



Waitemata
District Health Board
Best Care for Everyone

Disability Support Advisory Committee Meeting

Wednesday, 06 December 2017

2.00pm

**Terrace Board Room
Auckland Deaf Society
164 Balmoral Road
Balmoral, Auckland**

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Published 28 November 2017



Waitemata
District Health Board
Best Care for Everyone

Agenda

Disability Support Advisory Committee

06 December 2017

Venue: Auckland Deaf Society, Terrace Boardroom,
164 Balmoral Road, Auckland

Time: 2.00pm

<p>Committee Members Jo Agnew (Chair) Michelle Atkinson Edward Benson-Cooper Matire Harwood (Deputy Chair) Robyn Northey Allison Roe</p> <p>In attendance: Amanda Bleckmann, Ministry of Health</p>	<p>Auckland DHB and Waitemata DHB Staff</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Dr Dale Bramley</td> <td>Chief Executive Officer Waitemata DHB</td> </tr> <tr> <td>Ailsa Claire</td> <td>Chief Executive Officer Auckland DHB</td> </tr> <tr> <td>Samantha Dalwood</td> <td>Disability Advisor Waitemata DHB</td> </tr> <tr> <td>Kim Herrick</td> <td>Organisational Development Practice Leader, Auckland DHB</td> </tr> <tr> <td>Dr Debbie Holdsworth</td> <td>Director of Funding Auckland and Waitemata DHBs</td> </tr> <tr> <td>Fiona Michel</td> <td>Chief Human Resources Officer, Auckland DHB</td> </tr> <tr> <td>Kate Sladden</td> <td>Funding and Development Manager, Health of Older People</td> </tr> <tr> <td>Michelle Webb</td> <td>Corporate Committee Administrator</td> </tr> <tr> <td>Sue Waters</td> <td>Chief Health Professions Officer</td> </tr> <tr> <td>Tim Wood</td> <td>Funding and Development Manager, Primary Care</td> </tr> </table> <p>(Other staff members who attend for a particular item are named at the start of the respective minute)</p>	Dr Dale Bramley	Chief Executive Officer Waitemata DHB	Ailsa Claire	Chief Executive Officer Auckland DHB	Samantha Dalwood	Disability Advisor Waitemata DHB	Kim Herrick	Organisational Development Practice Leader, Auckland DHB	Dr Debbie Holdsworth	Director of Funding Auckland and Waitemata DHBs	Fiona Michel	Chief Human Resources Officer, Auckland DHB	Kate Sladden	Funding and Development Manager, Health of Older People	Michelle Webb	Corporate Committee Administrator	Sue Waters	Chief Health Professions Officer	Tim Wood	Funding and Development Manager, Primary Care
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Tim Wood	Funding and Development Manager, Primary Care																				

Apologies Members: Nil.

Apologies Staff: Ailsa Claire, Fiona Michel, Bruce Levi.

Agenda

Please note that agenda times are estimates only

- | | |
|---------------|--|
| 2.00pm | <ol style="list-style-type: none"> 1. Attendance and Apologies 2. Register and Conflicts of Interest
Does any member have an interest they have not previously disclosed?
Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda? |
| 2.05pm | <ol style="list-style-type: none"> 3. Confirmation of Minutes 21 June 2017 |
| 2.10pm | <ol style="list-style-type: none"> 4. Action Points |
| 2.15pm | <ol style="list-style-type: none"> 5. CHAIR'S REPORT |

- | | | |
|---------------|-----------|---|
| | 6. | STANDING ITEMS |
| 2.30pm | 6.1 | Disability Advisor Update |
| 2.45pm | 6.2 | Draft New Zealand Disability Strategy 2016 to 2026 Implementation Plan: Disability Strategy Implementation Plan Community Consultation Update |
| | | Service Access (Outcome 5), Rights Protection and Justice (Outcome 4), Choice and Control (Outcome 7) |
| 3.00pm | 6.3 | Ministry of Health Disability Sector Update (verbal) |
| | 6.3.1 | Transformation of the Disability Support System and Implementation Plan Update (verbal) |
| 3.20pm | 7. | DISCUSSION ITEMS |
| | | (Rose Wall, Deputy Health and Disability Commissioner, Health & Disability Commission) |
| | 7.1 | Health Passport Review |
| | 7.2 | Resource Development Update |
| | 7.3 | Nature of Disability Related Complaints to the Health & Disability Commission |
| 3.50pm | 8. | INFORMATION PAPERS |
| | | Employment (Outcome 2) |
| | 8.1 | Ministry of Social Development Mainstream Programme |
| 4.05pm | 9. | General Business |

Next Meeting:	To be confirmed Auckland Deaf Society, Terrace Boardroom, 164 Balmoral Road, Auckland
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Healthy communities | World-class healthcare | Achieved together

Kia kotahi te oranga mo te iti me te rahi o te hāpori

Karakia

E te Kaihanga e te Wahingaro

E mihi ana mo te ha o to koutou oranga

Kia kotahi ai o matou whakaaro i roto i te tu waatea.

Kia U ai matou ki te pono me te tika

I runga i to ingoa tapu

Kia haumie kia huie Taiki eee.

Creator and Spirit of life

To the ancient realms of the Creator

Thank you for the life we each breathe to help us be of one mind

As we seek to be of service to those in need.

Give us the courage to do what is right and help us to always be aware

Of the need to be fair and transparent in all we do.

We ask this in the name of Creation and the Living Earth.

Well Being to All.

