

AUCKLAND DISTRICT HEALTH BOARD

DISABILITY SUPPORT ADVISORY COMMITTEE

Minutes of the Disability Support Advisory Committee meeting
held on Thursday 15 May 2008
in the Sir Douglas Robb Board Room, Level 7, Building 14,
Greenlane Clinical Centre
commencing at 11.00 am

1. ATTENDANCE AND APOLOGIES, CONFLICTS OF INTEREST

Committee Members

Barry de Geest (Chair)
Jo Agnew
Susan Buckland
Bob Tizard

In Attendance

Brian Fergus

Management in Attendance

Garry Smith – Chief Executive
Denis Jury - Chief Planning & Funding Officer
Lisa Gestro – Planning & Funding Manager
Janice Mueller – Director Allied Health
Ian Bell - Board Administrator

Apologies and Conflict of Interest

The Chair declared the meeting open at 11:15 am.
An apology had been received from Pat Snedden.
There were no declarations of conflicts of interest relating to any items on the agenda.

3. CONFIRMATION OF MINUTES 20 MARCH 2008

Moved Jo Agnew, seconded Susan Buckland

That the minutes of the Disability Support Advisory Committee meeting held on 20 March 2008 be confirmed as a true and correct record.

Carried

4. MATTERS ARISING 20 MARCH 2008

Members

The suggested members' CVs to be emailed to the subcommittee of Board Chairs and Susan Buckland. A further nominee was Marie Hull-Brown who had been on the last Committee and was involved in the mental health field and Aged Concern. Another

suggestion was Nana Tan, an Asian immigrant with cerebral palsy who was completing a degree at Manukau Tech and was a disability advocate. Avaula Faamoe was a Regional Councillor and Trustee of the Taikura Trust and was blind. Peter Druskovich was a father of two disabled daughters and worked for the Taikura Trust. Dairne Kirton was a younger Maori and was a disabled parent.

Moved Barry de Geest, seconded Susan Buckland

That the Disability Support Advisory Committee recommends to the Auckland District Health Board the appointment to the Disability Support Advisory Committee of Marie Hull-Brown, Nana Tan, Avaula Faamoe, Peter Druskovich and Dairne Kirton.

Carried

DSS Sector

This was contained in item 6.

5. CHAIRMAN'S REPORT

Barry de Geest advised that he was involved in the sustainable transport audit for Auckland at both the Grafton and Greenlane sites with a consultant from Wellington. This was part of the Transport Plan being developed with Auckland City Council and Auckland Regional Council. He noted that he was not a qualified access auditor and that the Barrier Free Trust would be working on the plan. He noted that there were disability car parks near the Support Building that he had not known about and they were not well sign posted.

6. ABOUT DISABILITY – BACKGROUND, ISSUES AND THE ROLE OF DSAC

Lisa Gestro presented to the Committee. The presentation commenced with an overview including population, disability funding including the interim funding pool, older persons health as they were a big part of the population, being disability aware, research and the role of the Committee.

The 17% of the population identifying as having a disability was by self determining and so difficult to categorise. The most significant group was the frail elderly and the population were high user of health services. Income came in different streams and with mental health funds it was addressed at 3% of the population, which was an arbitrary number, with the aim being to move to the Blueprint money targets over time.

An issue with disability funding (DSS) was the definition as compared with personal health funding. ADHB was responsible for over 65s and MoH for under 65 (DSS). With the latter Taikura Trust and ADHB were providers providing services contracted by the MoH. The eligibility for DSS was where there was need for support for more than 6 months.

The context of funding was that DSS funding for older people was devolved to ADHB in 2003, some two years after its formation, and included "close in age and interest" which were people between 50 and 65 that were deemed to be like a person over 65 i.e. have dementia. The differentiation between over and under 65 had created a boundary and there had been some debate concerning Maori and Pacific who tended to enter aged

care at a lower age. Access to funds was determined by eligibility, with disability classified into Health, but with people not seeing themselves as unwell.

The disability definition related to assessment was a funding definition not a definition of disability as such, and excluded persons disabled as a result of an accident which was covered through Accident and Compensation Corporation.

The Cabinet minute on devolution was very explicit which forced a diagnosis based definition and a need to argue individual cases which then created a population being unable to be discharged from hospital due to not being able to access funds. ADHB had taken the initiative to fund these people which had led to the Interim Funding Pool (IFP) being established. ADHB supported the needs based assessment rather than the diagnosis based view. Initially MoH had tried to argue that the IFP question was only related to Auckland however other DHBs had supported Auckland. The IFP was \$17m which was administered by the Disability Support Directorate of MoH through a needs assessment process through application by DHBs. The number of applicants, following an 18 month period, has been less than expected. There was still significant time in negotiating access and the original problems were still present. The proposal was now that the IFP be devolved to DHBs which raised significant risks particularly with unmet need and the mental health homeless. ADHB also provided regional services for severely disabled children who were expensive and could require funding for 20 to 30 years into the future. There had been no consultation with the disability community on devolution.

Older people involved significant expenditure of \$110m per annum with the sector having workforce issues and variable quality. There was a move to support aging at home. Initiatives were improving quality in residential care and home based services quality improvements.

The social model of disability needed to be recognised and there was a need to instil and educate staff to change attitudes. The vision was for a non disabling society with accountability being annual reporting as required from all Government entities.

Garry Smith left the meeting at 12:30pm.

There was research being undertaken on who and where are the disabled people in Auckland City which was a significant piece of work with an outcome expected in August/September. This should give a better sense of where to put effort and funding into.

The role of the DSAC was to promote inclusion and participation, transcend the gap between the disabled community and the Board, push boundaries in terms of assumptions, be champions for change and be seen to value diversity among ADHB's population. There was a need to know numbers of disabled accessing services and what people were managing without ADHB's services and how to manage people from the former to the latter.

The Committee thanked Lisa Gestro for her presentation.

7. PROPOSED DEVOLUTION OF THE INTERIM FUNDING POOL

This had been discussed earlier in the meeting however the Board had been formally notified and the funding was expected to be devolved at the end of the year. The definition issues would not go away.

8 CORRESPONDENCE ASSOCIATION OF BLIND CITIZENS OF NEW ZEALAND

This was a group made up of consumers who were a small part of the disability population. Efforts could be made in improving the ADHB websites and the matter of communication with the disability sector should be considered in the Annual Plan.

It was suggested that, with the patient satisfaction survey, the survey ask whether the person had a disability. ADHB did not know the number of staff that were disabled.

9. GENERAL BUSINESS

There were no items of general business.

10. NEXT MEETING

Matters to be advised for the next meeting would be a joint presentation by Taikura Trust and the Disability Strategy.

The meeting closed at 12:58pm.

DATE OF NEXT DSAC MEETING

11:00am, Thursday 17 July 2008
Seminar Room
RehabPlus
Pt Chevalier

CONFIRMED

CHAIR

DATE