

# Disability Support Advisory Committee Minutes

<b>MEETING DETAILS</b>									
Date and Time	10:00am, Thursday 15 October 2009								
Venue	Sir Douglas Robb Board Room Level 7, Building 14, Greenlane Clinical Centre, Auckland								
<b>2</b>	<b>ATTENDANCE AND APOLOGIES</b>								
	<p><b>Board Members</b></p> <table> <tr> <td>Jo Agnew (Chair)</td> <td>Susan Buckland</td> </tr> <tr> <td>Dr Brian Fergus</td> <td>Marie Hull-Brown</td> </tr> <tr> <td>Dairne Kirton</td> <td>Nanar Tan</td> </tr> <tr> <td>Rt Hon Bob Tizard</td> <td></td> </tr> </table> <p><b>Management in Attendance</b></p> <p>Dr Denis Jury - Chief Planning and Funding Officer          Lisa Gestro - Planning and Funding Manager          Janice Mueller - Director Allied Health          Ian Bell - Board Administrator</p> <p><b>Apologies</b></p> <p>The Chair declared the meeting open at 10:09am.</p> <p>Apologies had been received from Peter Druskovich, Ava Fa'amoe and Garry Smith. An apology for lateness was recorded for Denis Jury.</p>	Jo Agnew (Chair)	Susan Buckland	Dr Brian Fergus	Marie Hull-Brown	Dairne Kirton	Nanar Tan	Rt Hon Bob Tizard	
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	<b>CONFLICTS OF INTEREST</b>								
	<p>There were no notifications of any conflicts of interest for items in the agenda.</p> <p>Marie Hull-Brown advised some changes to her interests which were provided to the Board Administrator.</p>								
<b>4</b>	<b>CONFIRMATION OF MINUTES 16 JULY 2009</b>								
	<p>The question of membership of the Committee was raised to take to the next Board with a suggestion of Susan Sherrard who was a nurse but also a quadriplegic employed by the Ripple Trust which was now CCS Disability Action and Mary Schnakenberg. The Committee was well supported by existing Board members. It was also suggested that key organisations be approached to make nominations to be reviewed.</p> <p><u>Moved Bob Tizard: seconded Marie Hull Brown</u></p> <p><i>That the minutes of the Disability Support Advisory Committee meeting held on 16 July 2009 be a true and correct record.</i></p> <p><u>Carried</u></p>								
<b>5</b>	<b>ACTION POINTS – 16 JULY 2009</b>								
	The question of membership had been discussed earlier and HBSS was covered by item 7.3.								

