

# Auckland District Health Board and Waitemata District Health Board Disability Support Advisory Committee Minutes

MEETING DETAILS															
Date and Time	2:00pm, Wednesday, 21 September 2011														
Venue	Marie Hosking Room, Level 7, Building 14, Greenlane Clinical Centre, Epsom														
<b>1</b>	<b>INTRODUCTIONS</b>														
	The Chair declared the meeting open at 2:05pm noting that this was an historic occasion as the first meeting of the combined ADHB and WDHB DSAC Committee.														
<b>2</b>	<b>ATTENDANCE AND APOLOGIES</b>														
	<p><b>Committee Members</b></p> <table border="0"> <tr> <td>Sandra Coney (WDHB) (Chair)</td> <td>Jo Agnew (ADHB) (Deputy Chair)</td> </tr> <tr> <td>Max Abbott (WDHB)</td> <td>Pat Booth (WDHB)</td> </tr> <tr> <td>Susan Buckland (ADHB)</td> <td>Dr Lester Levy (ADHB &amp; WDHB)</td> </tr> <tr> <td>Robyn Northey (ADHB)</td> <td>Michelle Cavanagh</td> </tr> <tr> <td>Marie Hull-Brown</td> <td>Dairne Kirton</td> </tr> <tr> <td>Jan Moss</td> <td>Susan Sherrard</td> </tr> <tr> <td>Russell Vickery</td> <td></td> </tr> </table> <p><b>Management in Attendance</b></p> <p><b>ADHB</b></p> <p>Garry Smith – Chief Executive Janice Mueller – Director Allied Health Lisa Gestro – Manager Planning and Funding</p> <p><b>WDHB</b></p> <p>Allan Wilson – Chief Operating Officer Debbie Holdsworth – Chief Planning and Funding Officer Bryan Agnew – Health of Older People Programme Manager Samantha Dalwood – Disability Strategy Co-ordinator Katrina Lenzie-Smith – Health of Older People Programme Manager Sue Skipper – Manager, Health of Older People</p> <p><b>Secretary</b></p> <p>Nicky Caunter – Legal Advisor</p>	Sandra Coney (WDHB) (Chair)	Jo Agnew (ADHB) (Deputy Chair)	Max Abbott (WDHB)	Pat Booth (WDHB)	Susan Buckland (ADHB)	Dr Lester Levy (ADHB & WDHB)	Robyn Northey (ADHB)	Michelle Cavanagh	Marie Hull-Brown	Dairne Kirton	Jan Moss	Susan Sherrard	Russell Vickery	
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	<p><b>Apologies</b></p> <p>Apologies had been received from Dr Denis Jury and Dr Dale Bramley.</p>
<b>3</b>	<p><b>CONFLICTS OF INTEREST</b></p> <p>Russell Vickery noted his conflicts of interest which would be updated by the Board Administrator, Susan Sherrard advised that she is now involved with Auckland Council Advisory Group and Robyn Northey advised that she had resigned from the Ethics Committee.</p> <p>There were no declarations of conflicts of interest for any item on the agenda.</p>
<b>4</b>	<p><b>CONFIRMATION OF MINUTES</b></p> <p><b>ADHB Wednesday 15 June 2011</b></p> <p><u>Moved Jo Agnew; seconded Susan Sherrard</u></p> <p><i>That the minutes of the Disability Support Advisory Committee meeting held on 15 June 2011 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p> <p><b>WDHB Wednesday 22 June 2011</b></p> <p><u>Moved Sandra Coney; seconded Pat Booth</u></p> <p><i>That the minutes of the Disability Support Advisory Committee meeting held on 22 June 2011 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p>
<b>5</b>	<p><b>ACTION POINTS</b></p> <p><b>ADHB Wednesday 15 June 2011</b></p> <p>Be.Accessible - Minnie Baragwanath was in attendance to present Item 8.1.</p> <p>Interim Funding Pool – Carried forward</p> <p><b>WDHB Wednesday 22 June 2011</b></p> <p>Carparking - Item 8.8. There was discussion on the amount of disability parking at the new ACH carpark and a briefing note was requested on the ACH Carpark and drop-off zone and a new zone of “assisted care”.</p> <p>Child Disability Services – Respite care needs – Carried forward. It was identified that there is limited respite available for young people aged over 16 years of age, an example is the difficulty for the young people with intensive support needs who have been accessing respite at Wilson Centre. There appears to be a gap in service provision for those aged 16 and over. MOH have indicated that Wilson Centre is able to provide respite to this group under the existing contract which is designed for under 16 year olds but there is no additional funding available. A letter is to be written to MOH seeking their response to this issue to be developed before next meeting with Jan Moss.</p>
<b>6</b>	<p><b>CHAIRPERSON’S REPORT</b></p> <p>This being the first meeting of the combined committees there was nothing to report.</p>

