

Minutes of the Disability Support Advisory Committee

Of the meeting held on Monday, 20th April 2009, 1.00-4.00pm at the Manukau Boardroom, Lambie Drive

<p>1. Welcome & Apologies</p>	<p><u>Present:</u> Ms Sam Cliffe, Ms Heather Grace, Ms Colleen Brown, Ms Alma Wilson, Mr Ezekiel Robson, Ms Te Aomarama Wilson, Ms Stella Ward, Ms Joanna Katipa, Mr Don Barker, Ms Anne Candy, Ms Miria Andrews</p> <p><u>In Attendance:</u> Ms Eliza Fa'apu'e (minute taker)</p> <p><u>Apologies:</u> Prof Gregor Coster, Ms Chris Ellis, Ms Heather Grace, Mr Phil Beilby</p> <p>Resolution: That the Apologies be received.</p> <p>Moved: Ms Colleen Brown Seconded: Ms Miria Andrews Carried: Unanimously</p> <p>Ms J Katipa arrived at 1.10pm Ms T Wilson arrived at 1.42pm</p> <p><u>Welcome</u> Ms Brown welcomed everyone acknowledging newcomers Ms Ward and Ms Fa'apu'e. Self introduction by all present at the time.</p>	
<p>2. DiSAC Networking</p>	<p><u>Updating current issues</u> Ms Brown commented on future action as discussed last year, following attendance of workshop related to connectivity, good information sharing, networking.</p> <p>2.1: Manukau City Council advisory group:</p> <ul style="list-style-type: none"> - Have requested to view the DiSAC Terms of reference. Will be disseminated into the community clarifying what DiSAC is about and what it does. - Terms of Reference are available for public information on CMDHB website, on Southnet, under Clinical Governance, Policies and Procedures. - Ms Ward suggested a link from DiSAC Terms of Reference at the CMDHB website. Ms Candy commented that Terms of Reference of all Statutory committees should be available for public information. <p>2.2: List of Policies:</p> <ul style="list-style-type: none"> - Ms Brown was approached by parents of a multi disabled son enquiring on CMDHB policies that specifically address children with disabilities. Informal response was that there was none available. Ms Nettie Knetschs replied that there is only one policy that directly relates to the Care of Children and Young People – the Clinical Board Policy outlining guiding principles. For care provided to all children and young people (up til their 18th birthday) receiving care from CMDHB. 	<p>Resolution</p>

- Although complaint by parents have been held off at this stage. Parents will be informed of policy and process to enable an informed decision on their part. Complaints process requires wider exploration, as not well understood by DiSAC.
- Policies will be discussed further in May DiSAC Agenda.

Updates

- Ms Andrews mentioned the successful National Maori Disability Hui held in Whangarei a month ago with Tania Kingi (Chair). Invitation to Tania to present at DiSAC.
- Ms Brown highly commended the comprehensive review written by Tania. In relation to Disabilities and issues impacting Maori at the beginning of the year.
- Ms Candy pointed out the positive aspect around the two Huis held at the start of the year at Manurewa and Pukaki Maraes. People with disabilities also attended sharing their personal stories that could only be told in a safe place, discussions are progressing well.
- Ms Andrews noted that two organ recipients also attended, was wonderful having their input relating to concerns with organ donation, proved a very effective Hui.
- Ms Katipa feels education is key for Maori. However are indicating a preference to firstly better themselves spiritually.
 - Issue raised following the Maori Disability Steering Group Hui. Regarding a blind gentleman with his guide dog, who unfortunately had no carer present. Protocol stipulates dogs are not permitted in the Whare Nui. To date the Marae have been receiving criticism over incident.
 - With CMDHB Western Campus currently in process of building a Marae; how can this accommodate the blind (with guide dog), wheelchair accessibility, and be functional.
- Ms Candy brought up Te Roopu Waiora Hui designing their own Disability friendly Marae. Tania in the process of designing urban Marae, addressing accessibility issues where disabled will have the ability to host, giving people mana empowerment. Useful for designers of the CMDHB Western Campus Marae team to speak with Te Roopu Waiora.
- Ms Cliffe noted Gillian Cossey for Western Campus future planning and part of the 20/20 committee has been in to speak and taken Disability accessibility into consideration.

3.Minutes of Previous Meeting

Resolution:

The minutes of the meeting of DiSAC held on 9th March 2009 were taken as read and confirmed.

