



DISABILITY SUPPORT ADVISORY COMMITTEE

MINUTES – PUBLIC Unconfirmed

Monday 24 September 2007

10.00am

**Corporate Meeting Room 1
Base Hospital
David Street
New Plymouth**

Present

Flora Gilkison (Chairman), Alex Ballantyne (Board member), Merle Bendixen, Kathy Glass, Brian Mathieson, David Tamatea, Marion Wellington, Barry Whakaruru (co-opted members)

In Attendance

Sandra Boardman (General Manager Planning, Funding & Population Health)
Christine Henare (Chief Advisor Maori Health), Jenny McLennan/Pamela Hikuroa (Minute Secretary)

208.0 Declaration to Open Meeting

The meeting was formally opened with a karakia. The Chairman in opening the meeting advised that the opportunity would be provided to members to provide feedback and comments on the recent closure of clinics and funding for the provision of services for blind and hearing impaired children.

209.0 Apologies

Hayden Wano, Tony Ruakere (Board members)
Tony Foulkes (Chief Executive)

Resolution

That the apologies be sustained.

Glass/Ballantyne
Carried

210.0 Conflicts of Interest

No new interests were declared.

211.0 Minutes of Previous Meetings

Resolution

That the Disability Support Advisory committee resolves to accept the minutes of the meetings held on 27 March and 26 June 2007 as a true and correct record.

Mathieson/Benedixen

Carried

211.1 Matters Arising

Aged Residential Care Contract (ARC) and Home Based Support Services (HBSS)

In response to questions from the floor Mrs Boardman confirmed that the increases from the agreement variations that came into effect 1 July 2007 also applied to, and had been passed onto, those engaged in the palliative care home based support.

Maori Health Report – New Scholarship Programme

Mrs Henare advised that further information regarding the availability of funding for a Scholarship Programme had been sourced from the TSB Trust as well as from other potential funders. It was noted that this information was currently under collation.

212.0 Chairman's Report

The Chairman tabled the document entitled 'Inclusive Community Guidelines about Disabilities for Territorial Authorities and District Health Boards' prepared by the Disabled Persons Assembly of New Zealand (DPA), and CCS Disability Action in a partnership initiative with People First New Zealand, IHC, Central Potential Inc, Workbridge and the Deaf Association of NZ Inc.

213.0 Management Reports

213.1 General Manager Planning, Funding and Population Health

Mrs Boardman took her report as read and highlighted the following:

Summary of progress on objectives of District Annual Plan 2006/07 outlined, and particularly noted one-off Fair Travel payment for Home Based Support Service Providers, Low Paid workers' initiative, AgeWell Action Plan and Health Promotion Service Mapping for the elderly

Mental Health Services – success of Te Whare Whakaahuuru as a provider of transitional support for clients to move back into more independent living was pivotal to an increase in funding for a further bed.

Provision of counselling services through PHO's via the Ministry of Health pilot discussed. Highlighted that there was momentum within the primary health area to strengthen the provision of primary mental health services and advised she was confident that the pilot would show the success and benefits of primary mental health services.

Older People - AgeWell action plan completed.

Health Promotion service mapping project completed with the five year health promotion plan for Older people underway by a NHS trainee.

Disability and Access - A survey of patients with disabilities accessing Taranaki Base Hospital Services had been completed and this document would be key in the new facility planning project.

Aged Residential Care Services – noted that this presentation had been made to the last meeting, however due to lack of quorum a resolution could not be passed. A brief overview of the proposal was given and it was noted that the members present at the previous meeting had supported the recommendations contained in the report.

Discussion

Concern was expressed about the DHB's ability to regulate the number of and type of service provided through contracted residential beds. Mrs Boardman advised that although recent legislative changes restricted the DHB's level of influence and control, monitoring remained an important aspect of its function in ensuring appropriate levels of local services were maintained.

Committee member expressed interest in viewing the completed survey on patients with disabilities accessing Taranaki Base services and Mrs Boardman undertook to arrange.

Resolution

That the Disability Support Advisory Committee

1. *Note and receive the General Manager's Report for the period July – September 2007.*
2. *Receive and note the report on Aged Residential Care Services and recommend to the Taranaki District Health Board:*
 - i. *support for the development of new and innovative services placed within aged residential care facilities.*
 - ii. *support the review of beds and levels of care to inform future planning.*

*Ballantyne/Whakaruru
Carried*

The Chairman invited Mr Gibson for his comments.

Mr Gibson expressed ongoing concern on the provision of mental health services and although the report indicated a positive aim for the service there remained significant problems with the provision of community mental health services.

Mrs Boardman advised that services would continue to be built upon with the need to strengthen preventative aspects of the services continuing to be part of the services overall development. She further advised that the process for developing Mental Health Community Supported Living Services was proceeding,

213.2 Maori Health Services Report

Mrs Henare took her report as read and asked for questions.

Discussion

Two day retreat to be held for Maori Health and Planning and Funding Teams would provide a forum to discuss and agree the strategic direction of the two teams and how they would work together.

Reference to capacity specifically related to staff employed. An application was being prepared to go to the Workforce Development Committee requesting allocation of funds for a dedicated workforce person. Currently due to capacity issues, progress on workforce issues was not being achieved and it was felt that a person dedicated to the task would enable greater traction on this objective. The capacity issue was also facing the Maori health sector itself.