Attendance at Disability Support Advisory Committee Meetings

Members	29 Mar. 17	21 Jun. 17	13 Sep. 17	06 Dec. 17
Jo Agnew (Chair)	1	1	c	
Michelle Atkinson	1	1	c	
Edward Benson-Cooper	1	1	c	
Matire Harwood (Deputy Chair)	1	1	c	
Robyn Northey	1	1	c	
Allison Roe	1	x	c	
Key: x = absent, # = leave of absence, c = meeting cancelled				

2016 Attendance

Members	13 July 16	24 Aug. 16	16 Nov. 16	29 Mar. 17	21 Jun. 17	13 Sep. 17	06 Dec. 17
Jo Agnew	1	1	1				
Max Abbott	1	x	1				
Judith Bassett	x	1	1				
Marie Hull-Brown	x	x	1				
Sandra Coney	1	#	1				
Jade Farrar	1	1	x				
Dairne Kirton	1	1	1				
Lester Levy	x	x	x				
Jan Moss	x	1	x				
Robyn Northey	1	1	1				
Russell Vickery	1	1	x				
Shayne WiJohn	1	x	x				
Key: x = absent, # = leave of absence, c = meeting cancelled							

Conflicts of Interest Quick Reference Guide

Under the NZ Public Health and Disability Act Board members must disclose all interests, and the full nature of the interest, as soon as practicable after the relevant facts come to his or her knowledge.

An “interest” can include, but is not limited to:

- Being a party to, or deriving a financial benefit from, a transaction
- Having a financial interest in another party to a transaction
- Being a director, member, official, partner or trustee of another party to a transaction or a person who will or may derive a financial benefit from it
- Being the parent, child, spouse or partner of another person or party who will or may derive a financial benefit from the transaction
- Being otherwise directly or indirectly interested in the transaction

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Board member in carrying out duties under the Act then he or she may not be “interested in the transaction”. The Board should generally make this decision, not the individual concerned.

Gifts and offers of hospitality or sponsorship could be perceived as influencing your activities as a Board member and are unlikely to be appropriate in any circumstances.

- When a disclosure is made the Board member concerned must not take part in any deliberation or decision of the Board relating to the transaction, or be included in any quorum or decision, or sign any documents related to the transaction.
- The disclosure must be recorded in the minutes of the next meeting and entered into the interests register.
- The member can take part in deliberations (but not any decision) of the Board in relation to the transaction if the majority of other members of the Board permit the member to do so.
- If this occurs, the minutes of the meeting must record the permission given and the majority’s reasons for doing so, along with what the member said during any deliberation of the Board relating to the transaction concerned.

IMPORTANT

If in doubt – declare.

Ensure the full **nature** of the interest is disclosed, not just the existence of the interest.

This sheet provides summary information only - refer to clause 36, schedule 3 of the New Zealand Public Health and Disability Act 2000 and the Crown Entities Act 2004 for further information (available at www.legislation.govt.nz) and “Managing Conflicts of Interest – Guidance for Public Entities” (www.oag.govt.nz).

Register of Interests – Disability Support Advisory Committee

Member	Interest	Latest Disclosure
Jo AGNEW	Professional Teaching Fellow – School of Nursing, Auckland University Casual Staff Nurse – Auckland District Health Board Director/Shareholder 99% of GJ Agnew & Assoc. LTD Trustee - Agnew Family Trust Shareholder – Karma Management NZ Ltd (non-Director, minority shareholder)	17.01.2017
Michelle ATKINSON	Evaluation Officer – Counties Manukau District Health Board Director – Stripey Limited Trustee – Starship Foundation	29.03.2017
Edward BENSON-COOPER	Chiropractor – Milford, Auckland (with private practice commitments)	15.03.2017
Matire HARWOOD	Senior Lecturer – Auckland University Board Director – Health Research Council Director – Ngarongoa Limited, which is contractor providing services to National Hauora Coalition. GP at Papakura Marae Health Clinic Advisory Committee Member – Stroke Foundation NZ (Maori Health) Member Te Ora, Maori Medical Practitioners	29.03.2017
Robyn NORTHEY	Shareholder of Fisher & Paykel Healthcare Shareholder of Oceania Member – New Zealand Labour Party Husband - member Waitemata Local Board Husband – shareholder of Fisher & Paykel Healthcare Husband – shareholder of Fletcher Building Husband – Chair, Problem Gambling Foundation Husband – Chair, Community Housing Foundation	05.07.2017
Allison ROE	Chairperson – Matakana Coast Trail Trust Member - Rodney Local Board, Auckland Council	15.03.2017



Waitemata
District Health Board
Best Care for Everyone

Minutes Disability Support Advisory Committee Meeting 21 June 2017

Minutes of the Disability Support Advisory Committee meeting held on Wednesday, 21 June 2017 in the Auckland Deaf Society Leonard Williams Banquet Hall, 164 Balmoral Road, Auckland commencing at 2.00pm

<p>Committee Members present Jo Agnew (Chair) Michelle Atkinson Edward Benson-Cooper Matire Harwood (Deputy Chair) Robyn Northey</p> <p>In attendance: Amanda Bleckmann, Ministry of Health Disability Support Services</p>	<p>Auckland DHB and Waitemata DHB Staff present</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Samantha Dalwood</td> <td style="width: 50%;">Disability Advisor Waitemata DHB</td> </tr> <tr> <td>Kim Herrick</td> <td>Organisational Development Practice Leader, Auckland DHB</td> </tr> <tr> <td>Dr Debbie Holdsworth</td> <td>Director of Funding Auckland and Waitemata DHBs</td> </tr> <tr> <td>Kate Sladden</td> <td>Funding and Development Manager, Health of Older People</td> </tr> <tr> <td>Michelle Webb</td> <td>Committee Secretary</td> </tr> <tr> <td>Sue Waters</td> <td>Chief Health Professions Officer</td> </tr> </table> <p>(Other staff members who attend for a particular item are named at the start of the minute for that item)</p>	Samantha Dalwood	Disability Advisor Waitemata DHB	Kim Herrick	Organisational Development Practice Leader, Auckland DHB	Dr Debbie Holdsworth	Director of Funding Auckland and Waitemata DHBs	Kate Sladden	Funding and Development Manager, Health of Older People	Michelle Webb	Committee Secretary	Sue Waters	Chief Health Professions Officer
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KARAKIA

Nga Mihi

Matire Harwood led a Karakia and welcomed everyone present.

1. ATTENDANCE AND APOLOGIES

The apologies of executive staff Dale Bramley, Ailsa Claire and Fiona Michel and of senior staff member Tim Wood were received.

