

## MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the Disability Support Advisory Committee held on Tuesday 5 July 2011  
at 4.00 pm in Board Room, Board Office, Gate 2, Heretaunga Street, Palmerston North.

**PRESENT**

Lindsay Burnell (Chair)  
Ann Chapman  
Jonathan Godfrey

Tawhiti Kunaiti  
Kevin Miles  
Phil Sunderland

*Unconfirmed Minutes*

**IN ATTENDANCE**

Murray Georgel, Chief Executive Officer  
Craig Johnston, Acting General Manager, Funding Division  
Muriel Hanratty, Director, Patient Safety and Clinical Effectiveness  
Anne Amooore, Manager, Human Resources  
Jill Matthews, Manager, Administration and Communications  
Jeff Small, Group Manager, Commercial Support Services  
Brad Grimmer, Portfolio Manager, Health of Older Persons  
Karen Nisbet, Committee Secretary

Media (o)  
Public (o)

In opening the meeting the Chair welcomed Kevin Miles.

**1. APOLOGIES**

Mavis Mullins, Committee Member  
Pat Kelly, Committee Member  
Heather Browning, General Manager, Enable New Zealand

**2. LATE ITEMS**

There were no late items.

**3. CONFLICT OF INTEREST/REGISTER OF INTEREST UPDATE****3.1 Amendments to the Register of Interests**

There were no amendments to the Register of Interest.

**3.2 Declaration of Conflicts in Relation to Today's Business**

No interests were declared.

**4. MINUTES****4.1 Minutes**

*that the minutes of the previous meeting held on 1 March 2011 be confirmed as a true and correct record.*

5.18

#### **4.2 Recommendations to Board**

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

#### **4.3 Matters Arising**

There were no matters arising from the minutes.

### **5. STRATEGIC ISSUES**

#### **5.1 Annual Communications Update**

The Manager, Administration and Communication summarised the report.

The Committee questioned whether information around short term loans would be made available to the public. The Director, Patient Safety and Clinical Effectiveness were advised that a new short term loan equipment process was underway to improve rehabilitation and home safety once discharged from hospital to the community. This process went live on Thursday 30 June. Media would be advised of this scheme via a media release after the next steering group committee meeting.

It was noted that short term loan equipment could be returned to any MDHB facility around the community.

It was recommended:

*that the report be received.*

#### **5.2 Disability Facilities Stocktake Update**

The Group Manager, Commercial Support Services summarised the Disability Facility Stocktake Update. It was noted that the contrast colour strip on nosing of stairs was underway throughout the hospital. This work was valued at \$140 - \$170k. All new buildings/construction would meet current regulations.

The committee requested information on the number of falls/trips in areas where the colour strip on nosing of stairs had been upgraded. It was agreed that this information would be provided for the committee's next meeting.

The CEO advised the committee that major expenditure was being planned as part of the Clinical Services Plan on upgrades to the hospital in 2015 to 2017. The approximate value of the upgrades would be between \$30 to \$50m.

It was recommended:

*that this report be received.*

#### **5.3 NZ Disability Strategy Contracts: Update**

The Portfolio Manager, Health of Older Persons summarised the report. He emphasised that all MDHB contracts include a section on disability considerations.

A large proportion of the elderly made up the current demand of disability services. Stringent monitoring was ongoing and the standard of care was improving continuously.

The Portfolio Manager, Health of Older persons advised the committee that MidCentral DHB was meeting the demands for beds for dementia and respite care. A lot of this was to do with a strategy that was in place to try and support people at home for as long as possible before entry level rest care was required. Demand for beds fluctuated week by week. However, Horowhenua currently was experiencing high demand for beds.

It was recommended:

*this report be received.*

#### **5.4 Annual Update – Stocktake of Employment Practices and Education & Development**

The Manager, Human Resources summarised the report. The committee commended MDHB for being an equal opportunities employer.

It was recommended:

*that this report be received.*

#### **5.5 New Zealand Disability Support Network Update**

The CEO advised that a meeting took place on 30 June 2011 with the Disability Support Network. Information on this meeting would be provided to the next Disability Advisory Support Committee in October.

It was recommended:

*that the report be received.*

#### **5.6 Health Passport**

The Director, Patient Safety and Clinical Effectiveness summarised the report. A comparison of the HDC health passport and MDHB's health passport were made. It was noted that MDHB's passport had no visuals, less space to write, and there were no social, culture or spiritual references included.

MDHB had been piloting the health passport since 2006, but feedback had only just started to be received. The health passport was known within the community, and care centre people were becoming very familiar with it. It was also noted that the health passport needed earlier implementation rather than later.

The committee raised a number of concerns as follows:

- It was requested that details of the patient's disabilities be placed on the front cover of the health passport, either by a standard set of icons/stickers. This would enable staff (clinical and non-clinical) to be aware of the patient's disability immediately. It was advised that it was not just nursing staff that need this information, but also cleaning or kitchen staff. For example, if a patient is blind advice on where his food would be placed may be required.

5-20

- Patients who had filled in a health passport may not necessarily carry this documentation with them, so if they attend ED they still may not get the treatment/communications they require. It was requested that the health passport be documented on MDHB's Patient Administration System so that staff could access this on patient files as required.
- It was requested that the health passport be widely communicated to the public and that it is made available on line for people to complete.

Management undertook to pass these suggestions onto the Health and Disability Commission.

MDHB will continue to use its own version of the passport whilst it considers feedback from the ongoing pilot and early implementation in some of the northern DHBs.

It was recommended:

*this report be received.*

## **5.7 United Nations Convention on the Rights of Persons with Disabilities**

The CEO advised the committee that this was the first report on implementing the United Nations Convention on the Rights of Persons with Disabilities. It was hoped that once developed at the United Nations level that this would filter through to New Zealand policy. However, this would take time.

It was noted that there was also a non-government report that was being developed by the Convention Coalition. This report was often known as the Shadow report and provided more of a disabled person's view.

*that this report be received.*

## **6 GOVERNANCE ISSUES**

### **6.1 2011/12 Reporting Framework**

The CEO presented the 2011/12 Reporting Framework.

The CEO noted updates on the Paid Caregivers case would be provided to the Disability Advisory Committee as they come to hand. At this time the Ministry of Health had appealed the decision and a further hearing date was still to be advised.

A member requested an update on the central Alliance from a committee perspective. Management advised that in respect to the governance workstream although the terms of references for statutory committees had been aligned, at this stage the board had decided not to proceed with combining committees.

It was recommended:

*that the Committee's 2011/12 work programme be noted.*

## **7. LATE ITEMS**

**8. DATE OF MEETING**

Tuesday 4 October 2011 at 4pm, MidCentral DHB Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North.

**9. EXCLUSION OF THE PUBLIC**

It was recommended:

*that the public be excluded from this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reasons stated:*

<i>Item</i>	<i>Reason</i>	<i>Reference</i>
<i>"In Committee" minutes of the previous meeting</i>	<i>For reasons stated in the previous agenda</i>	

Confirmed this 4th day of October 2011.

.....  
Chairperson