

Disability Support Advisory Committee Minutes

MEETING DETAILS									
Date and Time	11:30 am, Wednesday 20 April 2011								
Venue	Marie Hosking Room, Level 7, Building 14, Greenlane Clinical Centre, Epsom								
1	WELCOME								
	The Chair declared the meeting open 11:44 am and welcomed attendees and introductions were made.								
2	ATTENDANCE AND APOLOGIES								
	<p>Committee Members</p> <table> <tr> <td>Jo Agnew (Chair)</td> <td>Susan Buckland</td> </tr> <tr> <td>Marie Hull-Brown</td> <td>Dairne Kirton</td> </tr> <tr> <td>Dr Lester Levy</td> <td>Robyn Northey</td> </tr> <tr> <td>Susan Sherrard</td> <td>Nanar Tan</td> </tr> </table> <p>Management in Attendance</p> <p>Garry Smith – Chief Executive Dr Denis Jury – Chief Planning & Funding Officer Lisa Gestro – Manager Planning and Funding Janice Mueller - Director Allied Health Ian Bell – Board Administrator</p>	Jo Agnew (Chair)	Susan Buckland	Marie Hull-Brown	Dairne Kirton	Dr Lester Levy	Robyn Northey	Susan Sherrard	Nanar Tan
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3	CONFLICTS OF INTEREST								
	There were no notifications of any conflicts of interest for any item on the agenda.								
4	CONFIRMATION OF MINUTES 16 FEBRUARY 2011								
	<p><u>Moved Robyn Northey; seconded Susan Buckland</u></p> <p><i>That the minutes of the Disability Support Advisory Committee meeting held on 16 February 2011 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p> <p>It was noted that Lester Levy was an ex officio member of the Committee as Chair of the ADHB.</p>								
6	CHAIRMAN'S REPORT								
	<p>Be. Assessable was getting traction with strong leadership and a launch on 6 May 2011.</p> <p>There was a meeting on Thursday 28 April 2011 on the Positive Aging Strategy Way Forward for the Auckland Region which she would attend along with Robyn Northey.</p> <p>Marcia Reid of the Phobic Trust had written to the Chair and Denis Jury seeking to arrange a meeting with them and the Clinical Director Mental Health on their plans to build a regional in-patient centre. This needed to be discussed in the Mental Health Regional Planning and have a tender process. There was a difference between the Trust's and clinical views as to where it should sit and what the service should look like. It may not be a priority for Regional Mental Health. Mental Health should also report to CPHAC as it was not necessarily a disability. This request demonstrated the tension of a provider seeking to get preferential access. It was</p>								

	<p>suggested that the proposal be put in writing with the Chief Planning and Funding Officer to write a recommendation to the Board.</p> <p><u>Moved Susan Buckland; seconded Marie Hull-Brown</u></p> <p><i>That the Chairman's report be noted.</i></p> <p><u>Carried</u></p>
7.1	DAP Report
	There were no exceptions.
8.1	Devolution of Interim Funding Pool Clients
	<p>Through Order in Council this was on track to devolve on 1 July 2011. There were 512 people in the region and ADHB was well positioned to absorb these into existing services and to see that their needs are met. A group under 15 were managed through Starship services and while they were a small number they can be very expensive and over time evolve to special needs or disability services.</p> <p>There is an issue with the pool devolving into PBF from 1 July 2013 with, for the region, a \$2.9m gap between cost commitment and PBF share of which \$2m would be ADHB's gap. ADHB could not accept this risk so existing clients would be retained and funded through a regional funding pool and new clients would be absorbed into their DHB of residence. Counties Manukau wished to unilaterally withdraw from the regional pool so this issue is to be escalated to the regional governance group if necessary.</p> <p>A Steering Group had been established to determine what services were needed and to monitor services provided, with the biggest gap being for 16-25 year olds.</p>
8.2	Accessibility Audit Review Update
	<p>A project team was working through the recommendations to develop a recommendation to the Senior Leadership Team noting that no funding had been budgeted as yet. The question of a disability advisor was going through the steering group process as there is in other ways this could be done i.e. a shared resource between Waitemata and Auckland.</p> <p>The recommendation on wireless internet access had been reviewed, following a suggestion from a patient to the Chair, by the CIO noting that it was very expensive and not a regional priority. There may be some opportunities of sponsorship.</p> <p>There was disability awareness training on the orientation day with Moodle yet to be developed. There would be further updates from the project team at the next meeting.</p>
	Mainstream
	Mainstream provided joint funding for two years to promote disabled persons into the workforce. Nanar Tan advised that there needed to be very good communication and that the supervisors tended to have too many clients. ADHB was taking a cautious approach to have the organisation right to do this properly.
9.1	DAP Reporting
	<p>The paper detailed the DAP aims within the Annual Plan relating to disability. InteRAI was included for the 4 Home Based Support Services providers and specialist care but was yet to be implemented into rest homes and private hospitals. There were two main assessments, being short and long, with a need to monitor who can use the tools.</p> <p>With disability complaints there was a problem of definition and the Quality Department does not capture the information. There was a meeting to scope the project with, at present, just issues and barriers highlighted. Presently using a key word search there was only a couple of</p>