Late apologies had been received from Sarah Halliday, representative of the New Zealand Disability Support Network and therefore Item 8.1 was deferred to the next meeting.

2. CONFLICTS OF INTEREST

There were no declarations of interest for any item on the agenda.

3. CONFIRMATION OF MINUTES 29 March 2017 (Pages 7 to 14)

The Chair noted that a typographical error on page 2 of the minutes in relation to Item 5.1.

This was reading as "...that whilst Auckland and Waitemata DHBs have *separate* constituted their own Disability Support Advisory Committees ..."

It was agreed this be amended to read "...that whilst Auckland and Waitemata DHBs have *separately* constituted their own Disability Support Advisory Committees ..."

Resolution: Moved Edward Benson-Cooper / Seconded Michelle Atkinson

That, subject to an amendment to page 2, the minutes of the Disability Support Advisory Committee meeting held on 29 March 2017 be confirmed as a true and accurate record.

Carried

4. ACTION POINTS (Pages 15 to 16)

It was advised that the action item relating to the proposed amendment of the Disability Support Advisory Committee Terms of Reference had been placed on hold. Board consideration and Ministry endorsement of the proposal to establish a joint Committee with Counties Manukau DHB was required before progressing any further.

Similarly the action item relating to collation of statistics that identify people with impairments was a joint Auckland-metro DHB initiative and could best be progressed when establishment of a joint committee was agreed and completed.

All other actions were either complete or in progress.

5. CHAIR'S REPORT (Pages 17 to 19)

The Chair highlighted that since her last meeting with Colleen Brown the of Chair Counties Manukau DHB Disability Support Advisory Committee, further discussions to progress the governance processes and planning required to implement a joint Disability Support Advisory Committee would take place once all three Boards had considered the proposal to establish a joint committee.

Amanda Bleckmann, Manager Family and Community Support Team was introduced and welcomed to the meeting. Amanda provided an overview of her role within the Ministry's Service Commissioning team, noting her awareness of Disability Sector issues both nationally and Auckland specific, and that currently there were high levels of activity in the sector. A cabinet paper was being presented by the Ministry about transformation of the disability support system. The aim of the system transformation strategy is to ensure disabled people and their families have greater choice and control over their supports and in their lives. Disability Support Services has also developed a respite strategy to improve the way respite services are purchased and accessed. This was discussed further as part of consideration of Item 8.3 of the agenda.

That the Chairs report for June 2017 be received.

6. PRESENTATIONS (Pages 20 to 75)

6.1 The New Zealand Disability Sector and Linkages to the DHBs (Pages 20 to 36)

Samantha Dalwood, Disability Advisor Waitemata DHB spoke to the presentation.

Key points covered in discussion and in response to questions included:

- Historical views and understandings of disability had previously focussed on rehabilitation and making people as 'non-disabled' as possible. These views have

since evolved to place responsibility on society for removing barriers and enabling inclusion.

- Language used within the disability sector could be variable. For example, the United Nations Convention uses the term 'people with disabilities'; the New Zealand Disability Strategy uses the term 'disabled people'. People first language was recommended, however the preferences of individuals also varied and needed to be respected.
- The current support system framework could be challenging for users to navigate, and placed responsibility on the user to do so themselves. There was also a perceived difference in equity of funding received by service users dependent on whom they are funded by. The Ministry of Health's proposed System Transformation project was intended to address these issues.
- Whilst New Zealand did not have its own disability discrimination legislation it had ratified the United Nations Convention on the Rights of People with Disabilities, and acceded to the Optional Protocol which enabled consumers who claim to have had their rights breached, to lodge a complaint with the United Nations.
- When Disability Support Advisory Committees were first established under the New Zealand Public Health and Disability Act 2000, it had been intended that funding for all disability support services would be devolved to District Health Boards. If this had eventuated, a key function of the Committees would have been to advise their Boards on priorities for the use of that funding. However, only funding for over 65 year olds was devolved to DHBs to manage but funding for most people under 65 years of age sits with Ministry of Health Disability Support Services.

That the Overview of Disability presentation be received.

6.2 Healing Environments and Wayfinding Strategy (Pages 37 to 66)

Justin Kennedy-Good, Programme Director Performance Improvement and Co-Director Design Lab introduced the presentation by providing background to the formation of the programmes of work, the methodology and framework used and current areas of focus.

Key points covered in the presentation included:

- The recent relocation of Planet Espresso had involved working closely with consumers. A human centred design approach had been taken and resulted in greatly improved physical accessibility for the retail site.
- Patients and visitors enter our environment under the influence of stress which can impact on their wayfinding experience. Navigation of the hospital environment needs to be simplified as much as possible to make their journey as easy as possible.
- There were significant time and financial costs associated with poor signage such as the requirement for multiple staff members to provide navigational assistance.
- The architecture of Auckland City Hospital had been identified as a challenge. Simplifying routes and journeys supported by good signage was a key solution to improving the wayfinding experience.

Matters covered in response to questions included:

- Site visits to multiple DHBs, including Waitemata and Counties Manukau DHBs, were completed to learn and seek to achieve consistency in Wayfinding where possible. It was advised that each DHB had differing improvement priorities within their environments and had commenced different aspects of their wayfinding projects at different times. This meant that total consistency may not be possible for every DHB site. The external signage would be relatively consistent across all three DHB sites

however, because each site had different internal architecture, the interior signage would vary. The same design principles were being applied to all sites to achieve consistency in the patient/visitor experience at all sites.

- Consistency of navigation would be an important improvement for patients and visitors.
- Whether there was any evidence of a correlation between Did Not Attend (DNA) patients with wayfinding issues was not yet known. It was anecdotally believed this may be a factor for some DNA patients. However isolating the contribution of poor wayfinding to patients not attending appointments was challenging.
- Other considerations to be made included future facility and environmental needs to accommodate and support the Lesbian, Gay, Bisexual, Transgender, Intersex and Questioning community, and the use of technology and digital information and navigation systems.

That the Healing Environments and Wayfinding Strategy report and presentation be received.

