

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the Disability Support Advisory Committee held on Tuesday, 15 October 2013 at 3.30pm in the Board Room, Board Office, Gate 2, Heretaunga Street, Palmerston North.

PRESENT

Lindsay Burnell (Chair)
Pat Kelly
Phil Sunderland (ex officio)
Jonathan Godfrey
Kevin Miles

Unconfirmed Minutes

IN ATTENDANCE

Murray Georgel, Chief Executive Officer
Mike Grant, General Manager Funding Division
Heather Browning, General Manager, Enable New Zealand
Scott Ambridge, Operations Manager, Enable New Zealand
Muriel Hancock, Director, Patient Safety and Clinical Effectiveness
Sarah Valentine, Communications Officer
Christine Godetz, Committee Secretary

1. APOLOGIES

Barbara Cameron
Ann Chapman (Deputy Chair)
Tawhiti Kunaiti

2. LATE ITEMS

There were no late items.

3. CONFLICTS OF INTEREST/REGISTER OF INTEREST UPDATE**3.1 Amendments to the Register of Interest**

There were no Amendments to the Register of Interest

3.2 Declaration of Conflicts in Relation to Today's Business

There were no Declarations of Conflicts in relation to today's business.

4. MINUTES OF THE PREVIOUS MEETING**4.1 Minutes**

That the minutes of the previous meeting held on 23 July 2013 be confirmed as a true and correct record.

4.2 Recommendations to the Board

The Committee noted that all recommendations contained in the minutes had been approved by the Board.

5. MATTERS ARISING

There were no matters arising from the minutes.

6. WORK PROGRAMME

The Chief Executive Officer noted that the next meeting would be focussing on the draft Annual Plan for 2014/2015. There would also be a Disability Audit update and a Customer Satisfaction update.

It was recommended:

That the updated work programme for 2013/14 be noted.

7. STRATEGIC ISSUES

7.1 Disability Stocktake Update

The General Manager, Enable New Zealand, summarised her report.

The General Manager explained that the Self Audit Tool was scheduled to go to the ELT meeting for endorsement, unfortunately the agenda was sizeable and there was no time to review it. The report will go to the next ELT meeting.

Be.Accessible have done what was asked and we will now pick this project up internally. The Committee felt this project would be best driven by the Director, Patient Safety and Clinical Effectiveness once it has been sanctioned at the ELT meeting. Any trial or refinement would now sit within MidCentral.

Mr Pat Kelly queried where the tool came from in terms of concept. The General Manager explained that Be.Accessible ran a number of workshops and looked at work they had already done around New Zealand. There were no similar tools at the time Enable New Zealand was looking. Be.Accessible also rely on international literature and are informed by many sources around accessibility. They are a disability sector enterprise and do access some government funding as well as generating income from other sources.

The Chief Executive Officer confirmed MidCentral can modify or change the tool and that there do not have to be any restrictions in this regard. We could provide it to other DHB's and would be keen to make it available to others as long as they recognise it comes from MidCentral. It is unknown as yet how far we will go with the tool, or at what speed, and we need to discuss how best to implement it. There will be a further update at the next meeting.

Dr Jonathan Godfrey queried how we would validate this tool in one year's time. It would be MidCentral's job to find out if the initiatives have worked which would mean checking clients' perception of the tool. The General Manager confirmed that anything we put in place would be evaluated appropriately and would involve consumers or their representatives. The Chief Executive Officer confirmed customer satisfaction feedback would come from an objective source.

Dr Godfrey requested MidCentral ensure that the word 'brailled' is no longer used as it does not exist. The word is brailled. He also noted that braille has a low production and is slow. Communication via email, phone or letter takes two days however braille production

can take up to a week which is a timing issue in terms of accessibility. The Chief Executive Officer also noted that MidCentral is one word, with no space in-between.

Mr Kevin Miles asked whether this document has only been produced for MidCentral to use in-house as he could see value in other groups using it. The General Manager believed it would be made available to contracted entities. It is a live document and will change constantly. As an example, a new font has been identified which is proven to be easier for those with limited eyesight to read. The Committee felt that Be.Accessible had done a good job and were no longer needed for input into this initiative and that the Director, Patient Safety and Clinical Effectiveness should advise the best way forward.

The Committee were encouraged by the way this document has been developed and look forward to future feedback.

It was recommended:

that this report be received.

8. CUSTOMER SATISFACTION

8.1 Customer Satisfaction 2013/2014 Update 1

The Director, Patient Safety and Clinical Effectiveness summarised her report.

The report covers six months of customer feedback based on regular ongoing patient satisfaction survey. There was nothing in particular to highlight apart from the pilot of a new set of questions which is underway in several DHB's. There do not appear to be any questions asking about disability and this Committee might like to consider whether feedback and comment should be given on that lack. The Director has already received comments from staff members regarding the number of questions, the wording and the lack of disability questions. She believed the number of questions would be reduced but was not sure how. At this point she just wanted to raise awareness.

The Committee requested that the Director provide feedback to them regarding the lack of disability questions. The Chair suggested she speak with Mr Kevin Miles and Dr Jonathan Godfrey before going back to the Health Quality and Safety Commission.

It was recommended:

that this report be received.

9. INFORMATION ONLY REPORTS

9.1 Update on Ministry of Health "New Model" Work Programme and other updates

The General Manager summarised her report.

The work streams coming out of the launch sites are starting to inform the rest of country about community supports. The Ministry of Social Development has launched 'Good Lives in Canterbury' around young disabled people transitioning from school to work. It is early days but the intention is to work with needs assessment agencies to look at transitioning disabled young people into work. Currently many of them stay at school until the age of 21 as there is nowhere else for them to go. This initiative is thinking about their living circumstances, tertiary training and/or whatever else is relevant to them.

Enable New Zealand has responded to the Equipment and Modification Services (EMS) Request for Proposal. The Proposal infers a completely different model for EMS and includes the rollout of the prioritisation tool. The rollout was originally planned for December but will now be January 2014 in the northern regions. It will need to interface with whatever web-based technologies providers currently use.

Other new work is Funded Family Care which has generated a high level of interest all around the country. The threshold is quite high, based on assessments already made by support agencies. The client works with Funding Advisory Support Services (which is an offshoot of Manawanui In Charge) who act as facilitators. NASC's are having to manage the increased workload but are getting extra resources in order to cope. It was believed this region would have a higher number of requests due to the amount of people with high and complex needs, in particular from Kimberly house. The Minister is now requiring home visits for anyone who qualifies and uses family funded care. This will ensure funds are used appropriately and that the client remains safe. It was felt this will also bring people forward who are not currently within the NASC radar. Funding is only available for those under 65.

It was recommended:

that this report be received

ANY OTHER BUSINESS

The Chief Executive Officer noted that due to earthquake restrictions the next meeting would probably be in a different building and would advise all of the chosen venue.

The Chair spoke on behalf of the Committee to say farewell to Heather Browning, the General Manager of Enable New Zealand. He wished it noted that Heather has always been passionate about her job and very good at working through systems. She has always delivered and has been an extremely good help to the disability sector and the whole Health Board. The Chair reiterated how much he had learned from Heather and has enjoyed listening to all her reports. Both personally and on behalf of the Committee, he thanked Heather for all the hard work done and wished her a successful business future.

DATE OF NEXT MEETING

18 March 2014

Meeting closed 4.20pm

Confirmed this Tuesday of 15 October 2013.

.....
Chairperson