<b>7.1</b>	<b>Quarterly Report on Activities in ADHB and WDHB</b>
	<p>The report provided an update to the Committee on activities and progress occurring across both DHB's.</p> <p><u>Moved Sandra Coney; seconded Jo Agnew</u></p> <p><i>That the DSAC Quarterly report on activities in Auckland &amp; Waitemata DHB's be received.</i></p> <p><u>Carried</u></p>
<b>8.1</b>	<b>Presentation – Minnie Baragwanth, CEO Be.Accessible</b>
	<p>Minnie Baragwanath – CEO Be.Accessible was in attendance.</p> <p>The Be.Institute is a charitable trust running a social change campaign to inspire businesses and institutions to enable access. 20% of New Zealanders, 863,160 people, which includes an aging population, parents with pushchairs, people with permanent or temporary disabilities, live with a disability and have access issues. Examples were given of how addressing accessibility issues could become a 'value-add' for business i.e. NZ's first Be.Accessible bank. There must be engagement with Government and private sector to put accessibility in an economic context, rather than just being personal with an example being the Rugby World Cup initiatives. The idea is for business to become more aware of accessibility issues and options. The Be.Accessible checklist currently covers off a range of disabilities and aims to raise awareness in a more general sense.</p> <p>Be.Accessible is a new brand campaign/identity association for access being a more updated and inspirational image than the traditional blue and white wheelchair. The aspirational statement was for the world to be "Be.". Campaign initiatives may include innovation challenges to come up with ideas for a machine so that everyone can get access into a carpark. The idea was for business to recognise that if they can improve access they will improve their income. Also of importance were spaces and places people can find out about accessibility i.e. a map or process so people can plan their access before they leave home such as use of websites, Facebook, etc. The "Step Up Auckland" campaign from 3 or so years ago is to be recirculated.</p> <p>The Chair thanked Minnie for her presentation. There was discussion surrounding needs of specific groups identified as requiring more detailed attention i.e. autism and severely cognitively disabled and Minnie is happy for people to approach her and invited offers of assistance on specifics. Brochures and cards were distributed.</p>
<b>8.2</b>	<b>Proposed Approach to the combined ADHB-WDHB DSAC</b>
	<p>The paper presented some context and guidance in to the management of the new combined Committee its aims, objectives and purpose as an attempt to bring the separate agendas together. The paper's authors had attempted to create a pathway for discussions, and specific issues/objectives could be added. It was agreed that it looked logical and over time the way of working would evolve acknowledging that in the past the different committees had taken different approaches; for example at ADHB Older Peoples issue went to CPHAC while at WDHB it went to DiSAC. The Committee recognised there would be benefits of a joint approach.</p> <p><u>Moved Marie Hull-Brown; seconded Jo Agnew</u></p> <p><i>That the Committee noted the paper; and supported the proposed approach to the management of the combined Disability Support Advisory Committee.</i></p> <p><u>Carried</u></p>
<b>8.3</b>	<b>Northern Region Health Plan - Update</b>
	<p>The paper provided an update on the progress of Health of Older People initiative; and First, Do No Harm initiative.</p>