6.3 Waitemata 2025 and Wayfinding Update

Debbie Holdsworth, Director Planning and Funding introduced the report providing an overview of the background of the work, and highlighting the following:

- Work in progress included improvements to external signage and patient communications including appointment letters, an outpatient information leaflet and hospital map of the North Shore campus.
- Community engagement had informed this work. The Community Insights report enclosed in the agenda provided a summary of community participation and feedback received in late 2016.

Matthew Knight, Senior Project Manager, Facilities Management Waitemata DHB informed the Committee that there was good staff engagement with the use of symbols for signage.

The installed external signage at Waitemata DHB was similar to the proposed Auckland DHB design approach. 90% of the proposed signage had been installed at North Shore Hospital, Waitakere Hospital, and Mason Clinic. The remaining 10% (main entrance signs) would be installed by the end August 2017. Road and parking signage had been replaced and all redundant signs removed. All signage was now standard providing a consistent patient experience throughout all Waitemata DHB sites.

That the Waitemata DHB Wayfinding Progress Update be received.

6.4 Diversity and Inclusion at Auckland DHB (Pages 67 to 75)

Kim Herrick, Organisational Development Practice Leader Auckland DHB spoke to the presentation and advised that the plan presented was in draft for Committee feedback.

Key points covered included:

- The Diversity and Inclusion Plan was being developed to link with the Auckland DHB People Strategy and the Auckland DHB Strategy.
- There were a number of Human Resources programmes and processes that supported diversity and inclusion. This included the Management Development Programme which had a module with a specific element on reducing bias, the Speak Up programme which promoted respect and the use of Values based recruitment processes.

- Collaborative work was occurring with the Northern Regional Alliance on developing the regional Workforce Sustainability Strategy.
- Key areas of focus of the Diversity and Inclusion Plan were 'Cultural diversity/equity' and 'Disability/accessibility'. The Disability Advisor Waitemata DHB had been engaged to contribute to this work.

Committee members noted that the Asian population and people experiencing mental health challenges should also be included in this work, and that the importance placed on cultural safety, awareness and sensitivity also applied to the Lesbian, Gay, Bisexual, Transgender, Intersex and Questioning community.

It was commented that as Diversity was also about human rights, consideration should be given to including this in the plan.

Resolution: Moved Michelle Atkinson / Seconded Robyn Northey

That the Disability Support Advisory Committee:

1. **Receives the Diversity and Inclusion at Auckland DHB presentation.**
2. **Notes the commitment and focus on disability and accessibility as aligned with the New Zealand Disability Strategy 2016-2026.**

Carried

7. **STANDING ITEMS** (Pages 76 to 84)

7.1 **Disability Advisor Update** (Pages 76 to 77)

Samantha Dalwood, Disability Advisor Waitemata DHB asked that the report be taken as read noting that the purpose of the report was to demonstrate the diversity of work activities undertaken.

Matters covered in discussion and in response to questions included:

- The new Waitemata DHB "Equal Opportunities for People with Disabilities Central Human Resources Fund" which had intentionally been established with a modest dollar value to reinforce and demonstrate that the cost to employ and support people with disabilities is not substantial.
- Waitemata PHO were seeking to increase engagement with people with disabilities by providing support to run learning sessions in the community on topics such as healthy eating, cooking and fitness. If implemented, evaluation of the programme would be useful to assess effectiveness.
- The Ministry of Social Development "Mainstream Programme" had been resumed after being placed on hold and funding was now available again. Auckland and Waitemata DHBs were working to identify roles within their organisations that could provide meaningful work to disabled people.
- Amanda Bleckmann, Manager Family and Community Support Team informed the Committee that the Ministry had successfully implemented its own intern programme. Participants had represented a full range of disabilities. This initiative had involved very little cost and all participants had successfully secured paid employment after they completed their internship.

Action

That a presentation on the Ministry of Social Development Mainstream Programme and activities of the Auckland and Waitemata DHBs to participate in the programme be provided to the next Disability Support Advisory Committee meeting.

That the Disability Advisor Update report for May 2017 be received.

7.2 Draft Disability Strategy Implementation Plan 2016 - 2026 (Pages 78 to 84)

Samantha Dalwood, Disability Advisor Waitemata DHB spoke to the report highlighting the following:

- Current work by Auckland and Waitemata DHBs was aligned with the new Disability Strategy. The draft plan for implementation of the 2016 to 2026 strategy focussed on the five outcomes most relevant to the work of the DHBs, and on areas in which DHBs could make the most significant difference to disabled people's lives.
- The draft implementation plan was being developed in consultation with the disability community to ensure that their voices are heard and that the plan reflects their needs.

The Committee expressed interest in participating in the consultation process and any surveying undertaken.

Amanda Bleckmann, Manager Family and Community Support Team added that discussions were in progress between the Ministry and Auckland DHB Child Health Services to address variations in service access and service availability for children with disabilities. The Ministry's Child Development Services Stocktake Report had highlighted access issues at a national level as well as identifying Auckland specific issues.

Action

That a copy of the Child Services Development Stocktake report be sent to the Committee Secretary for distribution to the Disability Support Advisory Committee.

Resolution: Moved Robyn Northey / Seconded Michelle Atkinson

That the Disability Support Advisory Committee:

1. **Receives the draft Disability Strategy Implementation Plan 2016-2026.**
2. **Give feedback on the draft Implementation Plan, noting that the document will be going out for community consultation.**

Carried

8. INFORMATION PAPERS (Pages 85 to 106)

8.1 New Zealand Disability Support Network Employment Practice Guidelines Update (Page 85)

This item was deferred to the next meeting.

8.2 Report on the Disability Data and Evidence Working Group (Pages 86 to 106)

This item was deferred to the next meeting.

8.3 Ministry of Health Disability Sector Update (verbal)

Amanda Bleckmann, Manager Family and Community Support Team, Ministry of Health Disability Support Services provided a verbal update on current disability sector activities and areas of focus for the Ministry.

Disability Support System Transformation

The Enabling Good Lives and Individualised Funding demonstrations had shown people valued increased choice and control over their disability supports. Key learnings would inform system transformation.

