


Minutes of the Disability Support Advisory Committee

Of the meeting held on Monday, 8th February 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, 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, Phil Beilby, Don Barker, Anne Candy</p> <p>Ms Colleen Brown welcomed back the DiSAC committee. Ms Te Aomarama Wilson proceeded in opening 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>
<p>2. DiSAC Networking – Discussion and Future Planning</p>	<ul style="list-style-type: none"> • Ms Brown thanked everyone for the DiSAC Planning Day in Dec 2009. Proved useful in confirming DiSAC Action Plan for 2010, and advocacy for Health of Older People and Disability by working collegially. <p>DiSAC Networking</p> <ul style="list-style-type: none"> • Ministry of Education website have the 'Review of Special Education 2010' available for comment and discussion. • 3 – 4 models are being put forward. • Submissions for comment are due by the 19th March 5pm. • The need to ensure that people are made aware of the impact and implications on families. And the parent choices available. <p>Update on Individualised Funding</p> <ul style="list-style-type: none"> • Ms Ellis advised that their will be only very minimal changes. • Ms Brown stated that the Respite Care Forms are changing. • Meeting held regarding PHOs and Expressions of Intent (EOI) was attended by Ms Brown and Ms A. Wilson. However discussions hadn't reached Health of Older People or Disability. Important for DiSAC to understand who is driving this. DiSAC Chair requested an overview and update from Ms Ward regarding PHO and EOI. • PHO and EOI update provided by Ms Ward <ul style="list-style-type: none"> ○ Oct 2009 – National Party provides 'Better, Sooner, More Convenient' document regarding Primary Care Reforms. ○ EOI were put out for Primary Care, PHOs to submit and lead this kind of Reform. ○ x79 EOIs were submitted to MoH by various DHBs, x9 of those were successful ○ x3 successful EOIs were CMDHB and announced in November 2009.

	<ul style="list-style-type: none"> 1. National Maori Party <ul style="list-style-type: none"> - Whanau Ora approach. - Care Delivery for whanau 2. Alliance & Pacific <ul style="list-style-type: none"> - Family concept - Pacific for Pacific - Encouraging Positive outcomes 3. Greater Auckland Network (GAIHN) <ul style="list-style-type: none"> - Large, x11 PHOs with 312 GP Practices - x3 Auckland Metro DHB - Signed off by x3 DHBs - March 2010 deadline - GAIHN group focus in first year: managing acute demand. - 0% growth in EC/Acute admissions over 3yrs. - Developing pathways: Cardio-vascular and Respiratory - Commencing work on frail/elderly and key deliveries. - Subdivided into x5 different work streams. Have held two summits with Clinicians, Primary Care and Secondary Care. - x3 forums for Secondary doctors <ul style="list-style-type: none"> ➤ Evolutionary phase ➤ Business case has been developed although not fully formed ➤ Infrastructure, Governance, Locality and Net Works. ➤ Regional IS plan ➤ Buildings (brick/water) ➤ Integrated Family Health Care centres ➤ Virtual Integrated Family Health Centres ➤ Allied Health Practitioners ○ National Maori Coalition – have held x2 summits <ul style="list-style-type: none"> - Tri partite - Clear model, structures will not be changing. ○ Pacific Group <ul style="list-style-type: none"> - Presentation has gone to the Board - Infrastructure has changed from x3PHOs to x1. - Ms Andrews attended the meeting for the presentation. Of the x3 presentations for the day, Pacific proved the most detailed. <ul style="list-style-type: none"> ➤ GAIHN least amount of detail. ➤ Lack of clarity from MoH ➤ Whanau Ora model is still a work in progress. ➤ Exciting that this is happening with this Government, striving to provide better service for people. Making the structural organisation of PHOs accountable, efficient. ➤ GPs, PHOs, Coalition are all resourced. How do patients access these resources? About ensuring that people are getting the services they need. ○ Ms Ward – Minister targeted x5 DHBs of PHOs. ○ Ms Brown questioned how Disability and Health of Older 	
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	<p>people will be impacted?</p> <ul style="list-style-type: none"> ○ Ms Ward – Allied Health Network started in CMDHB following written submissions, now in Auckland region. <ul style="list-style-type: none"> - Indicated: <ul style="list-style-type: none"> ➤ Frail elderly ➤ Young people with disability (other two in line with GAIHN) ○ Mr Robson – built environment, engagement, governance process, actual facilities and accessibility. Important to have our input. ○ Ms Ward – will ensure copy of PHO/EOI is sent through to the DiSAC committee. <ul style="list-style-type: none"> - Ms Ward advised that the Hon Tariana Turia has requested the following from the DiSAC committee: <ul style="list-style-type: none"> ➤ Structure ➤ Regularity of meetings ➤ Areas of focus ➤ Appendices ➤ Terms of Reference - Ms Ward informed the DiSAC committee that the information she is collating, is a high level summary. Will forward copy of response to Ms Brown. Response to the minister is due to be sent by CMDHB CEO Mr Martin by the end of this week. - Ms Brown – Regional Collaboration, linking families, carer support. <ul style="list-style-type: none"> ➤ Will forward link out to DiSAC re: education. ➤ Important Network information. ➤ Health of Older People (getting that from CPHAC). ➤ Snug Homes. ➤ What’s on in the Community/Better Health. 	S Ward
<p>3. Minutes of the previous meeting 9th November 2009 and 14th December 2009</p>	<p>DiSAC Minutes 9th November 2009</p> <ul style="list-style-type: none"> • (pg4) To read Bill Wiki • (pg5) To read Heather Grace <p>DiSAC Minutes 14th December 2009</p> <ul style="list-style-type: none"> • (pg12) Correct spelling of Dementia • (pg12) Ms Ward requested clarification of the Recommendation due to her absence for the December meeting. Ms Simpson clarifies that for a person in the acute sense, with a pre-existing condition of Dementia presenting to hospital. That an electronic prompt flagging ‘Dementia’ is loaded from the beginning at ie triage stage. Ms Ward advises that the electronic prompt is an IS action, will follow up with IS. <p>Resolution: Following the above amendments that the minutes for the 9th November 2009 and 14 December 2009 are taken as read.</p> <p>Moved: Ms Colleen Brown Seconded: Ms Te Aomarama Wilson Carried: Unanimously</p>	S Ward