	<p>complaints. It was thought that for those with disabilities there may be an expectation of a low level of service so they did not complain.</p> <p>The Board Chair advised that the function of the Quality, Risk and Audit Committee would be migrated into the other committees of HAC, CPHAC, DSAC and Finance and Audit as appropriate.</p> <p>The Committee recommended that staff needed to understand the policies and view services from a patient point of view. Dairne Kirton recounted her recent experience and it was suggested that she write this as a case study.</p> <p>The Chief Planning and Funding Officer advised of another unsatisfactory complaint concerning a rest home who also wished to open a dementia unit without clinical approval. The Committee and Board would support strong action and suggested discussions with the Chair of the publicly listed holding company.</p> <p>The Liverpool Care Pathway was being rolled out in ACH and included doctors.</p>
9.2	Report to the UN on Implementation of UN Convention of Rights
	This was provided for information and had been a favourable report.
9.3	Launch of the Be. Accessible Campaign
	<p>ADHB was one of the founding partners. Be. Accessible was being funded to do an audit of all Rugby World Cup stadiums as well as being engaged by a bank and schools. A number of members and staff would be attending the launch and it would be taken to the Senior Leadership Team.</p> <p><u>Moved Jo Agnew; seconded Marie Hull-Brown</u></p> <p><i>That the Disability Support Advisory Committee supports the Be. Accessible Institute and programmes.</i></p> <p><u>Carried</u></p>
10	GENERAL BUSINESS
	<p>Disability Support Advisory Committee</p> <p>The Board Chair spoke on the collaboration between Auckland District Health Board and Waitemata District Health Board and the proposal to have a joint committee noting that the Chair, Rob Cooper and Gwen Tepania-Palmer were joint appointments to both Boards and that regionalisation was the direction being taken. Primary Care Planning and Funding were merging as were the Maori Health operational workforce. There were papers going to the Boards to form the joint committees of Community and Public Health Advisory Committee, Disability Support Advisory Committee and Maori Health Gain Advisory Committee.</p> <p>Membership proposed was Chair, Sandra Coney (WDHB); Deputy Chair, Jo Agnew (ADHB); Ex Officio, Chairman; ADHB members, Susan Buckland and Robyn Northey and WDHB members, Max Abbott and Pat Booth with up to 4 external appointments. While the external appointments across the two boards would be reduced there was a possibility of the Committee having a separate advisory committee. The existing externally appointed members were thanked for their contribution. It was also noted that there were regional clinical networks being established i.e. Health of Older People.</p>

	NEXT MEETING
	The meeting closed at 1:36pm The next meeting would be subject to the revised six-weekly joint meeting cycle to be approved by the ADHB and WDHB Boards.
CONFIRMED CHAIR: DATE:	