

AUCKLAND DISTRICT HEALTH BOARD

DISABILITY SUPPORT ADVISORY COMMITTEE

Minutes of the Disability Support Advisory Committee meeting
held on Thursday 17 July 2008
in the Seminar Room, Rehab Plus,
Pt. Chevalier
commencing at 11.00 am

1. ATTENDANCE AND APOLOGIES, CONFLICTS OF INTEREST

Committee Members

Barry de Geest (Chair)

Susan Buckland

Tunumafono Avaula Fa'amoe

Nana Tan

Jo Agnew

Peter Druskovich

Marie Hull-Brown

Bob Tizard

In Attendance

Dr Brian Fergus

Management in Attendance

Dr 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 11:04 am.

Apologies had been received from Dairne Kirton and Garry Smith.

There were no declarations of conflicts of interest relating to any items on the agenda. Members were reminded to keep the Interests Register up to date by informing the Board Administrator.

2. KARAKIA AND INTROUDCTIONS

All those in attendance introduced themselves to the meeting including the presenters from Taikura Trust, Carole French and Emily Sorby.

The Chair asked that the meeting rules be included in the next agenda.

The Committee acknowledged the karakia.

3. CONFIRMATION OF MINUTES 15 MAY 2008

Moved Susan Buckland, seconded Bob Tizard

That the minutes of the Disability Support Advisory Committee meeting held on 15 May 2008 be confirmed as a true and correct record.

Carried

The reference to the differentiation between over and under 65s and the debate concerning Maori and Pacific related to the fact that Maori and Pacific showed evidence of aging ten years younger than the European population. The question of devolution of funding to DHBs referred to the Interim Funding Pool.

4. MATTERS ARISING 15 MAY 2008

Patients Satisfaction Survey

The Patient Satisfaction Survey did not ask patients if they had a disability and the Quality Manager had advised that there were two options; either asking the question in the next set of survey questions or seeking the information from initial patient records. It was felt that the survey was more aimed at seeing whether patients' disabilities were catered for. The survey and the question of asking whether the patient had a disability was deferred until the research from the Auckland Disability Research Project was known.

5. CHAIRMAN'S REPORT

The Chairman advised that he had nothing particular to report.

6. PRESENTATION TAIKURA TRUST

Peter Druskovich advised that he worked for Taikura Trust.

Carole French and Emily Sorby were in attendance and presented to the Committee. The presentation covered the definition of disability, Taikura clients, who were eligible, types of support, needs assessment, the support plan for each client, catering for cultural needs and annual review of changed needs. While the aim was to contact every person 14 days after supports are in place this had not yet been achieved. Translation services were available in 25 languages. Taikura tried to acknowledge referrals within two working days and aim to have 80% of needs assessments completed within 14 working days. They had been behind on that target but had now caught up. All referrals went to the Regional Team to determine eligibility and were then allocated to the Community Care Teams.

There had been 406 referrals to the Interim Funding Pool (IFP) of which 258 had been accepted. Of these 71 were from Taikura Trust. While the IFP was working well in terms of processes there had been no further policy development related to the funding. Eligibility criteria were also subject to change. The co-location project was to have Taikura Trust people on site at the DHB and the pilot had been completed and deemed a success and would continue on a permanent basis. The co-location project had

increased the understanding between Taikura and ADHB. There was a need to have further awareness of the service.

Taikura Trust was directly contracted by the MoH. They were addressing their staffing mix/skills trying to increase clinical skills. They were nearly fully staffed and had pockets of staff with particular skills that could be referred to. The approach was to not over medicalise the services.

Annual reviews and needs assessment were best done in the home environment as it did allow assessors to see the support services that were available in the home such as family/whanau. Packages of support services could be a mixture of paid or informal and a balance between needs and social requirements rather than diagnostic.

There was debate on where the service should sit between the MoH, DHBs and Ministry of Social Development with some criticism that the MoH did not react quickly enough or accept change to get better run services, however the local relationships had improved over the last year.

The Chair thanked Taikura Trust for their presentation.

8. CENTRAL AUCKLAND DISABILITY RESEARCH PROJECT

The project was going well with a very good researcher and partnerships with Auckland City Council and AUT with the results expected to be greater than initially thought. The draft report should be available by 25 September 2008 and it was suggested that there be a presentation to the Committee at their November meeting.

9. REHABILITATION SERVICES UPDATE

The project to review rehabilitation services had commenced and covered clients of all ages. The project director, Deidre Mulligan would present to the next DSAC meeting in September.

10. HEALTH OF OLDER PEOPLE COMMUNITY AND HOME BASED SERVICES REVIEW

Progress on the review was not quite as it could be so there would be a rebriefing to the governance group the next day. This would be focused on where the project wanted to get to rather than becoming bogged down in detail. The service framework contained a residential care line which would be a telephone information line and assessments were undertaken by multi disciplinary teams. InterRAI was a computerised assessment programme for older people used by ADHB but not by Counties Manukau and Waitemata. It was suggested that funding needed to be flexible, for example rather than having domestic assistance funds should be able to be used to purchase the correct equipment i.e. lighter vacuum cleaners so that people could undertake things themselves and maintain their independence. There was a need to train staff to encourage older people to speak up concerning the service they were receiving.

11. OUR HEALTH 2020

The report was for information and there was more on the ADHB website. There was a refocus to services for other DHBs under contract and services to our own population both from the Provider, that is owned by ADHB, and services provided through the Funder taking a whole system spectrum of care approach. This included a societal approach to health including managing across health boundaries, such as PHOs focused on enrolled populations whereas people are geographically located, with greater understanding of costs and funding.

The purpose of the DSAC was to consider older people and people with disabilities through support to assist them as far as possible to remain in the community taking a principled approach in ensuring systems functioned and were outcome focused an example being the work being undertaken on long term conditions management.

12. GENERAL BUSINESS

Meeting Venue

It was agreed that future meetings would be held at Greenlane.

Child Health Stakeholder Advisory Committee

The topic for the group would be child disability at their August meeting on 15 August 2008 at 10:00am to 12:00 noon at Greenlane with Barry de Geest, Jo Agnew and Peter Druskovich to attend.

Belhaven

Belhaven Rest Home had been coming up for its three yearly audit when the incident was reported in the Herald. ADHB had worked with the MoH to review certification and had employed a temporary manager however it became clear that the problems could not be resolved with a complex mix of residents with two needing high medical support beyond what could be provided and, after discussion with Legal Counsel, it was agreed to terminate the contract and relocate residents with 5 going to the Knox Home, 1 to a private hospital and 2 with Mental Health issues to other facilities. A private paying resident and an ACC resident were also relocated.

The learnings from the incident was that the mix of patients in facilities needed to be considered to avoid a disparate mix of clients and to hold the residences to account in terms of the level of service required to meet patients needs. The MoH and Minister had been supportive of ADHB's actions and this set a basis for taking more radical action than in the past. The Committee asked that residential care be on the next meeting's agenda.

13. NEXT MEETING

The meeting closed at 1:23 pm.

The next meeting is scheduled for
11:00 am, Thursday 18 September 2008
Sir Douglas Robb Board Room
Level 7, Building 14
Greenlane Clinical Centre

CONFIRMED

CHAIR

DATE