REGIONAL DISABILITY SUPPORT ADVISORY COMMITTEE (RDiSAC)
4 April 2019

Venue: Senior Citizens Room, Fickling Convention Centre, 546 Mount Albert Rd, Three Kings, Auckland

Time: 1.00pm

Committee Members
Colleen Brown – Committee Co-Chair (CMDHB)
Jo Agnew – Committee Co-Chair (ADHB)
Allison Roe – WDHB Board Member
Catherine Abel-Pattinson – CMDHB Board Member
Dianne Glenn – CMDHB Board Member
Edward Benson-Cooper – WDHB Board Member
Gwen Tepania-Palmer – ADHB Board Member
Judy McGregor – WDHB Board Chair
Katrina Bungard – CMDHB Board Member
Michelle Atkinson – ADHB Board Member
Robyn Northey – ADHB Board Member

Executive Attendees
Margie Apa, CE CM Health
Dana Ralph-Smith, GM ARHOP, CM Health
Debbie Holdsworth, Acting Chief Planning & Funding Director, WDHB
Samantha Dalwood, Disability Advisor, WDHB
Sanjoy Nand, Chief of Allied Health, Scientific & Technical Professions, CM Health
Sue Waters, Chief Health Professions Officer/Privacy Officer, ADHB
Vicky Tafau – Secretariat, CM Health

AGENDA

1.00pm 1. WELCOME, AGENDA ORDER AND TIMING

2. GOVERNANCE
1.05pm

2.1 Attendance & Apologies
2.2 Disclosure of Interests: does any member have an interest they have not previously disclosed?
2.3 Disclosure of Specific Interests: does any member have an interest that may give rise to a conflict of interest with a matter on the agenda?
2.4 Minutes of the Previous Meeting held on Wednesday, 28 November 2018.
2.4.1 Hospital-Based Buildings and Services - Audits on hospital facilities for disabled people
2.5 Action Items Register (agree timing for delivery of items)

3. DISCUSSION
1.20pm

3.1 Letter of Expectations from Minister – Committee Discussion with Amanda Bleckmann (MoH)
3.1.1 Appendix 1: Letter of Expectations from Minister of Health, Hon Dr David Clark

SHORT BREAK (2.15pm to 2.25pm)

4. DISCUSSION
2.25pm

4.1 NZ Disability Strategy Implementation Plan 2016-2026: Progress Report
(Samantha Dalwood, Disability Advisor, WDHB)
4.1.1 Final NZ Disability Strategy Implementation Plan 2016-20206

2.40pm

4.2 Proposed Regional Disability Advisory Committee Work Plan 2019 (Sanjoy Nand)

Next meeting: Thursday, 6 June 2019
<table>
<thead>
<tr>
<th>Name</th>
<th>28 Nov</th>
<th>4 Mar</th>
<th>6 June</th>
<th>5 Sept</th>
<th>14 Nov</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colleen Brown (co-Chair)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jo Agnew (co-Chair)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allison Roe</td>
<td></td>
<td></td>
<td></td>
<td>Apologies</td>
<td>Apologies</td>
</tr>
<tr>
<td>Catherine Abel-Pattinson</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dianne Glenn</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Edward Benson-Cooper</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gwen Tepania-Palmer</td>
<td>✓</td>
<td></td>
<td></td>
<td>Apologies</td>
<td></td>
</tr>
<tr>
<td>Judy McGregor</td>
<td></td>
<td></td>
<td></td>
<td>Apologies</td>
<td></td>
</tr>
<tr>
<td>Katrina Bungard</td>
<td></td>
<td></td>
<td></td>
<td>Apologies</td>
<td></td>
</tr>
<tr>
<td>Michelle Atkinson</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robyn Northey</td>
<td></td>
<td></td>
<td></td>
<td>Apologies</td>
<td></td>
</tr>
</tbody>
</table>
# REGIONAL DiSAC MEMBERS’ DISCLOSURE OF INTERESTS