Moved: Ms Colleen Brown

Seconded: Ms Miria Andrews

Carried: Unanimous

Matters Arising

Ms Andrews with reference to previous DiSAC minutes questioned why the Lets Beat Diabetes campaign was portrayed as negative? Thought message was real; positive and reinforcing

**4. Matters Arising –
refer Actions Items
Register**

“It doesn’t have to be this way”

Mr Robson explained that the images portrayed to the community by the media does not promote the idea that Disability is inherent. Spin off is that image is communicating a different message, image needs to match the message. Agrees is a highly effective campaign, however need to ensure a more empowering message is shown about Disability.

Ms Brown had received comments by disabled community that their input was not sought, and from their view point it was re-victimisation. Fair request that alternative voices need to be heard. And that for future advertising campaigns a representative from DiSAC is present.

Ms Cliffe gave overview of Social Marketing/ LBD campaign process.

- First Phase: Swap to win ie swapping packet of chips for fruit.
- Second Phase: Were told to use Diabetes, with feedback from the community it had to be a hard hitting/in your face approach.
- Didn’t go through Board, went through partnership with Diabetics and Community panel. Social marketing would most likely be National issues similar to that of Smoking and Drinking campaigns. In liaison with Bernard Te Paa and Manu Sione, Christine and Tracey then Ms Cliffe signed off.
- Mr Robson mentioned that feedback was actually noted, but nothing was done. The response was we’ll involve you next time round.
- Ms Cliffe will follow up on why Mr Robsons DiSAC input was not taken into consideration for initial LBD campaign.

S Cliffe

Item 1 – Child Disability Allowance

- Ms Ward to follow up with Mr Dodd options found pertaining to electronic form.

S Ward

Item 2 (a) – Web Health & Healthpoint

- Mr Beilby to provide an update regarding meeting with MoH on the 12th March 09.

P Beilby

Item 2 (b) – Child Health Services Plan

- Ms Coles to follow up when this plan is to be rolled out.

J Coles

Item 2 (c) – Access Audit

- Ms Coles advised no action required until June 09.

Item 3 – National Carer Support Project

- Ms Coles advised no action required until June 09.

Item 4 – Disability Website

- Ms Cole provided response from Janet Gibson as follows: The alert system has been focussing primarily on registering allergies and multi-resistant organisms into the system, and in particular the Clinical Pharmacists and Infection Control are using it regularly. This is working well now and the awareness is increasing. We haven’t taken it to the next step to look at how it could be used for disabled people. We see this would be very

useful, but I am not sure which clinical pharmacists and ID people are leading this.

- Ms Ward mentioned handover of care process form.

Item 5– Care Process Minutes (Tabled)

- Ms Ward to present at May DiSAC prior to forum.

S Ward

Item 6– 08/09 Workplan Taikura Trust

Ms Andrews conflict of interest noted.

Ms Cliffe gave verbal update advising MoH personalities had changed. Sonia GM of Taikura provides a constructive structured approach, in terms of expectations. Issues are also less acute than when first raised. Useful for DiSAC to fully understand Taikuras complex funding as this directly impacts the Disabled community.

Extend an invitation to the following to attend DiSAC for direct discussions in tackling these ongoing issues collectively:

- Sonia: GM of Taikura Trust – How/what they do?
- MoH
- Taikura Trust relationship Manager
- Nettie Knetsch
- Jenni Coles

Issues are lack of consistency in agencies, consumers want a one stop shop. Gap identified in the middle therefore fragmented and no connectivity.

It was suggested that DiSAC would hold a series of meetings to discuss and identify solutions, challenges and ways in which this group could assist.

Ms Cliffe suggests one proper session to clearly clarify funding availability

Ms Brown gave brief timeline for actions

- 1) June and July – Invitation to Taikura to attend DiSAC.

Disability Responsiveness Training

Mr Robson commented that the Disability Responsiveness training/meetings has not occurred.

5. Procedural Issues

Conflict of Interests

Item 6– 08/09 Workplan Taikura Trust

Ms Andrews conflict of interest noted.

6. 09/10 Workplan Report

For information

Report provided by Ms Coles in Agenda papers.
Future updates will be provided by Ms Ward.

7.Promoting DiSAC

No discussion

8.Complaints Process

Linda McIsaac from Quality Improvement Project gave presentation.

CMDHB Complaints process:

There are a number of ways consumers can access information to lodge a complaint, as follows:

- Via the internet using CMDHB website: www.cmdhb.co.nz
- Capability to name search via Google by typing in either Middlemore or Counties. Both names will direct you to the CMDHB website.

