of Respondent Information	Respondent Information					Grand Total
Owner Structure Initiatives	Anonymous	Other Organisation	Parents, Friends, Family of DSS Client	Staff	Unknown Affiliation	
Another Provider		2			1	4
Community Trust		2		8	5	19
Community Trust (1st Choice) Status Quo (2nd Choice)					1	1
Community Trust(1st Choice) Other Provider (2nd Choice)					1	1
Nil	1					2
Separate DHB Company					1	1
Status Quo (1st Choice) Trust (2nd Choice)	1			64	4	72
Status Quo Only				3	1	4
Grand Total		4	2	75	14	104



A number of points/qualifying statements or themes have been identified from the feedback on the preferred options.

- Rescare registered their disappointment that NMDHB no longer deemed Residential Support and Day Services as core business. They maintain that this is in contrast to the reassurances that were made by some Board representatives to families during the de-institutionalisation process in 1998.
- Rescare wants to provide support to the community trust option on the proviso that full and detailed information on the proposal to establish a trust (likely structure, funding) is provided. They sought to have a member on the establishment steering group if this option is pursued.
- Rescare want to be fully involved in any discussions with MOH and NMDHB if the option of another provider is pursued. They wish to be heard.
- Most respondents agreed that the funding issues must be resolved to ensure a financially viable trust could be established.
- A high level of satisfaction with the current service provision was expressed in the responses.
- The importance of keeping the current service together to maintain stability and service to the clients was stressed in many responses.
- Concerns were expressed about the impact of the change on conditions of employment for staff especially the service based conditions.
- Many responses identified the need for the Board to ensure that there is sufficient transfer of assets to the Trust to ensure it is viable.

Conclusions

1. Clearly most respondents believed that the work needs to be completed to resolve the funding issues for those clients on level one funding.
2. If the Board decided to continue being a provider of DSS a majority of respondents would be happy with that decision.

3. If the Board chose to exit the service then a majority of respondents supported the formation of a Trust.
4. In the event of a Trust being formed there was support for a representative group being established to oversee the process.
5. A number of respondents believed that the issue of asset transfer to the Trust if formed was very important for the future viability of the Trust.
6. Apart from having confidence in NMDHB and the need to resolve the funding issue, there was no reason put forward to discount an alternative provider or Trust that could not be resolved by a new provider.

RECOMMENDATIONS:

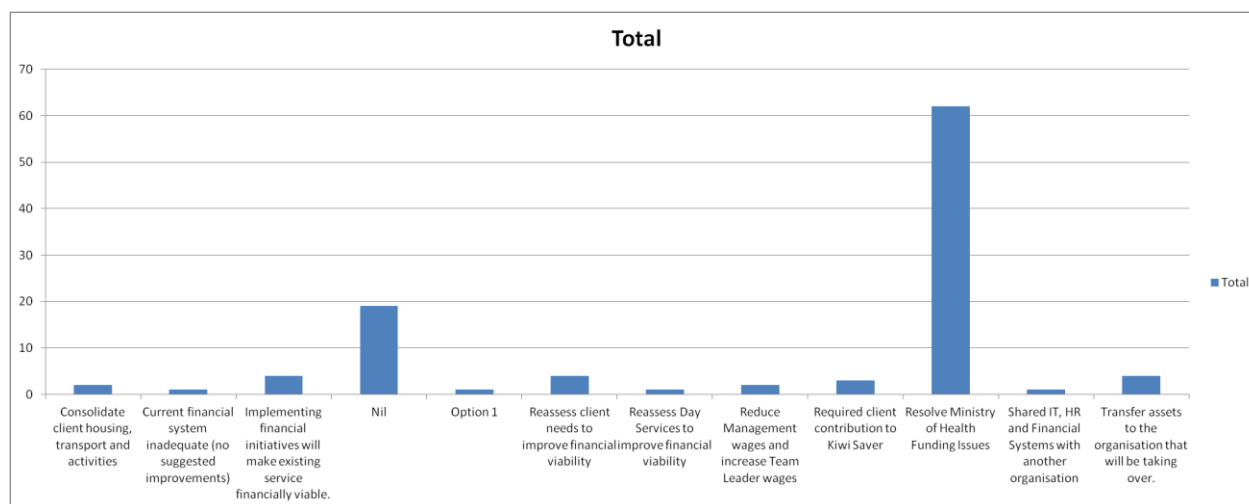
1. **THAT THE WORK BE COMPLETED TO RESOLVE THE FUNDING ISSUES. THAT SUBJECT TO THIS:**
2. **THAT THE BOARD SEEK APPROVAL FROM THE MINISTER TO ESTABLISH A TRUST FOR THE TRANSFER OF DSS.**
3. **THAT A REPRESENTATIVE GROUP BE ESTABLISHED OF BOARD MANAGERS, RESCARE REPRESENTATIVE, MOH REPRESENTATIVE, NASC MANAGER, AND EXTERNAL EXPERTISE TO DEVELOP AN IMPLEMENTATION PLAN FOR THE DEVELOPMENT OF THE TRUST AND TO OVERSEE THE TRANSFER OF SERVICES TO THAT TRUST.**
4. **THAT THE BOARD CONSIDER THE ASSETS THAT WOULD BE TRANSFERRED TO THE TRUST TO ENSURE THAT IT IS VIABLE.**