## 4 April 2018

<table>
<thead>
<tr>
<th>Member</th>
<th>Disclosure of Interest</th>
</tr>
</thead>
</table>
| Colleen Brown (co-Chair) | - Chair, Disability Connect (Auckland Metropolitan Area)  
- Member, Advisory Committee for Disability Programme Manukau Institute of Technology  
- Member, NZ Down Syndrome Association  
- Husband, Determination Referee for Department of Building and Housing  
- Director, Charlie Starling Production Ltd  
- Member, Auckland Council Disability Advisory Panel  
- Member, NZ Disability Strategy Reference Group  
- District Representative, Neighbourhood Support NZ Board  
- Chair, Rawiri Residents Association  
- Director and Shareholder, Travers Brown Trustee Limited |
| Jo Agnew (co-Chair) | - 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)  
- Karma Food New Zealand LTD [50% shareholding, non-Director]  
- Member – New Zealand Nurses Organisation [NZNO]  
- Member – Tertiary Education Union [TEU] |
| Allison Rowe | - TBC |
| Catherine Abel-Pattinson | - Board Member, Health Promotion Agency  
- National Party Policy Committee Northern Region  
- Member, NZNO  
- Member, Directors Institute  
- Husband (John Abel-Pattinson), Director, Blackstone Group Ltd  
- Husband, Director, Blackstone Partners Ltd  
- Husband, Director, Bspoke Ltd  
- Husband, Director, 540 Great South Ltd  
- Husband, Director, Barclay Suites  
- Husband, Director, various single purpose property owning companies  
- Co-Chair, National Party Health Policy Committee |
| Dianne Glenn | - Member, NZ Institute of Directors  
- Life Member, Business and Professional Women Franklin  
- Member, UN Women Aotearoa/NZ  
- President, Friends of Auckland Botanic Gardens and Chair of the Friends Trust  
- Life Member, Ambury Park Centre for Riding Therapy Inc.  
- Member, National Council of Women of New Zealand |
<table>
<thead>
<tr>
<th>Name</th>
<th>TBC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edward Benson-Cooper</td>
<td>TBC</td>
</tr>
<tr>
<td>Gwen Tepania-Palmer</td>
<td>TBC</td>
</tr>
<tr>
<td>Judy McGregor</td>
<td>TBC</td>
</tr>
<tr>
<td>Katrina Bungard</td>
<td>TBC</td>
</tr>
<tr>
<td>Michelle Atkinson</td>
<td>TBC</td>
</tr>
<tr>
<td>Robyn Northey</td>
<td>TBC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>TBC</th>
</tr>
</thead>
</table>
| Edward Benson-Cooper  | Justice of the Peace  
|                       | Member, Pacific Women’s Watch (NZ)  
|                       | Member, Auckland Disabled Women’s Group  
|                       | Life Member of Business and Professional Women NZ  
| Gwen Tepania-Palmer   | Board Member - Health Quality and Safety Commission  
|                       | Committee Member - Lottery Northland Community Committee  
|                       | Chair - Ngati Hine Health Trust  
|                       | Life member – National Council of Maori Nurses  
|                       | Alumnus – Massey University  
|                       | Director – Hauora Whanui Limited Northland  
| Judy McGregor         | TBC          |
| Katrina Bungard       | Chairperson MECOSS – Manukau East Council of Social Services.  
|                       | Deputy Chair Howick Local Board  
|                       | Member of Amputee Society  
|                       | Member of Parafed disability sports  
|                       | Member of NZ National Party  
| Michelle Atkinson     | Director – Stripey Limited  
|                       | Trustee - Starship Foundation  
|                       | Contracting in the sector  
|                       | Contracting role – Shea Pita and Associates  
| 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  

Auckland Metropolitan District Health Boards – Regional Disability Support Advisory Committee  
4 April 2019
REGIONAL DISABILITY SUPPORT ADVISORY COMMITTEE MEMBERS’
REGISTER OF DISCLOSURE OF SPECIFIC INTERESTS

Specific disclosures (to be regarded as having a specific interest in the following transactions) as at 28 November 2018

<table>
<thead>
<tr>
<th>Director having interest</th>
<th>Interest in</th>
<th>Particulars of interest</th>
<th>Disclosure date</th>
<th>Board Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Minutes of the
Regional Disability Support Advisory Committee
Held on Wednesday, 28 November 2018 at 9.00am
Room 204, Ko Awatea, Middlemore Hospital, 100 Hospital Road, Otahuhu, Auckland