Kaiawhina – application with the Workforce Development Committee to pilot 2 FTEs (1.0 FTE in north and 1.0 FTE in south) over a 12 month period focusing on pandemic planning. Expectation is that the Kaiawhina role would undertake education and awareness within Maori communities and would be attached to the community rather than to any particular service.

Committee members were pleased to note the close working relationship being developed between Planning and Funding and the Maori health service. Ms Henare advised that there would be challenges for the Maori health service to have the extent of input they would like but it was a good start and an approach which had worked well in other DHBs.

The Chairman, in closing the discussion on the report, was pleased to note the progress which had been made over the past six years in this area.

Resolution

That the Disability Support Advisory Committee note and receive the report.

*Tamatea/Wellington
Carried*

214.0 Other Business

214.1 Draft TDHB Disability Action Plan 2007-2010

Mrs Boardman gave a presentation outlining the aims of the three year plan:
Plan is to outline how TDHB would progress the New Zealand Disability Strategy

Definition of Disability

Disability is not something individuals have

Disability is the process which happens when one group of people create barriers by designing a world only for their way of living, taking no account of the impairments other people have

Statistics

Old people more likely than younger people to have a disability

Over half disabled people have multiple disabilities

Disabled people have fewer educational qualifications and lower incomes

Six actions to progress the New Zealand Disability Strategy:

1. Adopt a Definition of Disability

Accept a working definition 'disability is the outcome of the interaction between a person with an impairment and the environmental and attitudinal barriers he/she may face'.

2. Standardise Disability Information

Record disability information and all referrals

Add disability information to admission forms

Ensure information is available to all staff

This should aid with smoother access to medical treatment

3. Establish a Formal Link with Disability Communities

Intention to establish a small Taranaki Disability Advisory Group.

Group would have representation from the Disability Support Advisory Committee and would provide consumer views to assist Planning and Funding in their decision making, particularly at a strategic level.

4. Embed Disability Awareness in Taranaki DHB workforce processes, activities and programmes.

The DHB aspires to do this but know we could do better.

Look at more workforce initiatives

DHB employees to participate in awareness training and a survey of staff around disability awareness to be undertaken to see whether training working

5. Ensure a disability focus in Taranaki DHB planning processes, activities and programmes

Future proof facilities, eg loop systems incorporated in meeting rooms

Planning for the new facility to clearly identify accessible routes

6. Implement a process to identify how disabled people are recognised in Taranaki DHB activities.

Undertake Patient Satisfaction survey

On-going quality improvement

Next Steps

Identify disparities for disabled people in service use or outcomes
Include disabled people as a recognised group in existing initiatives to reduce health disparities.

Discussion

Committee members questioned how the disability sector would be involved in the redevelopment of the facilities. Mrs Boardman advised that a series of working groups would be established looking at different aspects of the scheme and it was the intention for a person with a disability would be included in the group looking at the design of facilities.

Committee members also thanked Portfolio Manager, Nikki Kynaston, for the work undertaken in developing the plan which would enable the District Health Board to progress this area in the future.

Member also congratulated the DHB on the intention to ensure that people with disabilities were consulted and would play a part in the way in which services and facilities were developed.

In response to a question on the role of the Maori Health team in the implementation of the plan, Ms Henare advised that the team would be participating with the development of the services.

Discussion also took place anomalies in the system which results in some people with disabilities not being aware of the allowances which were available to them and the suggestion that this issue could be highlighted by the Hospital Staff at point of contact. The members were also advised that a new service was being initiated by WIINZ with the employment of a regional health and disability person to ensure that the appropriate allowances were made available to those requiring them. It was pleasing to see that progress was being made on an integrated service approach.

Committee members also suggested in respect to Action 4 when preparing discharge plans for people with disabilities that it be taken into account that in many cases disabled people take longer to recover and there is also the need to ensure that the person is supported in the home environment while recovering.

Resolution

That the Disability Support Advisory Committee recommend the Draft Disability Action Plan 2007-2010 to the Taranaki District Health Board for adoption.

*Wellington/Glass
Carried*

214.2 Matters of Concern

Ms Wellington advised that positive feedback had been received from local residents who had family members come back to Taranaki from Kimberley, particularly around their ability to have regular contact and integration with the community was vastly improved.

Ms Glass brought the Committee's attention to the gap in funding where a blind women received support from the Foundation of the Blind, however, she had two children who were not disabled but she did not receive any assistance to enable them to participate in normal childhood activities. This resulted in her disability becoming a barrier to the development and care of her able bodied children and was an area which could be looked into when considering future strategies.

Ms Glass referred to the family violence initiative and the need to raise awareness of the hidden abuse incurred by disabled people. This was an area which the DHB needed to consider when preparing the family violence training models.

Mr Mathieson spoke positively on the format of the reports and also the work being undertaken by the DHB with ageWELL and felt that progress was being made in this area.

215.0 Next Meeting

The next meeting was scheduled to be Tuesday 18 December 12.30pm New Plymouth.

The Chairman noted that the new Board would be in place at this time and wished to take the opportunity to thank members for their input over the years. The journey was interesting and challenging but she felt that the DHB was well on the way to making progress in the disability sector.

The Chairman also noted that the co-opted members of the committee would remain in place until March 2008.

The meeting closed with a karakia at 11.10am

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Chairman

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Date