Financial sustainability (refer Table 3)

Of the 100 people who made submissions 81 provided feedback on the financial sustainability recommendations with a majority (60) focusing mainly on the need to resolve the client funding issue.

Table 3

Count of Financial sustainability initiatives	
Financial sustainability initiatives	Total
Consolidate client housing, transport and activities	2
Current financial system inadequate (no suggested improvements)	1
Implementing financial initiatives will make existing service financially viable.	4
Nil	19
Option 1	1
Reassess client needs to improve financial viability	4
Reassess Day Services to improve financial viability	1
Reduce Management wages and increase Team Leader wages	2
Required client contribution to Kiwi Saver	3
Resolve Ministry of Health Funding Issues	62
Shared IT, HR and Financial Systems with another organisation	1
Transfer assets to the organisation that will be taking over.	4
Grand Total	104



Feedback on the financial sustainability, along with general support for the initiatives, made some key or recurring points:

- The need to resolve the funding issues for the 51 clients including the day services issue.
- The current reassessment process has not resulted in adjustments to funding to reflect changed client needs.
- Financial initiatives already initiated are working well within the homes.
- Cluster housing was suggested as a way to provide more efficient and cost effective services.
- Now is a good opportunity to review the management structure.
- Team leaders should be paid more.
- Good support for the consolidation of Day Services was supplemented by suggestions that the service focus more on the home based aspect than the centralised model.
- The current centralised office for Team Managers is reviewed so that they are based closer to the houses and have a smaller administration office.

Conclusions

Although less feedback was given in comparison to Governance section, the following conclusions can be made:

1. That the funding issue for the clients on level one funding should be resolved.
2. The identified strategies within the consultation document received little feedback. The feedback from one respondent was (with the exception of the funding issue) not in agreement with the strategies on the basis that they looked at the problem from the wrong perspective and that staff should be involved from the bottom up to help reduce the cost of the service.
3. There were additional cost saving measures received through the consultation process that should be explored in addition to the option within the consultation document.
4. Good processes during the implementation phase of the recommendations are essential for a lasting result.

RECOMMENDATIONS:

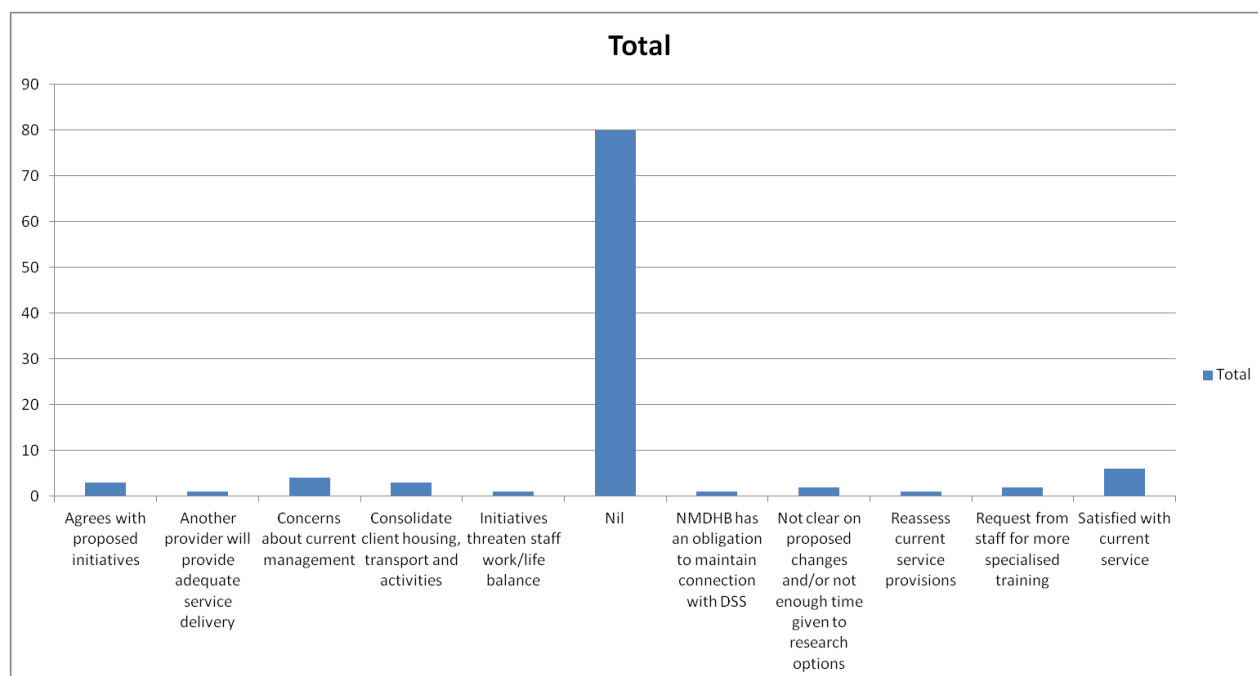
1. THAT THE IDENTIFIED STRATEGIES BE SUPPORTED FOR IMPLEMENTATION.
2. THAT THE ADDITIONAL COST SAVING MEASURES RECEIVED THROUGH THE CONSULTATION PROCESS BE FULLY EXPLORED BY DSS.
3. THAT THE IMPLEMENTATION PHASE OF THE RECOMMENDATIONS FOR SAVINGS INCLUDE INVOLVEMENT OF STAFF AND UNIONS SO THAT AN INCLUSIVE PROCESS IS UNDERTAKEN.

Service Delivery (refer Table 4)

Of the 100 people who made submissions only 22 (22%) provided feedback on the service development initiatives.

Table 4

Count of Service Delivery	
Service Delivery	Total
Agrees with proposed initiatives	3
Another provider will provide adequate service delivery	1
Concerns about current management	4
Consolidate client housing, transport and activities	3
Initiatives threaten staff work/life balance	1
Nil	80
NMDHB has an obligation to maintain connection with DSS	1
Not clear on proposed changes and/or not enough time given to research options	2
Reassess current service provisions	1
Request from staff for more specialised training	2
Satisfied with current service	6
Grand Total	104



Within the 22 a range of views were expressed including the following points, suggestions or comments:

- Believe current service provision is very good.
- NMDHB should be congratulated on the service they provide. It would be good that instead of withdrawing from service provision they were seen as an example throughout NZ of meeting the needs of clients and families who really have no other option.
- Concerns about current management that need review.
- Support for person centred focus to better align to client needs and to ensure clients participate in the community.
- There needs to be more consideration of client groupings.
- Concern was expressed that initiatives could have an adverse impact on staff work life balance whilst better meeting client needs.

Conclusions

1. There is a lot of confidence and appreciation in the current service provision within DSS.
2. There is a need to improve people's understanding of the role of management within a service. Certainly there is a view that it is time to review the current structure.
3. There is concern from staff that their work life balance will be significantly compromised as we strive to improve service to the clients of DSS. We need to ensure that the right balance is struck to ensure a healthy living and work environment.

RECOMMENDATIONS:

1. **THAT THE PROPOSED INITIATIVES ARE IMPLEMENTED.**
2. **THAT AN INCLUSIVE PROCESS WITH CLIENTS, FAMILY/FRIENDS AND STAFF IS UTILISED DURING THE IMPLEMENTATION OF THE INITIATIVES.**

Other Providers

Three expressions of interest were received from other providers for the provision of services if the Board was to decide to explore the transfer of service to another provider.

1. NZ Care. A current provider in Nelson and a provider in other parts of NZ.
2. PACT. A Trust that provides services in other parts of the South Island.
3. MASH. A Trust based in the North Island.

Also received was an offer of help from MASH Trust who are willing to walk alongside NMDHB to help us develop a Trust if the Board.

Summary

There was a good response to the consultation process with 102 responses received from family/friends and staff. The most feedback was received in regards to Governance and Ownership section.