Front page of CMDHB website has following tabs with links indicating process and who to send complaint to:

- **Online Feedback Form:** Complete the online form and submit. This will automatically go to the Complaints Administrator at QIP.
- **Contact Us:** via telephone Ph: 277 1667: For consumers who only have access to a telephone. They can contact the Call Centre based at MSC with staff who are fully trained. A form is completed by the Call Centre staff and a hard copy is sent to the Complaints Administrator at QIP.
- **In writing:** Addressed to:
Complaints Administrator.
Counties Manukau District Health Board
Private Bag 93311
Otahuhu
AUCKLAND

All complaints are received by the Complaints Administrator at the Quality Improvement Project team. Who then logs information onto a database called Feedback Monitor Pro.

Timeline following receipt of a complaint

- 5 working days - Acknowledgment of complaint
- 20 working days – Investigation of complaint, however should the process take longer, applicant will be informed of the reasons why.
- 30 working days – Complaint if resolved will be closed.

	<p>Useful links also available to address any complaints to are:</p> <ul style="list-style-type: none"> - Addressed to the Health & Disability Commissioner. - Alternatively the Advisory Services Trust. <p>Ms Brown thanked Ms McIsaac for her comprehensive presentation.</p>	
<p>9. Recruitment of new DiSAC member</p>	<p><u>Recruitment of new DiSAC member</u></p> <ul style="list-style-type: none"> - Ms Brown distributed draft Advertisement provided by Stella document detached - Following some discussion a suggestion was made for appointment of someone with Clinical skills, good knowledge of the community and previous Governance experience, similar to that of John Scott. - Selection will need to be a transparent, formal process with application of board policy. - Gap identified in the community for children and young people with disabilities. DiSAC may need better representation. - Ms Brown would like DiSAC feedback on advertisement to Ms Ward by this Fri 25th April 09 with copy to Ms Brown. To be advertised in suburban papers, electronically (brail contact) with view of Mid May close off date. 	<p>DiSAC members – Due Fri 25.4.09</p>
<p>10. Disability Support Services – Consumer Forums 2009</p>	<p><u>Information only</u> Forums available in 2009</p> <p>Ms Brown referring to Pg 26 of Agenda Papers</p> <ul style="list-style-type: none"> - Issue raised ‘During the consultation for the Carers’ Strategy, many carers expressed unhappiness at the lack of flexibility for the Carer Support Subsidy. 	
<p>11. DiSAC Reporting</p>	<p>Monthly Reporting <u>Lu’i Ola Pacific Update – Mr Gafa joined the meeting for this item</u></p> <p>Mr Gafa welcomed everyone and went on to provide a summary of Lu’i Olas direction.</p> <ul style="list-style-type: none"> - Lu’i Ola which has been operational now for 1.5years, is currently going through a review. Working through the Action Plan for the next two years. - Will be readvertising and promoting Lu’i Ola the brand back to the x14 department stakeholders, the MoH and MPIA. Defining what Lu’i Ola stands for in terms of providing the best health care for disabled pacific people. - Ropeti currently writing a paper outlining what is/isn’t working well and why. Findings so far is the lack of community awareness and understanding of Lu’i Ola and its achievements to date. Meeting this Thurs to finalise: <ul style="list-style-type: none"> • Action Plan 	

- Promotional Package
 - What's working/not working and what can be achieved in the next 2years.
- Under resourcing causing ongoing financial constraints, initial amount was \$5K per stakeholder. Ms Lani Stowers mentions amount allocated for funding spent exceeded that for the last financial year. Lack of financial planning and forecasting means that there is no project fund to sustain.
 - Lu'i Ola is funded by the Pacific Provider development in Wellington. Attached to the Pacific providers they are provided reports from the various workstreams. Therefore is not new funding, and is fenced with eligibility criteria.
 - Concerning that as a Steering group are unable to obtain accurate documentation of financial commitment and budget numbers just did not add up.
 - Hopeful for Lu'i Ola and passionate about the health services of disabled pacific people.

12. Other Business

POU Discussion

Recommendation:

That POU investigate further with reference to CMDHB new Centre for Health Service Marae. And how this could cater for and accommodate disabled whanau.

Moved: Ms Colleen Brown

Seconded: Ms Miria Andrews

Carried: Unanimously

Signed as true and correct record on 11 May 2009

Chair: Ms Colleen Brown

Resolution

The minutes of the meeting of the Disability Support Advisory Committee of Counties Manukau District Health Board of 20 April 2009 are approved.

Moved: Ms Brown

Seconded: Mr Don Barker

Carried: Unanimously

Meeting adjourned at 1610hrs