	<p>Health of Older People - The Committee discussed the need for consumer representation in the programmes, and consumer engagement strategies, for example Greypower and Age Concern, Stoke Foundation. There must be a dominant theme to get the consumers involved; however there is a need to start somewhere and avoid the tendency to want to get it perfect so not do it at all. It was noted that the consumer groups have different approaches; the role of Age Concern is to encourage positivity whereas Greypower's focus is more everyday practical issues such as how to pay your rates rather than health. The key is trying to get older people to flourish which may need more than one approach as chronological ages 65 and 105 have a big difference in needs. A plan was requested on how to engage consumer groups.</p> <p><u>Moved Sandra Coney; seconded Susan Sherrard</u></p> <p><i>That the Northern Region Health Plan update report be received.</i></p> <p><u>Carried</u></p>
<p><b>8.4</b></p>	<p><b>Implementation of interRAI Long Term Care Facility (iLTCF) Assessment in Residential Care</b></p>
	<p>International studies have shown that implementation of the interRAI Long Term Care Facility Assessment in to Aged Care Facilities will improve the quality of healthcare. One of the risks highlighted was that there is no compulsion for the facilities to continue the interRAI after 4 years, when the DHB funded implementation ends, when it is expected the ongoing costs will fall on providers. There was concern that smaller facilities will be excluded as they will not be able to afford additional registered nurse staff resources required and whether younger disabled people in aged care facilities would be covered. There was general discussion regarding the funding for the implementation.</p> <p><u>Moved Sandra Coney, seconded Pat Booth</u></p> <p><i>That the report be received</i></p> <p><u>Carried</u></p>
<p><b>8.5</b></p>	<p><b>Child Rehabilitation Service</b></p>
	<p>The Child Rehabilitation Service (CRS) has exceeded its capped contract volumes for children domiciled out of the Auckland metropolitan area for each of the last 6 years. The MoH approved additional funding in 2010 - 2011 to meet some of the over-delivery, but there has been no increase in the cap or additional funding for 2011 - 2012. The recommendation was that Waitemata DHB invoice the out of area DHB of Domicile at the national rate for Children's Rehabilitation Service. There is an agreed national price for the Service and the process is transparent. This option was used successfully in 2009/10 but due to the additional funding was not used in 2010/11.</p> <p>Funding is starting to flat-line and is not expected to change due to a number of factors including the global financial situation and impact of Canterbury earthquakes and therefore prioritisation of funds will become even more important. WDHB can no longer carry the financial risk so it is sensible that there should be agreement that there will be a charge. Another point was that this is a national service so is a MoH issue and the combined committee should use their voice to go back to MoH and other DHB's.</p> <p>The options to manage the risk of excess above the cap was either to try to raise the cap, although there is no more funding, or DHB's must manage the risk around their population. Whatever excess there is to the cap must be shared equally across the DHB's as this manages the whole NZ population. It was suggested that a paper be put to all CEO's, or through Planning &amp; Funding managers, and this would also confirm the CRS as a <i>national</i> service and accordingly needing to be funded by MoH or all DHB's.</p> <p>The Chair proposed the recommendation that a paper be put to all DHB CEO's recommending agreement that the 20 DHB's share equally any excess above the cap, with the fallback position that the DHB of domicile be billed failing agreement from the 20 DHB's.</p>

	<p><u>Moved Jo Agnew, seconded Susan Buckland</u></p> <p><i>That a paper be put to collective CEO's that excess above the cap for Child Rehabilitation Services be shared equally across the DHB's.</i></p> <p><u>Carried</u></p>
<b>8.6</b>	<b>Mainstream Positions at ADHB</b>
	<p>The paper provided an update on the progress of creating up to 2 positions for people with disabilities under the Mainstream employment programme set up by the Ministry of Social Development. The key feature was that the job must be created and not be an existing vacancy, and there was concern about what would happen after the 2 year placement when funding provided by Mainstream expired. There seemed to be no reason why the employee would not be kept on after 2 years training to an agreed level of competency and no reason why that employee couldn't have preference for a like job vacancy elsewhere in the organisation i.e. the approach will be that it is a 2 year placement with a view to permanent employment.</p> <p><u>Moved Sandra Coney; seconded Susan Buckland</u></p> <p><i>That the report regarding Mainstream Positions at ADHB be received and noted, and that the 2 year placements be viewed as an approach to permanent employment opportunities.</i></p> <p><u>Carried</u></p>
<b>8.7</b>	<b>Waitemata DHB Specialised Services for Older Adults (SSOA) Project Charter</b>
	<p>The Service is guided by the WDHB DAP and MoH guidelines, and there was some discussion regarding the need to ensure that all DHB's are on the same pathway. The Regional Health of Older People Project should ensure some cohesion.</p> <p><u>Moved Jo Agnew; seconded Marie Hull-Brown</u></p> <p><i>That report on the SSOA Project Charter be noted and that there be quarterly reports on progress to the Committee.</i></p> <p><u>Carried</u></p>
<b>8.8</b>	<b>Disability Access to Car Parking at North Shore Hospital and Waitakere Hospital</b>
	<p>The paper outlined the impact that changes to carparking at both Waitakere and North Shore Hospitals have on some people with disabilities and how the DHB is managing those issues. There had been some media attention to the issue. The Committee discussed practical issues such as the (09) telephone number for assistance at the unmanned barrier arms, although this incurred a charge whereas an 0800 number would not. There could also be other options such as staffing the barrier arms at peak times, a pre-paid card similar to a staff swipe-card or an electronic system like the Northern Gateway toll road. The implications of paid carparking are an issue and although able bodied people can park on the surrounding streets for free and walk, disability access is required close to facilities yet must pass through barrier arms/pay to get to them. The Council have advised that illegal parking around North Shore Hospital will be enforced. It was noted that paid carparking is necessary so the DHB is not taking any money out of the operational budget and that to provide free carparking the budget would need to reduce by at least 100 nurses.</p> <p><u>Moved Sandra Coney, seconded Pat Booth</u></p> <p><i>That the Committee explore options for disabled persons in relation to paid parking and ability to implement options and report back.</i></p> <p><u>Carried</u></p>