Many responses expressed confidence in the current service provision and governance, most of those responses did acknowledge that if the Board choose to exit the provision of service the preferred option was to establish a local Trust.

Feedback also highlighted the need to have an inclusive process that maintained the stability of services to the clients of the service and the staff.

Clearly the resolution of the funding issue is the highest priority, however how the Board implements strategy is also a high priority.

APPENDIX 4 – DSS CONSULTATION FEEDBACK SUMMARY

Respondent	Owner Structure initiatives	Financial sustainability initiatives	Service Delivery	Additional Comments
1	Supports separate community based trust be created as NZ Care and IHC are not suitable, and NMDHB is too large. A community trust would also facilitate fundraising, applying for grants and establishing new services. Would like to see houses close together to facilitate transport, visits and activities.	Nil	Put patients with conversation skills together in a house. It does not work well when patients with conversation skills are alone.	Cluster houses at least 2 together for social activities and transport to day services.
2	Supports separate DSS trust from NMDHB. Prefers trust option so that DSS retains its clients-centred service and the high standard of care.	Nil	Agrees with proposal to adopt 'person-centred' focus and initiatives 1-4. Would welcome vocational and day activities being aligned with service user need. Son is a service user and would like day activities taylored to his needs and preferences. Important that sons leaves home to attend activities and participates in community as much as possible.	Nil
3	Would like to see a separate trust formed to take over DSS services.	Agrees with concept of deinstitutionalization, but does not believe NMDHB planned it well.	Concerns about staff behaviour and need for change.	Nil

Respondent	Owner Structure initiatives	Financial sustainability initiatives	Service Delivery	Additional Comments
4	The staff would prefer to stay with NMDHB. Most of the clients have been with the DHB for many years, and a change would distress clients, families and staff. What will happen to Staff National Provident Funds? What will happen to the employment contract, Gratuity, Long Service Leave and Sick Leave, etc...?	50 Clients are under funded. Respondents ask: why fuel is not paid from the house accounts? Why are clients living in houses by themselves? Why are clients not paying for their own products (e.g nappies)? Why are elderly clients attending day services while younger clients stay home along doing nothing?	The staff feel they deliver a good service and that staying with the DHB would maintain this standard.	If there is a change, the staff would like to be 'Grandfathered' by NMDHB for five years under current conditions. They ask if they will have to reapply for their current roles.
5	Prefers a community trust, which would be focused on providing a better standard of service.	Other community trusts tap in to shared IT services and financial systems. Institutions like Kiwi Bank and Heartland Bank could be approached for contributions as well as banking services.	Would like to see services streamlined by having shared home based daily services and the transportation system improved.	The NMDHB has a wealth of financial, operational and management knowledge that could be used to establish the new trust, as well as assistance from families with DSS clients using the current service and community volunteers.
6	Prefer that the status quo remains. If this is not possible, the preferred option is a community based trust. None of the existing organisations are suitable to take over. NMDHB should consult a trust that has gone through a similar transition to gain insight.	Nil	Nil	Nil

Respondent	Owner Structure initiatives	Financial sustainability initiatives	Service Delivery	Additional Comments
7	Nil	Nil	District-wide specialist service. Proposes establishment of specialist dual diagnosis service based with Mental Health Services to provide specialist advice and nursing support.	Nil
8	Trust preferred if it financially viable.	Concerned that a 'client-centred' transition will cause too much stress, disruption and compromise for clients and staff. Feels that if the service is financially viable, no one will take it on. Suggests a fund similar to superannuation or kiwi saver that can be used as clients get older and require more services.	Improvements will require extra funding. Cutbacks will only cause stress and discontent for clients and staff.	Believed that when Ngawhatu and Braemar services closed that NMDHB would provide ongoing care and support for residents out in the community.