Individualised funding had increased choice and control for disabled people and their families however it was not for everyone. For some people there were more effective ways of coordinating funding and support that better met their needs, such as 'Choice in Community Living' and 'Flexible Disability Supports'.

System transformation aimed to achieve a shift to self-direction, enabling individuals to be in control of their supports. A transformed system would be likely to provide people with personal budgets (comprised of funding from multiple government agencies) and flexibility and choice about how to use those budgets.

The "Choice in Community Living" demonstration worked well and was cost effective.

The Ministry would be presenting a cabinet paper on system transformation. A detailed implementation plan was being developed. The transformed system would incorporate social investment.

The roll-out of the transformation would begin in mid-Central (Palmerston North).

Respite Services

The Ministry had completed a respite strategy which was aligned with the Disability Support Services strategic direction and system transformation. The recent exit of "IDEA Community Services" (including respite) had created an opportunity for the Ministry of Health and Ministry for Vulnerable Children, Oranga Tamariki, to jointly purchase replacement respite services.

Child Development Services

The Ministry had recognised that funding was not equitable across New Zealand (for example no longer population based) and that service provision was variable across the country. The Ministry expected that a reconfiguration of Child Development Services would address these and the other issues identified in the Child Development Services Stocktake. Conductive Education is covered under Child Development Services contracts.

Autism Spectrum Disorder Work Programme

In 2016 the Ministry of Health in conjunction with the Ministry of Education released the second edition of the Autism Spectrum Disorder Guideline. Amanda encouraged the DHBs to use these guidelines, highlighting that the guidelines have a living guideline process and are updated regularly to ensure currency.

Te Pou provided training grants. Autism Spectrum Disorder specific training was available for staff, and to increase awareness of the needs of people with Autism Spectrum Disorder (ASD). The Ministry contracted with "Altogether Altruism" to provide Disability Information and Advisory services (DIAS).

Guidelines were also being developed for Fetal Alcohol Spectrum Disorder and were likely to mirror the ASD guidelines process.

Action

That an update on the transformation strategy and implementation plan be provided to the next Disability Support Advisory Committee meeting.

9. GENERAL BUSINESS

There was none.

The meeting closed at 4.23pm.

Signed as a true and correct record of the Disability Support Advisory Committee meeting held on
Wednesday, 21 June 2017

Chair: _____ Date: _____
Jo Agnew

Action Points from Previous Disability Support Advisory Committee Meetings

As at Wednesday, 06 December 2017

Meeting and Item	Detail of Action	Designated to	Action by
7 Jun 2017 Item 7.1	Disability Advisor Update That information on the Ministry of Social Development Mainstream Programme and activities of the Auckland and Waitemata DHBs to participate in the programme be provided to the next Disability Support Advisory Committee meeting.	S Dalwood	13 September 2017 – deferred to 6 December 2017 (Complete – refer to item 8.1 of this agenda)
7 Jun 2017 Item 7.2	Disability Strategy Implementation Plan 2016-2026 That a copy of the Child Services Development Stocktake report be sent to the Committee Secretary for distribution to the Disability Support Advisory Committee.	A Bleckmann	13 September 2017 (Complete - received by Committee Secretary and available on request)
7 Jun 2017 Item 8.3	Ministry of Health Disability Sector Update (verbal) That an update on the transformation strategy and implementation plan be provided to the next Disability Support Advisory Committee meeting.	A Bleckmann	13 September 2017 deferred to 6 December 2017 (Complete – refer to item 6.3.1 of this agenda)
29 Mar 17 Item 5.2 And	Disability Support Advisory Committee Terms of Reference 1. That the Disability Support Advisory Committee Terms of Reference be amended to reflect a proposed transfer of reporting for Health of Older People to the Community Public Health Advisory Committee. 2. That a recommendation report on the proposed changes to the Terms of Reference for the Disability Support Advisory Committee be presented to the next Disability Support Advisory Committee meeting.	D Holdsworth	21 June 2017 – on hold

<p>3 Jun 2015 Item 8.1</p> <p>And 9 Mar 2016 Item 4</p> <p>And 16 Nov 2016 Item 4</p>	<ol style="list-style-type: none"> 1. Advise the Minister of Health of the proposed amendments to the Committees' Terms of Reference. 2. Subject to the Minister of Health's agreement to the proposed amendments to the Committees' Terms of Reference, submit the draft paper to the Auckland and Waitemata District Health Board Boards. 3. That the Committee Secretary seek an update on the status of the Disability Support Advisory Committee Terms of Reference from the Board Chair and report back to the June Committee Meeting. <p>That the Corporate Business Manager remind the Board Chair that this Disability Support Advisory Committee had recommended that the terms of Reference required review and that this issue currently remains with the Board Chair for action.</p>	<p>Chair of Auckland and Waitemata Health Boards</p> <p>M Skelton</p>	<p>On hold</p> <p>29 March 2017 – on hold</p>
<p>29 Mar 17 Item 5.4</p>	<p>Draft Future Agenda Outline</p> <p>That the Committee Chair, Director Funding and Chief Health Professions Officer consider and discuss how the disability community can effectively engage in DHB decision-making processes.</p>	<p>J Agnew, S Waters, D Holdsworth</p>	<p>21 June 2017 – deferred to February 2018</p>
<p>3 Jun 2015 Item 8.2</p>	<p>Update on Collation of Statistic that Identify People with Impairments</p> <p>That the Auckland Metro DiSAC groups recommend to their Boards that:</p> <ol style="list-style-type: none"> 3.1 The same method of data collection be employed across the three regional DHBs 3.2 They investigate processes for the collection of the identified data about staff with disabilities. 3.3 A small working party be established representing the three DHBs to establish guidelines relating to the collection of data to support the DHBs to be good employers of people with disabilities. <p>Passed: Auckland DHB on 3 August 2016 Counties Manukau DHB on 7 September 2016 Waitemata DHB on 14 December 2016</p>	<p>F Michel</p>	<p>On hold</p> <p>Discussion held between Committee Secretaries of ADHB & CMDHB on proposal to action. To be considered by DSAC Chair and Chief Human Resources Officer</p>

Disability Support Advisory Committee Chairs Report

Recommendation

That the Disability Support Advisory Committee receives the Disability Support Advisory Committee Chairs report for December 2017.

