

AUCKLAND DISTRICT HEALTH BOARD

DISABILITY SUPPORT ADVISORY COMMITTEE

**Minutes of the Disability Support Advisory Committee meeting
held on Thursday 20 September 2007
in the Seminar Room, RehabPlus, Carrington, Pt Chevalier
commencing at 10.00 am**

1. ATTENDANCE AND APOLOGIES

Committee Members

Barry de Geest (Chair)
Sacha Dylan
Marie Hull-Brown
Di Nash
John Retimana
Tunumafono Ava Fa'amoe

In Attendance

Ian Scott

Management in Attendance

Garry Smith – Chief Executive
Denis Jury - Chief Planning & Funding Officer
Taima Campbell – Executive Director Nursing
Lisa Gestro – Planning & Funding Manager
Janice Mueller – Director Allied Health
Ian Bell – Board Administrator

Apologies

The Chair declared the meeting open at 10:05 am.

2. KARAKIA AND INTRODUCTIONS

Attendees introduced themselves to the meeting.

3. CONFIRMATION OF MINUTES 19 JULY 2007

Moved Tunumafono Ava Fa'amoe, seconded Barry de Geest

That the minutes of the Disability Support Advisory Committee meeting held on 19 July 2007 with the amendment to Item 6 that Tunumafono Ava Fa'amoe declared a conflict of interest be confirmed as a true and correct record.

Carried

4. MATTERS ARISING 19 JULY 2007

All matters were addressed in the agenda.

5. CHAIRMAN'S REPORT

The Chair advised that he had made his presentation to Capital & Coast a number of months ago, which was to the DSAC not the Board, as they had heard how the Auckland Disability Advisory Committee had been addressing things strategically. He noted that the other Auckland regional DHBs had placed people within the organisation to whom people referred disability issues rather than the Board taking responsibility.

John Retimana joined the meeting at 10:10am.

The Chair had attended the Select Committee. While there had been some interesting discussions it was more political rather than addressing the question of services and the lack of response from those services. He thanked Ian Scott and Lisa Gestro for their support. The Select Committee had focused on incidents and individuals rather than the core of how services were delivered.

The Chair considered that disability funding would be devolved to DHBs with policy now being provided through the Ministry of Social Development and disability issues within the MoH being transferred to the Population Health Directorate. With devolution of funding ADHB needed to be prepared and there would be issues that needed to be addressed locally, regionally and nationally.

The suggestion that Accident Compensation Corporation (ACC) be extended to cover disability did not seem practical in the legislative context and on the basis of the social contract not to sue underlying ACC.

6. HR INITIATIVES TO PROGRESS RESPONSIVENESS TRAINING

Taima Campbell advised that ADHB did not have any specific training on disability issues or awareness for staff at the moment. A stock take of all training within the organisation was being undertaken and an option could be to design and implement awareness training is part of core training plus having separate modules for particular staff. This could be similar to mental health awareness training and, while Learning and Development were only facilitators, an outsource provider would be used.

There were no particular specific policies on employment of people with disabilities but there was the Equal Employment Opportunities policy. As with ethnicity, after people had been employed, they could self identify as disabled however this was voluntary. Only 10 staff had self identified as disabled. It was suggested the NOVA would be used to raise issues and awareness.

While other regional DHBs had programmes in place these were not thought to be very good and ADHB had a better understanding of service gaps and issues and so could look for solutions that worked for ADHB. This may be paralleled with the Mental Health "Like Minds" which included supporting staff who needed time off etc. and consumer involvement in service delivery. What was important was a culture/environment that was sustainable into the future rather than a focus on one person addressing disability issues. ADHB was nearly at the point of developing a workforce development plan, addressing

funding issues and implementation and the Committee offered to have input to the Workforce Committee on any plan.

There is still a need for a census of who used disability services and getting consumer involvement in decision making.

7. UPDATE ON THE COMMUNITY AND HOME BASED SUPPORT REVIEW

The Chair, Barry de Geest, declared a conflicts of interest being a provider however this was only an update on the project and no advice or decision would be provided by the Committee.

This was an update on a presentation made in March and followed consultation with 15 community groups, including providers including those without existing contracts. Jenny Chong was presently writing the report which included linking the initiative to other strategies and initiatives such as Health of Older People and the Primary Care Strategy. Following the presentation of that report there would be recommendations on change and implementation. Marie Hull-Brown had attending working party meetings and commented that they did not appear to be long enough to get all the opinions voiced however Jenny had responded promptly although she appeared not to be supported by other staff.

While there had been a position by some people of trying to preserve the status quo there had now been a better responses and input an example being gerontologists now being willing to assist. Changes would be based on what present services were, to expand and develop these to provide better service. This would be the completion of Phase 1 of the project and then Phase 2 would flow on from the findings of Phase 1 which should foster cultural change and may provide opportunities for new funding options. There must be a customer focused model that showed a humanness and patient centred approach. It was acknowledged that this approach needed to be balanced with workforce shortages and time constraints.

8. UPDATE ESS REVIEW

It was noted that Phillipa Neads had resigned from ADHB. ADHB had provided criticism of the MoH approach but had not received any feedback from the MoH.

9. INFORMATION ITEMS

Items 9.1 to 9.4 were included for information. Item 9.3; Leslie Thornley and Julie Hill had been nominated on to the equipment technical reference group. There were issues of access to equipment and the eligibility criteria for equipment are to be distributed.

10. GENERAL BUSINESS

Auckland City Council Census

Sacha Dylan and Lisa Gestro were assisting in research being undertaken by Auckland City Council on what the disability community profile in Auckland looked like. This required some demographic skills and an RFP was being written to tender this aspect of the project. The project would be looking at current needs and strengths and what needed to be provided by way of services with this expected to be completed by July 2008 and needed to be linked to funding.

Cervical Screening

Barbara Broome had raised the question of difficulties for disabled women to participate in cervical screening. This was being taken up with Women's Health and Primary Care with a suggestion of a clinic for disabled women.

The Committee asked that Tom Schaefer update the Committee on "Our Health 2020" relating to disabilities.

Chairman

The Committee acknowledge the work of Barry de Geest as Chairman and noted that, although he was not standing for the next Board, under legislation he could be invited to join the new Disability Support Advisory Committee and be Chair if this was the wish of the new Board.

Communications

Communications were looking at publicising disability issues generated out of the Committee's work.

11. NEXT MEETING

The meeting closed at 11.56 am.

The next meeting is scheduled for
10.00am Thursday 15 November 2007
Seminar Room, RehabPlus,
Carrington,
Pt Chevalier

CONFIRMED

CHAIR

DATE