6	<b>CHAIRMAN'S REPORT</b>
	<p>The Chair had spoken at the Step Up launch at which she advised that ADHB were doing an environmental check on their buildings and raising the question of disability with staff. Carolyn Simmons-Carlson and Alison Paulin were champions in the hospital and were undertaking the barrier free audit using the social model of disability. There needed to be a handful of champions on each campus and if the audit is designed properly it is not just about their physical environment but also the cultural environment. The Committee was to be updated monthly by email of progress.</p> <p>She had attended the ASENZ conference concerning supported employment. The number of staff employed by ADHB with a disability was unknown and it was noted that disclosure of that information was voluntary and may not be forthcoming. A suggested approach was to ask staff if they were interested in being involved with disability issues which, with the right message, may promote more disclosure. ADHB does have an Equal Opportunity Policy but it may be neutral on actively recruiting people with disabilities to reflect the population percentage of Auckland. There was a caution not to make assumptions on what people can do but rather let them come and try and a trial period works well as an opportunity. It was suggested that Vivienne Rawlings be invited to come and address the next meeting. Partnerships with Workbridge and Mainstream would be useful.</p> <p>There had been a regional collaboration meeting with the Chairs of Counties Manukau and Waitemata DSACs recognising the need to work together and establishing two monthly meetings. There had been discussion on disability training for staff when they start work with an orientation programme and support by champions in areas. It was a process of being aware, knowledge and growth in understanding. Dairae Kirton advised that she was doing workshops with disabled people on where they want to be and what works and does not work and how they could be supported to get where they want to be. Financial barriers to working needed to be considered with advice where to go to get knowledge.</p> <p>Denis Jury joined the meeting at 11:00am.</p> <p>The collective meeting also discussed policy which was a project being undertaken by Janice Mueller with clinical policies and clinical practice relevant to policies for users i.e. informed consent and looking at policies through the lenses of Maori, Pacific, disability and older people criteria.</p> <p>There had been further discussion on respite care which while not in the DHB jurisdiction did have issues for under 65 and the type of disability affects which type of facility could be used i.e. Spectrum Care caters for intellectual disability. The question should also be asked when looking at accommodation "would you flat with someone you did not like".</p> <p>The Chairman's report was noted.</p>
7	<b>PAPERS</b>
7.1	<b>Implementing the Primary Healthcare Plan</b>
	<p>The Primary Healthcare Plan had been developed with the five PHOs Boards and Ngati Whatua sign off and was structured around a number of commitments. Delivery of services would be through neighbourhoods which could be different, examples being the population in Tamaki and the population on Waiheke both being different from the average across the DHB. The idea was to tailor services to that community through integrated family health clinics which could range from poly-clinics to A&amp;E with, in between, clinical networks of providers. These should include more than medical services and be on a hub and spoke network to maintain access.</p> <p>The new Government had established the Minister's Review Group process and the devolvement of secondary to primary care through asking primary care/community providers to respond to an EOI endorsed by the DHBs. EOI will be reviewed and the successful ones asked to develop a business case which needed DHB signoff. The PHO group EOI was supported by DHBs particularly Counties Manukau and Auckland and had been delivered to the Ministry of Health. Some work was being done on preparing the business case as it was expected to be successful. It was based on a series of family health clinics. ADHB can influence through the mechanism of</p>

	<p>risk sharing between the DHB and the group and generalists verses specialists. Some of the first considerations for devolution were access to diagnostics for primary care and palliative care. Work was being done with secondary care clinicians on what can be devolved i.e. renal dialysis.</p> <p>The EOI process was a good vehicle to deliver the Primary Care Plan and it was good to see 12 PHOs working together. It was expected that there would be some consolidation of PHOs. The Committee supported the business case ensuring access for people with disabilities. There would be two EOIs the PHO one and the two Pacific PHO EOI. It was suggested that the models would not work unless there was involvement with Councils, NGOs, housing etc. looking at social change and there may be opportunities with the Super City. The Step Up Group had now become an action group.</p>
<b>7.2</b>	<b>The Eden Alternative</b>
<b>7.3</b>	<b>Health of Older People Home Based Support Services</b>
	<p><b>HBSS</b></p> <p>Changes had been undertaken with a new model of care working well based on the restorative model of home care. Workforce training had lifted the bar and there had been a good response and innovation with the project done in the right way to deliver more effective and appropriate care. It was modelled on joint governance which was exercising a new strength and pushing the DHB services to be better, particularly in relation to higher complex clients.</p> <p>The Eden Alternative goes through an accreditation process but provides people with choices and being part of decision making. Abbey Fields in Sandringham was a purpose built building. Aged care was about communities and respect.</p> <p>The 10% reduction in residential demand was not explainable but may have been impacted by the improved HBSS.</p> <p>It was suggested that Pat Snedden be invited to the next DSAC meeting in November.</p>
<b>9</b>	<b>GENERAL BUSINESS</b>
	<p><b>Taikura</b></p> <p>There was still bed blockages in acute wards related to access for under 65s with a couple of cases having to be raised with the MoH. This needed to be raised at the strategic funding level as it was the MoH problem and their resourcing issue with a suggestion to them of step down facilities.</p> <p><b>Complaints</b></p> <p>The question was asked whether complaints were raised in relation to disability or where disability is identified. This is to be checked with the Quality department.</p>

	<b>NEXT MEETING</b>
	<p>The meeting closed at 12:5pm</p> <p>The next meeting is scheduled for 10:00am, Thursday, 19 November 2009 Sir Douglas Robb Board Room Level 7, Building 14 Greenlane Clinical Centre Auckland</p>
<b>CONFIRMED</b>	
<b>CHAIR:</b>	<b>DATE:</b>