

Minutes of the Disability Support Advisory Committee

Of the meeting held on Monday, 8th March 2010, 1.00-3.30pm at the Manukau Boardroom, Lambie Drive

<p>1. Welcome and Apologies</p>	<p><u>Present</u> Colleen Brown (Chair), Te Aomarama Wilson, Joanna Katipa, Chris Ellis, Ezekiel Robson, Phil Beilby, Miria Andrews, Heather Grace, Alma Wilson, Joy Simpson</p> <p><u>In attendance</u> Stella Ward, Eliza Fa'apu'e</p> <p><u>Apologies</u> Greg Coster, Don Barker, Anne Candy</p> <p>Ms Brown welcomed the DiSAC committee, Ms Katipa opened up the meeting in a karakia/prayer.</p> <p>Resolution: That the Apologies be received.</p> <p>Moved: Ms Colleen Brown Seconded: Ms Te Aomarama Wilson Carried: Unanimously</p> <ul style="list-style-type: none"> Ms Brown thanked Ms Ward for her contribution to the DiSAC committee, relaying sadness in Ms Wards departure. And on behalf of the DiSAC committee wishing Ms Ward all the very best and thanks for her hard work. Ms Ward responded in thanking the DiSAC committee for the mentorship and support. 	
<p>2. DiSAC Networking – Discussion and Future Planning</p>	<p>DiSAC Networking</p> <ul style="list-style-type: none"> Ms Brown mentioned being involved in a 3hr long interview for a programme called 'Attitude'. Which regularly airs on Sunday, TV1 at 0900am. <ul style="list-style-type: none"> Disability and peoples achievements. Raises disability awareness and challenges Programme highlights the specialised areas with more people watching mainstream. Driving awareness into the community Ms Ward advised that Cleft NZ Incorporated is launching website tonight, MCC launching at 7pm. CMDHB have quite an involvement in cleft services, currently a cleft service coordinator role. <ul style="list-style-type: none"> Ms Brown SLT based at CMDHB working with children in education system. Child feeding system about to be changed parents voicing frustration at Hospital and Education regarding what happens when this runs out. Ms Ward advised that intervention plan should happen with the Primary person. For example GP/CMDHB partnering up with Education system especially with special schools. Paediatrician makes decision if conflict. Ms Simpson – The Northern Representatives from Regions DHBs, met with Northern Region Alzheimer's Society. Viewing common issues, duplication, identifying key issues to the benefit of everyone. <ul style="list-style-type: none"> Flagging – Representative from CMDHB present advised 	

	<p>Moved: Ms Colleen Brown Seconded: Ms Te Aomarama Wilson Carried: Unanimously</p>	
<p>4. Actions Items Register</p>	<p>1. <u>Child Disability Allowance</u> Ms Brown to meet with WINZ and MoH before meeting with GPHO.</p> <p>2. <u>08/09 Workplan DiSAC meeting with MCC</u> DiSAC meeting to be organised with MCC in 2010</p> <p>3. <u>08/09 Workplan DiSAC meeting with Community Panel</u> Ms Soli Henare representative from the Community Panel presenting today at DiSAC (see item No 6 on Agenda)</p> <p>4. <u>08/09 Workplan DiSAC Marae meeting</u> DiSAC Marae based meeting scheduled for 10th May 2010. Ms Tania Kingi presenter has confirmed attendance. Flyer being developed for the meeting. Invitations to be sent out to the Maori Disability Steering group, CPHAC, POU, Maori's Womens Welfare League, the Te Tiriti o Waitangi committee, and the several Maori Health Providers.</p> <p>5. <u>Future DiSAC meeting</u> Plunket unable to confirm attendance for DiSAC March meeting. Ms Ward will pursue for April meeting.</p> <p>6. <u>Health Analyst Mr Kenneth Wang to attend DiSAC in 2010</u> Time for attendance to be confirmed at later stage</p> <p>7. <u>Health of Older people Action plan</u> Ms Coles presenting today at DiSAC (see item no 7 on Agenda) Ms Dowdle presenting today at DiSAC (see item no 7 on Agenda)</p> <p>8. <u>Enduring Power of Attorney</u> Invitation to Ms Hickey to attend DiSAC in June/July 2010</p> <p>9. <u>Individualised Funding.</u> Schedule for later in the year</p>	<p>S Ward</p>
<p>5. Procedural Issues</p>	<p>5.1 Interests Register* 5.2 Special Interests Register* 5.3 Quick reference guide – conflicts of interest*</p>	
<p>6. Community Panel Presentation</p>	<p>Community Panel Presentation: Ms Soli Henare See attached presentation</p> <ul style="list-style-type: none"> • Ms Henare gave an overview of the Community Panel, Terms of Reference, history, purpose and update. Currently have x11 members, although membership can be up to x15. • Approached by the Board requesting Community Panel representation for groups like CAG, Kidzlink, OPJ SG. Being able to provide value from a Community perspective. • Community Panel review was requested by Ms Sam Cliffe 	