Respondent	Owner Structure initiatives	Financial sustainability initiatives	Service Delivery	Additional Comments
9	Governance placed in a stand-alone trust would be problematic and difficult to set up and should not be considered. Merging the current service with another existing service is preferred. Would like the ability to choose a partner who has a leading practice and could share IT, HR and finance resources. Recommends the Community Living Trust in Waikato who has a CEO with national profile and proven track record of being responsive and resilient to the changing market.	Likes the devolution of day services to the community. Would like to see managers removed from the teams, which would increase productivity and save money. Would like to see Team Leaders paid more as their role is undervalued. Close office at 148 Tahunanui and place managers in the homes. Team meetings could take place at DSS admin. Retirement planning should be mandatory for all staff to reduce the cost of people staying on after retirement age.	Recognise and enforce the Code of Rights. Work on retaining young staff that have a realistic career pathway that is not reliant on the death or retirement of senior staff.	Nil
10	Trust is preferred option.	Nil	Nil	Nil
11	Does not want to separate from NMDHB, but prefers trust option if this does happen. Wants to know what will happen to staff gratuity if a new organisation takes over.	Nil	Nil	Nil

Respondent	Owner Structure initiatives	Financial sustainability initiatives	Service Delivery	Additional Comments
12	Agrees with separation of NMDHB and IDSS if it means new management.	Day Services are a huge injustice to high-needs clients. It would be an advantage to have activities provided in the clients' homes, which would cut transportation costs and minimise infection diseases spreading. Reduce management and increase Team Leaders' wages as they have more responsibility than other staff.	Nil	Concerns expressed about IDSS management
13	Prefers trust option. Suggests that PDSS could still fit well with DHB.	Increased home based support and ACC referrals has made PDSS a viable and stable service.	Most of the suggestions made are achievable and make sense.	Nil
14	Supports trust option if it means new management.	Transport and On-call service needs to be improved. Management wages are too high. Day services should be run from the homes.	Concerns expressed about management	Would like to see management replaced.

Respondent	Owner Structure initiatives	Financial sustainability initiatives	Service Delivery	Additional Comments
15	The formation of a trust would be better for clients and staff. Adopting the culture of a new organisation would be too difficult. Would not like to see current client group split. If financial viability could be insured through initiatives, governance status quo could be maintained.	Ministry of Health funding needs to be addressed for particular client group to be viable.	We should always be looking at ways to improve service.	Does not want change to happen for the sake of it or because other health board's are doing it. Do what is best for the people involved and the facts of the service. There have been positive moves towards financial viability. Continue with these and sort out Ministry of Health funding, then look at financial viability.
16	We believe that a trust would be the best option and allow for more service options	Agrees with stated initiatives.	The DSS already has an excellent service for clients, but improvements can always be made.	Son was based at Braemar for a number of years and then moved in to the community. Son improved in the community and the staff are congratulated for their good work.
17	Happy with the status quo and can see no benefit in either proposal. Son is very happy with current service.	Nil	Nil	Nil

Respondent	Owner Structure initiatives	Financial sustainability initiatives	Service Delivery	Additional Comments
18	Should the NMDHB chose to separate DSS from its core business then the only option for the ownership structure that is acceptable to me is a community based trust. I support this recommendation on the proviso that the NMDHB provide full and detailed analysis of their recommendations for the leadership role in establishing this Trust, the possible Trustees and full budget provisions for the viability of the Trust.	Given that the consultation document clearly states that unless the funding issues are resolved with the Ministry of Health, then the option of a Trust will not be able to be implemented, I therefore request that the NMDHB keep me fully informed of their current negotiations with the Ministry and update me on a regular bases.	Nil	Further detail of this submission is set out in the Rescare Nelson submission. The submitter relied on the detail set out in that submission.
19	Prefers the trust option as long as it is managed and supported by Nelson locals. Does not want to see a trust set up and managed by 'out of towners'	Nil	Nil	Nil
20	A trust group preferred. Muritai and Tui House out to Packham Street.	Nil	Nil	Nil
21	All of the staff at 62 Leicester Street feel that a trust is the best option if DSS separates from NMDHB. This would have the least impact on clients and they would receive similar support. If DSS was taken over by another service provider, there would be no way to insure the quality of service would be at the high standard that it is now. Staff turnover has a very negative effect on clients in the home.	Nil	Nil	Nil

