

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini



**DISABILITY SUPPORT
ADVISORY COMMITTEE
MEETING**

19 AUGUST 2005

**AGENDA
AND
MEETING PAPERS**

EMBARGOED UNTIL CONSIDERED BY THE COMMITTEE

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KARAKIA

E Te Atua i runga rawa kia tau te rangimarie, te aroha, ki a matou i tenei wa
Manaaki mai, awhina mai, ki te mahitahi matou, i roto, i te wairua o kotahitanga, mo
nga tangata e noho ana, i roto i tenei rohe o Te Tai Poutini mai i Karamea tae noa atu
ki Awarua.

That which is above all else let your peace and love descend on us at this time so that
we may work together in the spirit of oneness on behalf of the people of the West
Coast.

AGENDA

FOR THE WEST COAST DISTRICT HEALTH BOARD DISABILITY SUPPORT ADVISORY COMMITTEE MEETING TO BE HELD IN THE BOARD ROOM, CORPORATE OFFICE, GREYMOUTH ON FRIDAY 19 AUGUST 2005, COMMENCING AT 8.30 AM

1. Welcome / Apologies
2. Disclosure of Advisory Committee Members' Interests
3. Agenda Check
4. Minutes of Last Meeting - held 16 June 2005
5. Matters Arising from Last Meeting
6. Buller Alzheimer Group
7. Work Plan
8. Dementia Unit Update
9. General Business
10. Next Meeting – To be advised
11. Attendance and Administration Form

DISABILITY SUPPORT ADVISORY COMMITTEE MEMBERS' DISCLOSURES OF INTERESTS

Member	Disclosure of Interest
CHAIR John Vaile WCDHB Member	Member - CCS Westport Branch Director - Vaile Hardware Ltd Wife no longer works for DHB, has unresolved employment issues
DEPUTY CHAIR Mohammed Shahadat <i>WCDHB Member</i>	Member of the New Zealand Law Society President of the Hokitika Lions Club 2001-2002 Principal Partner, Murdoch James and Roper
Professor Gregor Coster Chairman WCDHB <i>Appointed February 2003</i>	Director – PHARMAC Director - Cornwall Management Limited Director - Cornwall Nominees Limited Chairman - Institute of Rural Health
Elinor Stratford	Manager - Disability Information Service Vice Chairperson - GDCVH Inc (Grey District Council Volunteer Helpers Inc) Member - NZCCS Greymouth Branch Chairperson - West Coast Sub branch - Canterbury Neonatal Trust Trustee - Canterbury Neonatal Trust Project Co-ordinator – West Coast District Health Board Vice-Chair Victim Support, Greymouth Grey District Councillor Member of Executive Federation of Disability Information Centres
Gloria Hammond	Co-ordinator - New Zealand CCS, West Coast Field Worker / Regional Co-ordinator - CCS West Coast Member – Early Intervention Team Member – Maori Women Welfare League Chairperson C.O.G.S
Maureen Frankpitt	Manager Kowhai Manor and Richard Seddon Hospital

**DRAFT MINUTES OF THE Disability Services Advisory
Committee MEETING HELD 19 AUGUST 2005 AT 8.37AM IN
THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH**

PRESENT John Vaile, Chairman, WCDHB member
Mohammed Shahadat, Deputy Chair, WCDHB member
Elinor Stratford
Maureen Frankpitt
Gloria Hammond
Patrica Nolan

IN ATTENDANCE Hecta Williams, General Manager Mental Health
Melanie Penny, Planning & Funding Analyst
Bianca Kramer, Minute Secretary

APOLOGIES Ned Tauwhere
Gregor Coster, Chair WCDHB
Christine Robertson, WCDHB
Kevin Hague, CEO

1. APOLOGIES, WELCOME/standing orders

Chair welcomed everyone to the meeting. The Chairman waived standing orders

2. DISCLOSURES OF INTEREST

The following amendments were made to DSAC Members' disclosures of interest.

Mohammed Shahadat

- Add – Trustee West Coast Development Trust
- Remove – President of the Hokitika Lions Club 2001-2002
- Remove – Member of the New Zealand Law Society

Elinor Stratford

- Remove – Vice Chairperson – GDCVH Inc (Grey District Council Volunteer Helpers Inc)
- Remove – Project Co-ordinator – West Coast District Health Board

3. AGENDA CHECK

Add – Correspondence as item 6.1

4. MINUTES OF THE PREVIOUS MEETING HELD 16 June 2005

Moved: Elinor Stratford nded: Maureen Frankpitt

It was RESOLVED that the Minutes of the Disability Services Advisory Committee meeting held 16 June 2005 were a true and accurate record

5. MATTERS ARISING / ACTION AND RESPONSIBILITY LIST

“Inclusive Community” booklet to be distributed to committee

This will be distributed to the committee by the next meeting

“Access to services for people with disability – including sensory” Buller Alzheimer’s Support

Buller Alzheimer’s Support have been invited to this meeting, scheduled as Item 6.0

6. BULLER ALZHEIMER’S sUPPORT gROUP

The Chair introduced Peg Leathley and Ila Heaphy to the committee. The Buller Alzheimer Support Group is a small group, but are very busy in the Buller community and are available if anyone who requires information on Alzheimer.

