



AUCKLAND DISTRICT HEALTH BOARD

DISABILITY SUPPORT ADVISORY COMMITTEE

**Minutes of the Disability Support Advisory Committee meeting
held on Thursday 15 November 2007
in the Seminar Room, RehabPlus, Carrington, Pt Chevalier
commencing at 10.00 am**

1. ATTENDANCE AND APOLOGIES

Committee Members

Ian Scott (Chair)
Sacha Dylan
Di Nash
John Retimana
Tunumafono Ava Fa'amoe

Management in Attendance

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

Apologies

The Chair declared the meeting open at 10:17 am.

Apologies had been received from Barry de Geest, Marie Hull-Brown, Barbara Broome and Garry Smith.

2. KARAKIA AND INTRODUCTIONS

John Retimana commenced the meeting with the karakia.

3. CONFIRMATION OF MINUTES 20 SEPTEMBER 2007

The Chair explained that there would be some reliance on the two Committee members, Sacha Dylan and Tunumafono Ava Fa'amoe and in response to the question of interests of Committee members Sacha Dylan advised that he was on the National Screening Advisory Committee and Tunumafono Ava Fa'amoe advised that he was involved with Mental Health at Counties Manukau and PIAS.

Moved Di Nash, seconded Sacha Dylan

That the minutes of the Disability Support Advisory Committee meeting held on 20 September 2007 with the amendment recording apologies of Barbara Broome and suggested changes to the heading under General Business to Disability Census be confirmed as a true and correct record.

Carried

4. MATTERS ARISING 20 SEPTEMBER 2007

The criteria for eligibility for equipment had been distributed and the "Our Health 2020" relating to disability was covered under item 6.

5. CHAIRMAN'S REPORT

In the absence of Barry de Geest, the Chair, Ian Scott expressed his gratitude to all of the Committee and in particular Barry de Geest, acknowledging their contribution and extended influence on Board members exemplified by the new Mayor of the Far North District Council, Wayne Brown advising that a disabled person should be appointed to each Community Board. Barry de Geest's regional influence was acknowledged as was the contribution by the other external Committee members.

The Committee members responded that they were impressed with the management team taking on disabilities issues with a willingness to get change, recognising the strengths brought to the table and breaking down barriers to understanding. They did not recommend that a staff member be appointed to be a focus for disability issues but rather they must be encompassed in the governance structure. The Committee would be recommending to the new Board that Barry de Geest be seconded to Chair the new Disability Support Advisory Committee. It was also suggested that more be delegated from the Board to the Committee for recommendation and advice and that the Committee be given the same weight of meetings as the Community and Public Advisory Committee although it was acknowledged that meeting at a separate venue had been a result of the meeting schedule adopted by the Board.

The contribution of Barbara Broome was acknowledged with disappointment expressed and that she had been through circumstances excluded from participating in the Committee. ADHB was assisting in the background to get resolution of those circumstances.

6. ADHB THE LAST THREE YEARS

The Chief Planning and Funding Officer presented to the Committee on the last three years commencing with the focuses in 2004/2005 being the completion of a major move to the new hospital, a significant deficit and survival mode followed by attention to managing the organisation to break even and developing into a wider DHB not only having a hospital focus. This included developing a new culture to carry a strategy into the future and, following the devolution of health of older people funding, a population health strategy was developed which became "Our Health 2020" supported by implementation plans. The approach was to have focus on three goals including "Lifting the Health of People in Auckland City" with a more systems orientation to health outcomes including the wider community focus. The strategy was supported by three

important principles being a life course framework, a whole systems framework and an outcomes framework. The life course included relationships with other agencies and organisations, councils etc. The strategy was further supported by focus on five key areas of child health, CVD/diabetes, health of older people, mental health and cancer. Common health issues across those focused areas included disability.

Themes emerging were an evidenced based multi sectorial approach with accountability for outcomes supported by clinical leadership and strategic funding.

The contribution of the Disability Support Advisory Committee was acknowledged.

7. DISABILITY ADVISORY COMMITTEE THE LAST THREE YEARS

The presentation in the papers was noted and it was suggested that this be presented to the wider audience of CPHAC in December.

8. INFORMATION ITEMS

8.1 Consultation Document – Community and Home Based Services Review

The discussion document was the first version based on the Jenny Chong report which brought a whole sector restorative approach. Feedback on the document should be addressed to Lisa Gestro and there would be consultation on the options.

8.2 Celebration Week Programme

Items of note for the week were on Thursday 22 November 6pm the NGOs and PHOs and between 5pm and 6pm Aged Care Providers with the launch of the Quality Health of Older People Group and SOAR (Supporting Our Aged Residents). There would also be announcement of the NGO innovation awards with 25 submissions from which 5 had been chosen as finalists for an award of \$5k.

9. GENERAL BUSINESS

Primary Care Mental Health and Addictions Implementation Plan

This would be going to the December CPHAC.

Annual Plan

Management thanked the Committee for their contribution to the District Annual Plan. Disability was “cross cutting” spanning all services. Appropriate people would be seconded to firm up on a number of initiatives with more resources behind Lisa Gestro from within the organisation. Concerns expressed by the Committee were the need to be able to make direct recommendations from DSAC to influence the Board, more engagement with the Board and the need for the appropriate skills on the Committee of people who knew how the governance Boards work. The concerns were acknowledged by the Chair.

10. NEXT MEETING

The meeting closed at 12:05pm.

The next meeting date and venue would be determined by the new Board

CONFIRMED

CHAIR

DATE