Respondent	Owner Structure initiatives	Financial sustainability initiatives	Service Delivery	Additional Comments
22	Prefers a Trust or Board with membership by subscription and a democratic process. Would prefer the trust to be non-profit.	Suggest cluster housing built specifically for the mobility needs of the disabled. Developer owns the property and leases the houses to the provider. Suggests having vehicles parked at houses on weekends and evenings. Suggests a new custom built day services building be built or existing building be extended to so that clients can access more tailored day activities.	Suggests day shifts and sleepover shifts be linked so clients see carers for longer and staff get longer breaks between shifts. Home-based day services will be a good option for some. Individual goal planning for service users.	Would like to see services moved out of Nelson city into Richmond with more modern facilities.
23	89 year old mother of client. Concerned about future care of daughter when she has passed away. Supports NHDHB maintaining ownership of DSS, and is against a trust or existing service provider taking over. Suggests that there must be a way for the current system to become more efficient and sustain itself. Only interested in a trust if current funding levels are maintained and the trust deed is carefully consulted on. Not in favour of trust being required to undertake fundraising activities as this may result in less government funding.	Concerned that costs for care will only increase as current clients age. Concerned that 'sustainability initiatives' mean cutbacks, and what this will mean for quality of DSS services.	Is not clear on what the proposed changes to service delivery actually entails, but supports the changes in principal.	Stability is the most important factor for DSS clients. Would like to see status quo remain with increased levels of funding.

Respondent	Owner Structure initiatives	Financial sustainability initiatives	Service Delivery	Additional Comments
24	Prefers community based trust. Would like to see all of the positive features of the current service, including expertise of current staff, high standard of care, home-like atmosphere and professionalism.	Nil	Nil	Nil
25	Registers interest in taking over the DSS service from NMDHB. Confident in ability to provide this service due to nationwide infrastructure, extensive expertise, and firm community presence in Nelson.	NZ Care is confident they could add considerable value in regards to service model outcomes and efficiencies.	NZ Care would involve community advocates in their service deliver. Concerned that there is misinformation about NZCare's Service Delivery which has resulted in a biased consultation process.	
26	In favour of a trust as long as the transition is treated as a long-term process, and not a 6 month rush. Would like a strategic plan put in place to insure a seamless transition for clients.	Top priority of extra funding should be reassessment of client's needs. Next, upper management should be examined to see if they are flexible and necessary. Best practices of organisations like NZ Care should also be consulted to see how they can be adopted by NMDHB.	Intentions to improve services are coming rather late and are completely reliant on resolving funding.	Walk beside parents and family in the transition. Take the route that causes the least disruption to all parts of the service as possible.
27	Nil	Nil	Putting clients out into the community is the worst option because services will decline and staff will decline because they will not be	Nil

Respondent	Owner Structure initiatives	Financial sustainability initiatives	Service Delivery	Additional Comments
			paid well.	
28	Prefers maintaining status quo. Community trust is second choice.		Believes the DHB has a moral obligation to continue association with DSS.	Nil
29	Satisfied with current structure and the service their son is provided by DSS. Would like to maintain status quo.	Nil	Nil	Nil
30	Strongly support maintaining status quo. Feel that it is an ethical issue to maintain care for these very vulnerable patients who need stability and permanence. The current clients specifically chose NMDHB's service because it did not operate as a trust or business venture.	Nil	Nil	Nil
31	Community trust is preferred option as long as it is done in a viable way and all previous debt is cleared. Clients need to be reassessed for funding as this will have a major impact on services in future. The current DSS team is highly trained and the standard of service is high. If this is lowered, it will mean high staff turnover and poor service. A change in service provider would be too traumatic for clients and family.	Nil	Nil	Nil

Respondent	Owner Structure initiatives	Financial sustainability initiatives	Service Delivery	Additional Comments
32	Prefers to maintain status quo. Community trust would be the only acceptable second option.	Does not feel in a position to comment, but feels NMDHB should be continually monitoring this.	Nil	The timeframe for consultation feedback was not long enough as it does not give people enough time to research all of the options.
33	Preferred option is a separate company wholly owned by NMDHB. Second choice is community based trust, but only if the right people are behind the trust and the correct funding is in place. Will service users still get community involvement with choice.	Review level of financial support for clients through reassessment of client's needs. Relocation of day services to one venue. Some teams could work more closely together instead of being separate, eg. Sharing transport.	Staff feel that training in caring for people with dual diagnosis would be valuable.	Nil
34	Prefer trust option. Daughter needs the stability of remaining in her current home with current staff.	Option 1	Nil	Nil
35	Community trust is preferred option, but only if NMDHB make a significant contribution to its establishment. NMDHB needs to reconcile the asset base re the 12 residential homes and the Braemar site to ensure the trust can function adequately.	Transfer all assets to trust to put them on the right footing. NMDHB should not cut the level one client services, but work with NASC to achieve appropriate funding levels. These clients and their families have been very loyal to NMDHB and do not deserve to be put through anguish of finding another provider. DSS needs to be exempt	Service provisions can always be improved. Fully support service wide focus and use of resources to ensure individual needs and aspirations achieved.	Families with disabled people experience significant social and financial hardship. NMDHB needs to always be supportive and respectful when dealing with these families.