	<ul style="list-style-type: none"> ○ Cost/human resource constraint ○ Although phone assessments are questionable, at least patient has some contact. ● Questions asked in phone assessment, proving to be a difficult area for Ms Coles and team to manage. Unable to see patients frailty. ● Ms Ward advised that the DHB is well equipped with up-skilling staff. ● Ms Brown stated that it would be useful to a presentation from Health of Older People Ms Coles in March 2010 and NASC Ms Diana Dowdle <ul style="list-style-type: none"> ○ Processes ○ How information flows back ○ Information in general ○ Older population – DiSAC to ensure its support, as there are still people who are struggling. What are we doing? how do we make contact? - Ms Coles to advise. ○ Do we have an Action Plan? – Ms Coles to include in March presentation. ● Suggested the need to look at the family unit <ul style="list-style-type: none"> ○ Take bread winner away from the equation alternatively someone breaking down. ○ Lack of knowledge ○ Older people being treated ‘holistically’. ○ Selwyn group offered an afternoon on Dementia, however no-one attended. Comment made that it can be a fraught area as people get older. 	<p>J Coles/D Dowdle March 2010</p> <p>J Coles</p> <p>J Coles</p>
<p>7. Spectrum Care - Challenges and Opportunities for the disabled sector locally/nationally</p>	<p>Presentation by Mr Chris Harris (CEO, Spectrum Care)* Also present was Mr Richard Hanna (Chairman, Spectrum Care)</p> <ul style="list-style-type: none"> ● Ms Brown welcomed Mr Harris to the DiSAC committee, advising that it was the merging of Health of Older people and Disability. Great leadership, expertise provided within the committee and it’s representatives. Followed by self introduction of the committee members. ● Mr Harris – self introduction <ul style="list-style-type: none"> ○ Background in Mental Health ○ Director of Framework Trust ○ General Manager Mental Health and Addiction at WDHB ○ Currently CEO Spectrum Care (2yrs) <ul style="list-style-type: none"> - Disability/Ageing care – discussions held with Ms Coles and Dr Shankar Sanakaran <p>(Attached Presentation)</p>  <p>Acrobat Document</p> <p>Spectrum Care</p> <ul style="list-style-type: none"> ● Business Excellence – International Benchmark. IT have a computer in each of the x80 houses. ● Policies should be supporting staff, not the other way around for auditors purposes. Proven significant shift, staff engaging more in policy . ● Strategic Plan – transparent 	