Prepared by: Jo Agnew (Chair, Disability Support Advisory Committee)

Glossary

DSAC	Disability Support Advisory Committee
TOR	Terms of Reference
NZDS	New Zealand Disability Strategy
DAP	Disability Action Plan

1. Board Strategic Alignment

Community, whanau and patient-centred model of care	The DHBs commitment to its communities, patients and families aligned to the specific outcomes of the New Zealand Disability Strategy 2016 to 2026 will be reviewed and monitored, and advice will be given to the Boards on how they can effectively meet their responsibilities towards the government’s vision and strategies for people with disabilities.
Intelligence and insight	The focus and work programme of the Disability Support Advisory Committee will be based on the disability support needs of the resident population of Auckland and Waitemata DHBs and the strategic priorities for giving action to the outcome areas of the New Zealand Disability Support Strategy 2016 to 2026.
Outward focus and flexible service orientation	The Committee will focus on strategies and provision of advice that will reduce inequalities in health outcomes for disabled people. It will develop and maintain stakeholder relationships to promote an inclusive healthcare environment that maximises health outcomes for disabled people in the region.

1. Executive Summary

Our September 2017 meeting was cancelled whilst we awaited further progress to made against Annual Planning processes, confirmation of the 2017/18 funding envelope and discussions regarding the potential for a regional approach to DSAC meetings and activities.

2. Draft Plan for Implementation of the New Disability Strategy 2016 to 2026

Progress towards development of a draft plan for implementation of the new Disability Strategy 2016 to 2026 has continued, with community consultation taking place in late August/early September to inform the Auckland and Waitemata DHBs 2016-2026 New Zealand Disability Strategy Implementation Plan. A summary report has been included in this agenda as Item 6.2.

3. General Election 2017

The formation of the new Government brings us a new Minister of Health (David Clark) and a new Minister for Disability Issues (Hon. Carmel Sepuloni).

Minister Clark has a strong focus on inequality and social outcomes, as does Minister Sepuloni. This presents opportunities for a refreshed approach to improving Health and Disability outcomes.

4. Proposal for a Regional Disability Support Advisory Committee

Consideration and planning for a regional combined DSAC currently sits with the Board Chair who will appoint a representative from Counties Manukau DHB to lead the process. This is intended to achieve a balanced and xx outcome that has been formed with adequate contribution and input from all parties involved.

A further update will be available in the New Year.

5. Conclusion

We continue to await the finalisation of an Outcomes Framework that will clearly guide the key areas of strategic focus for this Committee.

Meeting dates for 2018 are yet to be confirmed and are pending decision by the Board. These will be advised to members as soon as they are available.

Disability Advisor Update

Recommendation

That the Disability Support Advisory Committee receives the Disability Advisor Update report for November 2017.

Prepared by: Samantha Dalwood (Disability Advisor, Waitemata DHB)

Endorsed by: Debbie Holdsworth (Director, Funding, Auckland and Waitemata DHBs); Sue Waters (Chief Health Professions Officer)

Glossary

ARDS	Auckland Regional Dental Service
ASD	Autistic Spectrum Disorders
DSAC	Disability Support Advisory Committee

1. Executive Summary

This report is a summary of collaboration and service coordination activities in the period since the last DSAC meeting in May 2017. It is a standing item for the meetings.

2. Work Areas

				
Outcome 2: employment & economic security	Outcome 3: health & wellbeing	Outcome 5: accessibility	Outcome 6: attitudes	Outcome 7: choice & control
<i>We have security in our economic situation and can achieve our potential</i>	<i>We have the highest attainable standards of health and wellbeing.</i>	<i>We access all places, services and information with ease and dignity.</i>	<i>We are treated with dignity and respect.</i>	<i>We have choice and control over our lives.</i>
<p>Auckland DHB & Waitemata DHB HR Teams working to increase the number of disabled candidates applying for roles.</p> <p>Both DHBs working to improve the recording of the number of disabled staff employed.</p>	<p>Community consultation on the Draft Disability Strategy Implementation Plan completed. Online survey and three community sessions – two general sessions and a session for the Deaf community. This was in response to requests from the Deaf community to be able to discuss the strategy in NZSL.</p> <p>The Disability Advisor is working with CMDHB to develop their community consultation. They will use the on-line survey and hold two community consultations in November/December. From this</p>	<p>The Health Literacy work is gaining momentum across both DHBs. Waitemata DHB are running a number of staff training sessions on health literacy and health literacy has been included as a judging criterion for the 2018 Health Excellence awards.</p> <p>Waitemata DHB have completed the external signage project with new signs across the hospital sites. The next piece of work is a focus on the internal signage and way finding work.</p> <p>Auckland DHB are continuing</p>	<p>Following feedback at the Deaf community consultation, Deaf awareness sessions are being run at both DHBs for new-born hearing screening staff.</p> <p>Lakes DHB have requested access to the Waitemata DHB Disability Responsiveness E-Learning module.</p>	<p>Eleven sessions of Autistic Spectrum Disorders (ASD) training with the Auckland Regional Dental Service (ARDS) have been completed. The training has been enthusiastically received by staff teams.</p>

	<p>we will develop a metro-Auckland Plan.</p> <p>Waitemata DHB Child Health services are working with Adult Health services to improve the transition for young, disabled people. Work is focussing on building relationships between the services, building on positive experiences to develop pathways, the possible role of a care co-ordinator and the role of GPs.</p> <p>Kōrero Mai (Talk to Me) aims to co-design a patient/family/whānau-led escalation system for patients whose condition is deteriorating (getting worse). The Disability Advisor is making sure the views and perspective of disabled people, particularly people with high and complex needs, are included in this work.</p>	<p>work to improve way finding and access to Level 5 of Auckland Hospital. This includes the retail offerings and hospital entrance from the main car park.</p> <p>Research by the Donald Beasley Institute showed that women with learning disabilities have difficulty accessing cervical screening. The Disability Advisor connected the researchers of this paper to the Metro Auckland Cervical Screening Operations Group to discuss ways to improve access to cervical screening for disabled women.</p> <p>Feedback from the community consultation told us that blind people were fed up receiving paper letters rather than emails. There are a number of IT projects happening to enable people to choose the way information is sent to them.</p>		
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3. Conclusion

The above are examples of work that has been happening since the May 2017 DSAC meeting and will be ongoing. This report is a standing item.

