

Minutes of the Meeting of the Members of the
Disability Support Advisory Committee of the Counties Manukau District Health Board
Held in the Board Room, 19 Lambie Drive, Manukau
Thursday 21st October 2004 at 1.00 p.m.

Present: Brent Morrissey (Chair), Ms Chris Ellis, Ms Heather Grace, Mr Bruce Ellery, Mr Paul Cressey, Mrs Donna Richards, Mr Lindsay Smith, Ms Nganeke Minhinnick, Mr Don Barker, Rev Tavake Tupou

In attendance: Ms Jenni Coles, Mr Chris Mules, Mrs Mary Murdie

Apologies: Professor Sir John Scott, Mrs Joanne Webster, Ms Ailua Fatialofa, and Ms Airini Tukerangi

1. Welcome

The Chair welcomed members of the Committee and public to the meeting at 1.00pm. The members of the public left the meeting at 4.00pm.

2. Apologies

Apologies were received from Professor Sir John Scott, Mrs Joanne Webster, Ms Ailua Fatialofa, and Ms Airini Tukerangi

3. Presentations

3.1 Presentation: Charmaine Pountney – Caring for disabled people from a carer's perspective.

Ms Charmaine Pountney presented information to the committee which related her own and her partner's experiences in caring for people with disabilities. Ms Pountney outlined some of the key concerns she has identified in terms of care giving and caring-services:

- § Level of training/awareness in terms of diagnosis and behavioural management is inadequate
- § Amount of training given to caregivers
- § Very little one-on-one interaction between caregivers and clients.
- § DHB also has the challenge of meeting the needs of an increasing number of these cases.
- § Low pay rates for caregivers
- § Large institutions/Rest Homes can't cope with families. Some of the larger institutions also have a very unpleasant environment.
- § Community Houses are superb but very expensive. They are heavily subsidised and supported by volunteers.
- § Staff / volunteers should be trained in dealing with clients who are rude and culturally insensitive. Staff must be protected. There are behavioural management techniques that can be used successfully.
- § Training should be broader spectrum, not 'caring for elderly' etc. Should be just 'caring for people'. Indications show that where the staff training has been increased, not only is there improved quality of care, but staff satisfaction has also increased, despite low pay.
- § Family and Community education also important. Needs to be readily accessible and provide information on who to contact for help. The earlier a disability is diagnosed the easier it is to put support in place.

Ms Pountney also outlined some suggestions that should be considered when looking at these issues. These included:

- § Affirmation of work done by caregivers (DHB could encourage this at minimal cost).
- § Smaller cluster housing development of homes supporting a degree of independent living – this should be considered at an early stage of diagnosis for the clients.
- § Retirement villages should have provision for units when clients are starting to get confused. Also need to include facilities for trained staff to support this.
- § Case Management system needs to be in place.
- § Clear cut administrative systems need to be implemented. This would also be a cost saving.

APPROVED

- § DHB could contract agencies (such as Alzeihmers Society, CCS) etc to do the training in relation to Case Management.
- § Trained volunteers could be attached to GP practices. They would help identify what is going on and who the appropriate people would be to contact.

Mr Morrissey thanked Ms Pountney on behalf of the committee for her time, the information provided and her excellent analysis.

Committee expanded on discussion regarding Cluster housing development.

Proposal:

"The committee supports further development of alternative forms of housing for the elderly"

Moved: Ms Chris Ellis **Seconded:** Mr Lindsay Smith **Carried:** Unanimously

3.2 Presentation: Joy Simpson *Elder Abuse Report*.

Joy Simpon's report on elder abuse previously provided to the committee.

Elder abuse relates to people aged 65 years and over and is defined as physical, sexual, psychological or material abuse caused by the behaviour of another person within the context of a relationship implying trust including family members.

Currently there is no provision for mandatory reporting of suspected elder abuse and / or neglect. Ms Simpson suggested that this is a community issue and a way forward might be to establish a working group/community dialogue to look at the service gaps and how to address them. This should be done through the DHB's.

3.3 Presentation: Alison Morgan – NDSA – Health of Older People Strategy

Ms Alison Morgan presented to the committee an update on developing an organisational plan for CMDHB, to implement the Health of Older People Strategy.

There are 8 objectives in the strategy, each then drilling down to specific steps. Brief overview provided on objectives 1 and 2, which include protection of older people from abuse (1.3)

Mr Chris Mules suggested that the local information in terms of the objectives needs to be split out, and a future DiSAC meeting would need to be devoted to this.

Ms Morgan will provide the draft document around this, together with the executive summary of the strategy itself for discussion at February DiSAC.

3.4 Presentaion by Age concern.

Defered untl next year. Age concern unable to be present at this meeting

4. Ratification of minutes from previous meeting (19th August 2004)

Resolution:

The minutes of the meeting of DiSAC held on Thursday 19th August 2004, were ratified with the following changes:

Rev Tavake Tupou to be noted as present not absent.

Moved: Ms Heather Grace **Seconded:** Ms Chris Ellis **Carried:** Unanimously

5. Matters arising not elsewhere on the agenda

5.1 Research report by Dr Christine Miller

Deferred until next meeting. Committee members encouraged to read the report.

5.2 & 5.3 Residential Contracts Review & HBSS contracts review

Mr Chris Mules provided committee with brief update. Currently looking at the impact of the Holidays Act in terms of possible increased funding from the Government.

APPROVED

Latest offer has not received a formal response yet although providers are clearly disappointed. Letter will be going to providers shortly.

6. General Issues

6.1 Joy Simpson report.

Refer to item 3.2

6.2 Residential Care Project Report

Paper provided.

6.3 Taikura Issues Based Audit

Paper provided

6.4 Confirmation of next DiSAC meeting

Next Regional DiSAC meeting –
Friday 5th November, 11.00-2.00 Waipuna Conference Centre

Next CMDHB DiSAC meeting –
Thursday 17th February 2005, 1.00-4.00 CMDHB

6.5 Item 6, DiSAC minutes, 19th August 2004

The request for 2 items (Update on the definition of Disability from the Ministry of Health, and Respite Care – Trish Davies report) to be put forward to the Regional DiSAC meeting did not occur. Agreed that Jenni Coles will arrange for the item to be put forward to Sam Cliff for inclusion at the next available Regional DiSAC meeting.

6.6 Final meeting for current DiSAC committee members

Mr Morrissey expressed to the current committee his enjoyment, and thanked everyone for their efforts during this current term of appointment. The committee has developed into a reputable forum. Particular thanks also to CMDHB management for their support – Mr Chris Mules ,Ms Jenni Coles. and Ms Carol Delaney

Ian Anderson (member of public) also put forward his thanks via the Chair for the work the committee has done.

Signed as a true and correct record on the 25th day of February 2005

Chair: Pat Snedden

The minutes of the meeting of the Disability Support Advisory Committee of Counties Manukau District Health Board of 21st October 2004 are approved.

Recommendation (moved Nganeko Minhinnick /seconded Heather Grace)