Respondent	Owner Structure initiatives	Financial sustainability initiatives	Service Delivery	Additional Comments
		from DHBNZ wage settlements as this is a barrier to the service containing costs.		
36	Preferred option is to maintain status quo. Second option is establishing a community trust only after NMDHB provides full and detailed analysis of recommendations for leadership and financial viability of trust.	Management costs need to be reduced by negotiating individual funding from MOH, reviewing organisational structure, reduction of middle management, personalised vocational programs, transport logistics.	Nil	Nil
37	Trust is preferred option.	Nil	NMDHB provides an excellent service and should be viewed as a national example of how to provide service. Would like status quo maintained. Person-centred approach is excellent. NMDHB	Would like to see more peer group sessions with a facilitator were clients could talk.

Respondent	Owner Structure initiatives	Financial sustainability initiatives	Service Delivery	Additional Comments
			should lobby government to provide more funding for DSS and day services.	
38	Prefers NMDHB have ownership of DSS, but DSS be managed by a trust. The current service and staff is wonderful.	Nil	I think service provision is good under NMDHB.	Nil
39	Supports current publicly funded, NMDHB provided model for DSS. The formation of a properly constituted non-profit trust is preferred. This would require genuine community, family and staff representation in a well defined constitution. The current elements of public accountability that exist un NMDHB must be replicated. Should another existing organisation take over, it must be a Nelson based institution, and there must be a genuine merging of interests and structures. PSA believes another organisation should not take over DSS.	General New Zealand wide DHB bargaining initiatives have prohibited the PSA and DSS from addressing what the PSA considers a significant remuneration shortfall for Team Leaders. There is also a lack of confidence in the Team Manager structure, reflected in the lack of effectiveness of some reporting systems, such as Gold Form Process. There is also the view the current management structure is not cost effective for a stand-alone trust or organisation merger.	Day Service staff should have the opportunity to seek and develop new business. The statement in the Rutherford Proposal "This includes a more flexible workplace and hours of work to enable the service to better support the service user," need to be clarified. Staff need consistent a workplace location and hours of work to maintain a work/life balance, so 'flexibility' could have a detrimental effect on staff. Clients also do not respond well to ongoing	Staff concerns need urgent review and current practice may need to be changed before a new ownership structure is considered.

Respondent	Owner Structure initiatives	Financial sustainability initiatives	Service Delivery	Additional Comments
			staff changes.	
40	Prefer community-based trust option. Second choice is aligning with an organisation that has similar values, culture and goals.	Financial initiatives that have been actioned are working well within the homes. MOH funding remains an issue. NASC is informed of significant changes to individual client's needs, but funding remains the same.	Nil	Nil

Respondent	Owner Structure initiatives	Financial sustainability initiatives	Service Delivery	Additional Comments
41	Rescare prefers that NMDHB maintain the status quo. Should the NMDHB chose to separate DSS from its core business then the only option for the ownership structure that is acceptable to me is a community based trust. I support this recommendation on the proviso that the NMDHB provide full and detailed analysis of their recommendations for the leadership role in establishing this Trust, the possible Trustees and full budget provisions for the viability of the Trust.	Given that the consultation document clearly states that unless the funding issues are resolved with the Ministry of Health, then the option of a Trust will not be able to be implemented, I therefore request that the NMDHB keep me fully informed of their current negotiations with the Ministry and update me on a regular bases.	Nil	Further detail of this submission is set out in the Rescare Nelson submission. The submitter relied on the detail set out in that submission.
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102	Supports NZ Care Group absorbing DSS	NZ Care is a large and established organisation, and risks in transition would be minimised.	NZ Care is already an approved supplier and the transition of DSS services from NMDHB to NZ Care would be speedier.	George notes is conflict of interest as a DSS service user and committee member for DiSAC.
103	Registers interest in taking over the DSS service from NMDHB.	Nil	Nil	Registers interest in assisting with DSS transition to a trust.
104	Rather than changing the management structure, engage with staff and unions. Status quo is first choice and Trust is second choice.	Supports reassessing level 1 funded clients. See response for detailed response on each initiative.	Not willing to engage with Rutherford Initiative around any proposals involving service delivery unless they have a focus on quality outcomes for patients.	Against another provider taking over DSS services.