Hecta Williams left the meeting at 9.01am

Some see having Alzheimer as a “mental” problem and shameful and because of this some are shutting themselves or their family members away from others. Buller Alzheimer’s Group are in contact with a number of people, especially those that have been recently diagnosed, this group of people don’t know what to expect and talking to someone that understands helps them and family members understand what is happening. The Buller Alzheimer’s group being small do not have the numbers to go out and sit with people, but try to spread their time around those that need them or put them in touch with other services. It is felt that Buller Alzheimer’s Group needs a higher profile as doctors don’t seem to be referring patients onto the group for support. This could be because the recent high turnover of doctors in the region, and not knowing that the support group exists.

Recently a National Alzheimer’s Conference was held. One of the topics discussed was medication. There have been trials running for over a year now and the results are encouraging, they are showing that the disease is held at bay for a while. The earlier the diagnosis is made, the more encouraging the results. Though GPs do tend to be taking a “wait and see” attitude before putting those with early stage Alzheimer onto medication. Currently the medication spoken about costs the individual approximately \$200-\$300 per month, with no subsidies anticipated in the near future.

The group are currently in the process of drafting a letter to Alzheimer New Zealand regarding for a field worker for the region.

There is no government funding for this group, so all fund raising is done locally. The group does come under the umbrella of the Canterbury Alzheimer’s but it is felt there isn’t much support given. The last week in July is “Alzheimer’s Awareness”, during this time “cupa for a cause” day is run, this is usually very well attended. Fundraising helps to provide reference material that the group supplies to those that need it.

The Chair suggested that the Committee could explore avenues of funding assistance for the Buller Alzheimer's Group.

The Chair thanked both Pat and Ila for coming to talk to the committee and reiterated that the committee would endeavour to help the Buller Alzheimers Group

The members of the Buller Alzheimer's Group left the meeting

After a brief discussion, it was asked if someone from an Alzheimer's Group be associated with the new Dementia Unit, in an out reach capacity.

Action: To be added to next agenda

7. CORRESPONDENCE

Letter of resignation was received from Dianne Lewis, the Chair has verbally accepted the resignation and will write a letter to her thanking her for her contribution to the committee.

Action: Chair

Moved: Maureen Frankpitt Seconded: Elinor Stratford

It was RESOLVED that the correspondence Inwards be accepted

8. WORK PLAN

After a discussion, it was decided that the committee need to put time frames on the plan. This item is to be carried over to next meeting when the CEO will be available, along with the new General Manager Planning & Funding.

Maori Health Plan – A committee member mentioned that there will be, or has just been, a managers meeting in Auckland. Roger Jolly will be giving a presentation on Maori Disability. It was requested that the General Manager Maori Health report back on this.

Action: General Manager Maori Health

9. DEMENTIA UNIT

A Health Planner has been involved and has done some very good work for future use of the hospital, including the Dementia Unit and possible location of a Health Centre so it does not block any further future development within the hospital site.

Peter Gaffikin, Dementia Unit Project Manager, from Canterbury DHB was here on-site on 18 August. After discussions with key staff, Peter will be taking the information regarding location etc to an architect for the costings of the project, it is hoped that this information will be ready for presentation at the next Board meeting.

Any changes to the original agreed plans while needing MOH agreement, may not require further national or regional capital committee approvals, but this is to be confirmed.

The new owners of the Seaview site have not set a deadline for the WCDHB to exit Ruru. With the age of the buildings maintenance is a concern, not knowing what the new owners will repair or not repair.

10. GENERAL BUSINESS

10.1 Transport

After a committee member had spoken to a taxi provider, It was suggested that a taxi be utilised for those needing to attend hospital and specialist appointments. This could be a door to door service, with the option of time set aside for shopping. If appointments could be clustered, it would mean the cost of running the service on a per person basis would be reduced.

The Board is still working through with the Regional Council. The Regional Council currently subsidising taxis in both the Hokitika and Westport areas to make them financially viable.

Further to the discussion, it was suggested this item go on the agenda for the next meeting when the CEO will be available and possibly the Research & Planning Officer.

11. NEXT MEETING

Friday, 30 September, 8.30am, Boardroom, Corporate Office Greymouth

12. ATTENDANCE AND ADMINISTRATION FORMS

The Chair asked the committee to fill in the attendance and administration forms and return them today

There being no further business to discuss the meeting concluded at 9.50am

DSAC WORK PLAN

Mission Statement: To fund a continuum of quality health services aimed at providing improved health outcomes and maximise the independence of people with disabilities.

Objective	Responsibility	End Date	Reporting Frequency	Progress			Comment
				Behind	On Target	Complete	
To receive a report on relevant section for DSAC							
1. District Annual Plan	GM Planning & Funding		Quarterly				
2. Maori Health Plan	GM Maori Health		Quarterly				
To develop							
1. Disability Plan / describe disability sector	GM Planning & Funding						
2. Advocacy Services	GM Planning & Funding						
Provide input into							
1. District Strategic Plan	GM Planning & Funding		Annually				
2. District Annual Plan	GM Planning & Funding		Annually				
3. Statement of Intent	GM Planning & Funding		Annually				
4. Annual Report	Chief Financial Manager		Annually				
To monitor							
1. West Coast Improved Services for the Elderly (WISE)	GM Planning & Funding						
2. Dementia Unit building	CEO		Each meeting				
To investigate/scope							

DEMENTIA UNIT UPDATE

A verbal report will be given by General Manager Mental Health