Community Consultation – Disability Strategy Implementation Plan

Recommendation

That the Disability Support Advisory Committee receives the Community Consultation – Disability Strategy Implementation Plan report.

Prepared by: Samantha Dalwood (Disability Advisor, Waitemata DHB)

Endorsed by: Debbie Holdsworth (Director of Funding, Auckland and Waitemata DHBs) and Sue Waters (Chief Health Professions Officer, Auckland DHB)

Glossary

DHB	District Health Board
DSAC	Disability Support Advisory Committee

1. Executive Summary

This paper gives a summary of the community consultation in Waitemata and Auckland DHBs that was carried out to inform the 2016-2026 NZ Disability Strategy Implementation Plan through an online survey and three community meetings. Overall we heard from 112 people, who shared a wealth of knowledge and experience.

As part of the development of a metro-Auckland Disability Strategy Implementation Plan and approach to the inclusion of disabled people, the WDHB Disability Advisor has been working with Counties Manakau DHB to support their consultation with their disability community. The information that comes out of this consultation will influence the final Implementation Plan.

From this consultation work, the plan for the implementation of the NZ Disability Strategy 2016-2026 will be completed.

2. Approach to Consultation

Previously, in 2010 and 2013, we held one joint community meeting to consult on the updated Disability Strategy Implementation Plan. Over 50 people attended community consultation meeting in 2013.

For this consultation we decided to provide people with an opportunity to complete an on-line survey or to attend a community meeting. The aim was to get a broader response than we would at a face-to-face meeting and members of the Reo Ora community panels for each DHB were invited to participate. With 82 responses to the on-line survey we achieved this aim. It is important to offer community meetings as well to enable people who prefer to communicate their thoughts and ideas face-to-face or would like to add more to their survey responses.

We held three community meetings. Two were general meetings, one in Kelston, in the west of the Waitemata DHB area, and one at Western Springs, in the Auckland DHB area. As a result of conversations with the Deaf community, a meeting specifically focused on the Deaf community was held at the Deaf Society in Balmoral. Turnout to these meetings was disappointingly low, a total of 30 people, but it provided an opportunity to have more in-depth discussions about the issues and to gain useful insights into issues and barriers facing disabled people.

3. Key themes from survey feedback

These are the key themes that came out of the online survey:

- Transport – getting there, alternatives to driving
- Parking – costs, availability
- Invisible disabilities – include all impairments, not just visible ones
- Outcome measures
- Not just learning disabilities – all disabled people need better health outcomes
- Way finding – signage, complicated routes around hospitals
- Communication – accessible information, staff responsiveness, Deaf community
- Mental Health – should be included as part of this work

4. Key themes from community meetings

These are the key themes that came out of the two general community meetings:

- Focus on all eight outcome areas of the NZ Disability Strategy 2016-2026
- Staff attitude and response to disabled people, particularly people with learning disabilities
- Accessible information and communication, use of technology
- System flags to indicate interpreter needed or email communication required
- Supported decision making /informed consent
- Support to navigate health system
- Supporting disabled staff and increasing employment of disabled people
- Staff training and experience of disabled people
- Impact on security staff and HCAs on patient experience

These are the key themes that came out of the Deaf community meeting:

- Using more visual information to explain what's wrong / what's happening
- Use of Deaf Support Workers
- Training for staff on Deaf culture and communicating with Deaf people
- Using technology to improve communication
- Access to interpreters
- On-going engagement with the Deaf community

5. Survey responses

Total = 82 people

Are you responding as:		
	Number	% of Respondents
An individual	76	92.7%
On behalf of someone with a disability	4	4.9%
Representing the views of an organisation / group	2	2.4%
Total	82	

Does a health problem or a condition you have that may have lasted six months or more (or the person you are responding on behalf of) cause difficulty with, or stop you (them) from:		
Number of responses	72	
	Total	% of Respondents
Seeing, even when wearing glasses or contact lenses	15	20.8%
Hearing, even when using a hearing aid	6	8.3%
Walking, lifting, or bending	39	54.2%
Using your hands to hold, grasp, or use objects	20	27.8%
Learning, concentrating, or remembering	18	25.0%
Communicating, mixing with others, or socialising	13	18.1%
No difficulty with any of these	20	27.8%
Other (Please specify):	12	16.7%

Gender		
	Number	% of Respondents
Male	19	24.4%
Female	57	73.1%
Gender diverse	0	0.0%
Prefer not to say	2	2.6%
Total	78	

What is your age group?		
	Total	% of Respondents
Under 15 years	1	1.3%
15-24 years	4	5.1%
25-34 years	3	3.8%
35-44 years	12	15.4%
45-54 years	13	16.7%
55-64 years	24	30.8%
65-74 years	10	12.8%
75+ years	10	12.8%
Prefer not to say	1	1.3%

Which ethnic group do you belong to?		
	Number	% of Respondents
New Zealand European	52	68.4%
Māori	6	7.9%
Samoan	0	0.0%
Cook Island Maori	2	2.6%
Tongan	1	1.3%
Niuean	0	0.0%
Chinese	1	1.3%
Indian	1	1.3%
Korean	0	0.0%
Prefer not to say	4	5.3%
Other (Please specify):	15	19.7%
Total	76	

'Other' responses included British, South African, South East Asian and Filipino.

Participants came from a broad geographical spread across the two DHB areas and some from other parts of the region.