	<p>Service Integration. Awaiting formal response from Ms Cliffe before report can be relayed.</p> <ul style="list-style-type: none"> • Community Panel membership comprises of Maori x1, Pacific x6, HOP x2, Disability x2 • Mr Robson from Community Panel perspective accountability to the community, engagement, participation in decision making. Rejuvenation in membership to strengthen links with Maori. External group can draw on and connect people to and from the DHB. 	
<p>7. Health of Older People & NASC Processes</p>	<p>Health of older people: National Strategy Update report: Ms Jenni Coles See attached presentation</p> <p>Ms Coles</p> <ul style="list-style-type: none"> • Dementia beds have increased from x30 to x90 • Health of Older People caveat: income/asset tested, money received retrospectively. • People are coming in later, therefore the expense is more. • People receiving rest home funding to keep them at home, Health of Older People do not make that decision around choice. • Impacting secondary care the older you become, the more healthcare services you require access to eg Hips, knees, cataracts. • X3 TLA: Manukau, Papakura, Franklin • SETO: up to x600 people out there providing care. Counties always provided low allocation compared to other DHBs. • Per individual package (dependent on level of complexity) = \$21K compared to \$31K in Counties. Of the funding available, Counties receive 10%. People are accessing for long periods of time than those exiting. • Health of Older People strategy is outdated, needs to be reviewed by DiSAC. Going back to the community, wonderful exercise going to community halls and obtaining that feedback. • Analyst Keming Wang has done model around what people are accessing, data prediction and has proven to be very accurate. • With regards to Counties funding allocation Ms Coles advises Sept/Oct 2010 hopes to meet with DiSAC first to discuss how high up/broad approach should be. Who to talk to, carers, institutional providers, Government and where it all fits into. The discrepancy in numbers show that the significant population predicted to come in the next few years, for Counties...is here now. Therefore what are we prepared to fund and or relinquish. • Ms Coles advises has been provided another 500K for Respite Care – people at home. <p>NASC Processes: Telephone assessments: Ms Diana Dowdle See attached presentation</p> <p>Ms Dowdle provides information regarding NASC processes</p> <ul style="list-style-type: none"> • Over 65yrs, with Disability and Community Service/District Nursing • Work on support for personal health, palliative and chronic 	

	<p>patients (not age dependent). Palliative care – high percentage, with short terms=60% Palliative.</p> <ul style="list-style-type: none"> • Older people are with NASC for life (do not discharge). Ms Brown asks if service has improved regarding time delays from time of assessment, service confirmed as required to actually receiving the service? <ul style="list-style-type: none"> ○ Ms Dowdles response is that patients are provided a ‘Support plan’ following discussions with patient and family. Considerable work has also been done in the last 3-4yrs in terms of upskilling workers, pay increase, travel cost increase, workforce competency, stability. Work ongoing with providers. There is no waiting list, and major resourcing has been put into NASC. ○ Ms Simpson confirmed that their has been a positive change in NASC response time in the last 3yrs. ○ Application of the Restorative Model of care – independence, more active therefore able to stay at home. The John Parsons Target model. ○ Needs assessor/providers: setting small short goals, functioning and being more active. Steps to achieving those goals, providers support workers to achieve goals. <ul style="list-style-type: none"> - Support workers: feedback 6monthly, if requiring review at NASC 12months. - Short term goals: review to ensure working for families and support workers. - NASC teams are based geographically: Primary Care, Hospice, Community groups, getting to know people in their areas. • Providers – will do 6mthly review, have several providers some located geographically others culturally based. • NASC – will do the 12mthly review. • Above reviews are triggered by need, self referral. <p>Telephone Assessments:</p> <ul style="list-style-type: none"> • Ms Dowdle advised that telephone assessments are never the first port of call. Assessments are done via home visits, community and or ward. • Providers and support workers are essential as they see the patient regularly. If the need changes and to what extent/level is required therefore requiring a review the workers will advise. This is currently working quite well. • Very multi cultured group, have a selection of providers that offer choices. 	
<p>8. CMDHB Policies I</p>	<p>Impairment at work policy</p> <ul style="list-style-type: none"> • Ms Ward - anything that impacts the ability to perform duties. Employers responsibilities. Employers Health & Safety Act, ensuring good HR processes are in place to improve and return to work be it temporarily or permanently. Identifying other processes that assist employee. <ul style="list-style-type: none"> ○ When policy undergoes review, will ensure the overview statement is also reviewed. • Mr Beilby – Employers responsibility under the Employers Health and Safety Act how do we fulfil our responsibility in the 	

	<p>course of an employees situation changing. Ways on how to manage so employee is not disadvantaged.</p> <ul style="list-style-type: none"> ○ (Pg40) Colleague responsibility – open to DHB for harassment, the danger being a disgruntled colleague lodging a report based on personal opinion. Possibly needs a qualifier provision HPCA related to the Health & Safety Employment Act. ○ Ms Ward will enquire with Occupational Health the number of incidents received. ● Mr Robson – Definition of ‘Impairment’ taken from WHO definition dating back to 1980. An opportunity to update the definition when reviewing policy. ● Ms Brown – NZ Disability Strategy reference to HR. Ms Ward suggests inviting representative from HR to speak on definition of ‘Impairment’ 	<p>S Ward</p> <p>S Ward</p>
<p>9. For information only</p>	<p>For Information only</p> <ul style="list-style-type: none"> - Terms of Reference* - Membership of Committee* - List of Acronyms* 	
<p>10. General Business</p>		
<p>Signed as true and correct record on 12th April 2010</p> <p>Chair: Ms Colleen Brown</p> <p>Resolution</p> <p>The minutes of the meeting of the Disability Support Advisory Committee of Counties Manukau District Health Board of 8th March 2010 are approved.</p> <p>Moved: Colleen Brown Seconded: Alma Wilson Carried: Unanimously</p>		

Meeting closed at 4.00pm