	<ul style="list-style-type: none"> • Systems, processes, action plans not available in Disability Sector. Sea of a thousand voices, not many people being listened to. Almost an excuse to avoid commitment, no-one can proceed with certainty. • Spectrum working with most DHBs <ul style="list-style-type: none"> ○ Consider 'Provider Network' sense of Collective voice, partnership with families. ○ DPA – people use services, draw on key themes. ○ NZ Disability Support Network – Being launched April 2010. Website benchmarking, response in a more collective way. ○ MENCAP paper (UK) – Uniformly back, institutionalised should be done in NZ. <ul style="list-style-type: none"> - Significant workforce that can't access information to make robust decisions. Ageing population, fragile, multiple disabilities, fewer people to diagnose. • Issues in Health of Older People/Disability <ul style="list-style-type: none"> ○ Lack of identifying population ○ Don't have a blue print, projection data or benchmarking ○ Addressed 'Epidemiological Study' unlike Mental Health whereby the Clinicians drive and get results – Health Research Council. ○ Obtaining valuable data needed and reporting. ○ Don't have a Plan in the Disability Sector comparable to Mental Health. Setting short term and long term plan. ○ Disability – Planning is set by 'squeaky wheel' creates challenges for minority population. Pacific Island, Maori become more marginalised. ○ Accountability for MoH ○ Setting benchmark data, epidemiological holding MoH accountable for sector. To meet Planning targets. ○ Unable to recall seeing any District Annual Plan (DAP) for Disability. Despite being a large population, very important. ○ Uncapped/Capped demand - Funding ○ Pressure on families, access to and awareness of services available. Taikura Trust blamed a lot of the time. Need to have discussions in terms of what the population deserves. There is no consideration in sector and unrealistic expectations for Care and support for families received. ○ Partnership/Collaboration: <ul style="list-style-type: none"> - Partnership/access to DHBs - Access GP capability. GP need improved education, training, around process for timely care. - Australia – 6mthly access full screening, early identification, keen access to that kind of care and for it be replicated. • Mr Harris met with Ms Coles and Dr Sakankaran – what can we do with the early onset of ageing: <ul style="list-style-type: none"> ○ Symptoms of chronic ill health ○ Multiple entries PHO system. ○ Using diagnostic information ○ Discussion started and developing ○ Improving health age and interest ○ Identified with Dr Sankaran the early onset of ageing. 	
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	<ul style="list-style-type: none"> ○ Key issue – Medication trigger, well past time to discontinue. However due to patients history no-one has ever reviewed. Useful to have a Pharmacist involved to review medication process. ○ Mr Harris commented that being new to the sector, perceived DHB mindful of potential devolution of Horne community. ● Ms Brown thanked Mr Harris for his fresh ‘thought piece’ very deserving of a wider audience. Would like to raise to the next level, with commitment to the Board. Concept of collaboration/partnership is critical to ignite voices in unity, common themes, issues being faced. Rather than fighting individual battle. ● Mr Hanna commented keen on collaboration with all. <ul style="list-style-type: none"> ○ Facing issues in a collaborative way in order to solve them. ○ Bring together in a powerful way. ● Ms Brown stated requiring further discussions with DiSAC, building on this approach, Sector/Government. ● Ms Andrews thanked Mr Harris, next step to go to the Board at Board level. Also being a member of Taikura Trust acknowledges that few people have anything good to say about Taikura. Therefore fully supportive of presentation requiring a wider audience. ● Ms Simpson commented that the survivor mechanism is ‘must not talk together’ as this creates competition. However very important for collaboration and identifying what you do have. Powerbase is the collective voice, also commends Mr Harris’ presentation. ● Ms TA Wilson states concern in seeing whanau on medication for considerable lengths of time, without being reviewed, great that Mr Harris has picked this up. Better outcomes for everyone in the community. Commends Mr Harris on great presentation. ● Mr Harris re-iterates: <ul style="list-style-type: none"> ○ The need to have more Data in the Disability sector ○ Fore runner to Mental Health ○ CMDHB the highest performing DHB ○ Wonderful having Dr Sanakaran on board. ○ Other DHBs not as willing as CMDHB. ● Ms Brown DiSAC Chair requesting recommendation to the Board from the DiSAC committee. Require talks at high level, DHB facilitate in order to formulate collaboration. <p>Recommendation:</p> <ol style="list-style-type: none"> 1) DiSAC recommendation to the Board that Mr Chris Harris CEO is invited to attend and present his presentation to the Board. 2) Next steps for the DiSAC committee – Ms Brown to work with Ms Ward on how to develop and progress DiSAC. Mindful of Mr Harris’ work. And the possibility of a combined presentation for DiSAC Chairs. Bringing together of all parties within the Disability Sector. 	<p>C Brown S Ward</p>
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	<p>Moved: Ms C Brown Seconded: Ms Te Aomarama Wilson Carried: Unanimously</p>	
<p>8. CMDHB Policies G & H</p>	<p>8.1 Good Employer*</p> <ul style="list-style-type: none"> Ms Brown mentioned survey being conducted by Mr Matt Slade regarding number of people employed with a disability. Ms Ward will follow up outcome findings of survey from Mr Slade. <p>8.2 Home Visiting*</p> <ul style="list-style-type: none"> Ms Brown taught people about Home visiting in Counties, Red Cross can mention some shocking stories, scary going into the unknown. <p>Meeting was closed in a karakia/prayer by Ms Katipa.</p>	<p>S Ward M Slade</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 8th March 2010</p> <p>Chair: Ms Colleen Brown</p> <p>Resolution The minutes of the meeting of the Disability Support Advisory Committee of Counties Manukau District Health Board of 8th February 2010 are approved.</p> <p>Moved: Colleen Brown Seconded: Heather Grace Carried: Unanimously</p>		

Meeting closed at 4.05pm