DHB Board area:	Total	Percentage
Auckland DHB	37	45.1%
Waitemata DHB	34	41.5%
Northern region (not included above)	7	8.5%
Unspecified	4	4.9%

6. Working with Counties Manukau DHB

As part of the development of a metro-Auckland Disability Strategy Implementation Plan and approach to the inclusion of disabled people, the Waitemata DHB Disability Advisor has been working with Counties Manukau DHB to support their consultation with their disability community. The Counties Manukau DHB consultation is due to take place in November and is currently planned to be the same on-line survey and two community meetings. The Waitemata DHB Disability Advisor will help facilitate the meetings. The information gathered from these meetings will have an influence on the final Implementation Plan.

7. Conclusion

This was a very successful community consultation. Although we had low number of people attending the community meetings, the total number of responses was 112, double the number of people responding in 2013.

Mainstream Employment Programme

Recommendation

That the Disability Support Advisory Committee receives the Mainstream Employment Programme report.

Prepared by: Samantha Dalwood (Disability Advisor, Waitemata DHB), Kim Herrick (Organisational Development Practice Leader, Auckland DHB)

Endorsed by: Debbie Holdsworth (Director of Funding, Auckland and Waitemata DHBs) and Sue Waters (Chief Health Professions Officer, Auckland DHB)

Glossary

DHB	District Health Board
DSAC	Disability Support Advisory Committee
MSD	Ministry of Social Development

1. Executive Summary

As requested at the May 2017 DSAC meeting, this paper outlines the Ministry of Social Development (MSD)'s Mainstream Employment Programme and what Auckland and Waitemata DHBs are doing to support disabled people through the Programme.

2. Mainstream Employment Programme

The Mainstream Employment Programme provides a package of subsidies, training, and support to help people with significant disabilities to gain sustainable employment.

The programme provides:

- A 100% salary subsidy for the first half of an agreed term of up to 2 years, and an 80% salary subsidy for the second half
- Funding for agreed external training, specialised equipment or other assistance for the participant
- Ongoing support for participants and their supervisors

Specially created or adapted positions are tailored to the skills and aptitude of the participant, and the needs of the employer. Participants are not expected to be 'job-ready' when they start. They train on the job and have access to funding for extra training from Mainstream. Ideally the participant gets the opportunity of ongoing employment at the end of the placement, unless they find a suitable permanent position during the placement.

Because Mainstream follows the principles of supported employment, pay is comparable to the pay of others performing similar duties.

To make sure the funding is used for the greatest benefit for the most people, MSD prioritise applications according to the six factors shown in the table below. A person does not need to be a priority in all six factors to be eligible for Mainstream support.

Factors to be considered	Priority
Age	Young people aged 18 – 29
Qualification level	People who have completed a post-secondary qualification within the last 2 years
Previous work history	People with no paid work history
Access to other services	People who are less likely to succeed with Work and Income jobseeker services or wage subsidies available to all clients (e.g. Flexi-wage) or supported employment
Sustainability of employment	Roles that are likely to be maintained or made permanent at the end of the placement.
Benefit Status	People who are at risk of receiving Work and Income benefits long-term

MSD also consider the size of the potential employer's organisation and how they propose to address the participant's individual support needs.

Information for employers

Mainstream is available for roles in state and private sector organisations. MSD's preference is to contract with larger organisations because:

- They generally have experience employing and supporting a range of employees.
- They are more likely to have established human resources policies and procedures and practical experience to deal with any performance issues, disputes or other issues that may arise during the placement.
- There are likely to be additional opportunities for the participant to be placed permanently within the organisation because of staff turnover.

Employing a Mainstream participant

- Mainstream placements must not replace or displace an existing employee. Use your usual processes for selecting and employing staff. Existing vacancies should be chosen on merit and other applicants should not be disadvantaged by the availability of a subsidy.
- You should use your normal processes for managing performance. Work and Income cannot be involved in employment matters.
- Mainstream employers are required to report quarterly on the hours the participant has worked and an update on their progress.
- If the placement ends before the end of the contracted period, we may require a refund.

3. Employment at Auckland and Waitemata DHBs through the Mainstream Programme

At Waitemata DHB, we have been looking at possible roles that can be recruited to through the Mainstream Programme and offer real jobs to disabled people. There are limited existing non-

clinical and administration positions in the DHB and so we have looked at different ways to increase the opportunities available. In addition to looking at permanent positions, we have agreed with Geneva Elevator that there is value in offering work a one or two year work experience opportunity, even if there is no guaranteed position at the end of the time. After two years the person will have had real work experience and be ready for other work opportunities – in fact, two years is longer than some people stay in, so called, permanent roles. Currently, we have identified two possible roles and are exploring this with the Service Managers.

As well as focussing on the development of roles that can be recruited using Mainstream, the Waitemata DHB Recruitment Team is also exploring using supported employment agencies as another method of recruitment for all non-clinical roles. This gives employment opportunities that may not be eligible through the Mainstream Programme to disabled people. This breaks down barriers as it makes the supported employment agency another source of possible employees, rather than specifically focussing on employing a disabled person.

As part of Auckland DHB's wider Diversity and Inclusion strategy we have identified disability as a key area of focus, including supporting employees with mental health issues.

Further work is required to develop effective records of employees with disabilities because our current data shows only twenty nine employees at Auckland DHB have reported their disability (0.2% of Auckland DHB employees). These disability metrics are very low given that Statistic NZ has reported that 25.2% of our labour market has a disability (June 2017). We are conscious that employees have different definitions of disability, and there can be stigma associated with having an impairment. Our strategy is to create a more inclusive culture where employees feel safe sharing their impairment within our HR systems. In addition, we need to set up a reporting mechanism to record employees coming through the Mainstream Programme.

At Auckland DHB, we have developed a relationship with MSD / Work and Income to supply candidates for both regulated and unregulated roles. We have a dedicated Client Manager from Work and Income and they are aware we are open to employing people with disabilities.

4. Conclusion

This paper outlines the Mainstream Programme and the work that both Auckland Waitemata DHBs are doing to increase the number of disabled people employed through the programme. Both DHBs are also working to improve the way that data on disabled staff is recorded.

5. References

Ministry of Social Development – Mainstream Programme

<http://www.msd.govt.nz/what-we-can-do/disability-services/mainstream/index.html>