

## MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the Disability Support Advisory Committee held on Tuesday 7 October 2008 at 4.05pm in Board Room, Board Office, Gate 2B Heretaunga Street, Palmerston North.

### PRESENT

Lindsay Burnell (Chair)  
Diane Anderson  
Ann Chapman  
Jonathan Godfrey

Nicolas Steenhout  
Ormond Stock  
Ian Wilson

### IN ATTENDANCE

Murray Georgel, Chief Executive Officer  
Heather Browning, General Manager, Enable New Zealand  
Lareen Cooper, General Manager, MidCentral Health  
Mike Grant, General Manager, Funding Division  
Jill Matthews, Board Secretary  
Nicholas Glubb, Acting Group Manager, Clinical Quality and Service Improvement  
Maria Grieg-Anderson, Manager, Supportlinks

Media (o)  
Public (o)

Opening the meeting the Chairman welcomed Jonathan Godfrey, new Committee Member.

#### 1. APOLOGIES

There were no apologies.

#### 2. LATE ITEMS

There were no late items.

#### 3. CONFLICT OF INTEREST/REGISTER OF INTEREST UPDATE

##### 3.1 Amendments to the Register of Interests

Jonathan Godfrey's interests were noted, including employment at Massey University, and his directorship with the NZ Foundation of the Blind.

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

No interests were declared.

#### 4. MINUTES

##### 4.1 Minutes

It was recommended:

*that the minutes of the previous meeting held on 1 July 2008 be confirmed as a true and correct record.*

##### 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 Role of Disability Support Advisory Committee

The Committee supported management's view that this matter be reconsidered when the Boards of both MidCentral and Whanganui DHBs had made a decision regarding an alliance between the two organisations.

It was recommended:

*that the report be received.*

##### 5.2 Implementation of Disability Stocktake

The decision not to proceed with Braille signage on Enable New Zealand's doors was questioned. The General Manager, Enable New Zealand advised the doors in question were the entrance and toilet doors. These opened automatically, and it was difficult to place Braille signage on a wall in close proximity. She undertook to review the matter and report back to the Committee.

The process for completing the physical component of the stocktake was questioned. Nicolas Steenhout's conflict of interest was noted. He had completed this component of the stocktake on behalf of DiversityWorks. It was agreed that Mr Steenhout be able to participate in the discussions. He advised that the facilities were reviewed against the New Zealand Building Code and New Zealand Standard 4121.

It was noted that the orientation for new Committee members would include a visit to key sites, including Enable New Zealand.

It was further noted that access to information did not form part of the stocktake. The CEO advised that this issue would be covered in the next Communications Update provided to the Committee.

The process for including or excluding items from capital works programmes was discussed, and the Board Chairman advised that a prioritisation framework was used.

It was recommended:

*that the report be received.*

### **5.3 Deinstitutionalisation of Kimberley Centre: Donald Beasley Research Study**

The positive outcomes of the deinstitutionalisation programme were noted and discussed.

Means of ensuring former Kimberley residents continued to receive appropriate care and support was discussed. It was noted that the Select Committee Inquiry into Care and Service Provision for People with Disabilities may impact on this. Also, that responsibility for this care rested with the Ministry of Health. The role of the Health & Disability Commissioner and his advocacy service was noted. The Committee also agreed that it was important MidCentral DHB continued to keep its “eyes and ears open” and alert appropriate agencies if it learnt of any concerns/issues regarding care for former residents. The General Manager, Enable New Zealand confirmed that the Needs Assessment and Service Co-ordination interacted regularly with former Kimberley residents and their care providers. Facilitating access for them to services occurred regularly and was “business as usual”, and there were not the crisis situations of the past.

Members were pleased to note that the researchers had engaged directly with former residents, and had not relied on observations and views of others.

MidCentral DHB’s role in ensuring good outcomes for former residents of Kimberley Centre was acknowledged. When the deinstitutionalisation process was planned, MidCentral DHB ensured risks were identified and managed, and had worked hard to ensure the concerns they had did not eventuate.

It was suggested that the report would be useful for other change projects to be undertaken by the DHB. It included a number of learnings about different aspects of change.

It was recommended:

*that the report be received.*

### **5.4 Quality of Care & Service Provision for People with Disabilities**

The Select Committee’s report and the potential impacts for MidCentral DHB, including Enable New Zealand were noted.

It was agreed MidCentral DHB should continue to monitor the progress of the Select Committee’s report, particularly any Government decision and action plan. It was noted that to date the manifestos of various political parties had not included this matter, nor had it appeared in future work programmes for the Ministry of Health’s Disability Services Directorate. The impact on the current economic environment on future Government spending was noted.

It was recommended:

*that the report be received.*

## **6. OPERATIONAL REPORTS**

### **6.1 Disability Consumer Feedback April – June 2008**

The origin of the disability consumer feedback survey and ability to amend the questions it contained was discussed. Management advised that the survey questions were standardised across all DHBs and were unable to be changed. MidCentral DHB had added an additional

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question, asking people to identify if they had a disability. It was understood that no other DHBs had implemented this change, and the General Manager, MidCentral Health undertook to follow-up on this matter and report back to the Committee.

Members noted that the results for the last quarter were in line with past surveys, and the level of satisfaction for those patients with a disability was similar to those without a disability.

It was recommended:

*this report is received.*

## **7 GOVERNANCE ISSUES**

### **7.1 2008/09 Work Programme**

The CEO and General Manager, MidCentral Health provided an update on the provision of oral health services for former Kimberley residents. All those on MidCentral Health's waiting list would be seen by the end of February 2009. These people were being visited by MCH's Clinical Nurse Specialist – Intellectual Disability and an anaesthetist prior to them attending the dental service. This pre-visit ensured appropriate arrangements were put in place for their hospital visit.

Once all former residents on the dental waiting list had been seen, they would be recalled for regular check-ups.

It was recommended:

*that the updated 2008/09 work programme be noted.*

## **8. LATE ITEMS**

There were no late items.

## **9. DATE OF MEETING**

Tuesday, 3 March 2009 at 4pm, MidCentral DHB Office, Board Room, Gate 2B, Heretaunga Street, Palmerston North.

## **10. INFORMATION ONLY**

### **10.1 Health of Older Persons Plan: Update**

It was recommended:

*that this report be received.*

The meeting closed at 5.00 pm.

Confirmed this 3<sup>rd</sup> day of March 2009.

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Chairperson