PART I – Items considered in Public Meeting

BOARD MEMBERS PRESENT

Colleen Brown (Committee Co-Chair)
Jo Agnew (Committee Co-Chair)
Catherine Abel-Pattinson (CM Health Board Member)
Dianne Glenn (CM Health Board Member)
Edward Benson-Cooper (WDHB Board Member)
Gwen Tepania-Palmer (WDHB Board Member)
Michelle Atkinson (ADHB Board Member)

ALSO PRESENT

Debbie Holdsworth (Director Funding, WDHB & ADHB)
Samantha Dalwood (Disability Advisory, WDHB)
Sanjoy Nand (Chief of Allied Health, Scientific & Technical Professions, CM Health)
Sue Waters (Chief Health Professions Officer/Privacy Officer, ADHB)
Wendy McKinstry (People & Professional Development Lead, CM Health)
Vicky Tafau (Secretariat)
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

There were no public or media representatives present.

WELCOME

The Chairs welcomed all those present to the meeting.

1. AGENDA ORDER AND TIMING

Items were taken in the same order as listed on the agenda.

2. GOVERNANCE

2.1 Apologies

Apologies were received and accepted from Allison Roe, Judy McGregor, Katrina Bungard,
Robyn Northey, Margie Apa, Dana Ralph-Smith, Kate Sladden and Michelle Atkinson for early departure.
2.2 Disclosure of Interests

Vicky Tafau will email committee members for their disclosures prior to the next meeting.

2.3 Disclosure of Specific Interests

There were no special disclosures in relation to today’s agenda.

2.4 Regional DiSAC Terms of Reference

A suggestion was made to incorporate the Disability Strategy outcomes into the TOR.

The 2013 Disability Survey for Maaori was raised in relation to this committee’s obligation to meet the requirements of the Disability Strategy.

After a discussion regarding DHBs and the Ministry of Social Development (nothing drawing the two together, NGOs are small and don’t receive enough funding to deliver the outcomes the DHB are looking for) it was decided that the MSD would be invited to attend a future meeting.

3. MINISTRY OF HEALTH

3.1 Discussion with Amanda Bleckmann (Family & Community Support Team, Manager), Mathew Parr (Acting Deputy Director General, Disability) and Toni Atkinson (Disability Support Services, Group Manager)

Co-Chair Ms Brown provided background to the MOH around the reasoning behind reforming DiSAC as a regional committee. It was most appreciated that the MoH could be in attendance at this inaugural meeting in order to set the platform for moving forward into 2019. A robust discussion followed.

Disability Strategy – being used as a mandatory training tool for staff induction. The MOH are working with residential providers in regard to improving communication.

Health Passport hasn’t had the uptake that would have been envisaged so rather than having a paper based version the MOH are investigating the practicalities and cost of moving to an electronic version.

People with disabilities can be high users of the health system and each time they visit they’re asked to provide the same information that has been previously shared. This can bring a level of frustration for people visiting health services.

The MoH have a number of databases for dissemination of information. These websites hold a lot of information.

The committee brought several issues to the table:
U65 and O65 – not aware of how information is shared between MoH and Taikura.
It was suggested that ODI, Education and Oranga Tamariki should also be invited to sit at this table.
The issue of Taikura’s performance was raised as part of the conversation around the benefits of devolving the funding from MoH to the DHBs.

From the Community perspective, MoH is a national funder so the information from the level of this committee will be very helpful.

MoH advised that they could pool high level data and share that information with DHBs.
**Action**
Amanda Bleckmann to follow up with Debbie Holdsworth in regard to access to the required data (reciprocal data).

Michelle Atkinson wanted the committee to note homogeneity & communication and coordination between professionals. Also, in regard to the Terms of Reference the frequency and duration of meetings were not enough for a regional committee. Ms Atkinson left the meeting at 9.45am.

WAI Claims: what is the MoH response to the claims, in particular for disabled Maaori. Would like to see this on the agenda moving forward.

Firstly, around the inquiry, the Director General has given evidence as will others. Response is a priority for the MoH.

Secondly, in terms of the new disability directorate – combined 3 functions, Disability Support Services, Systems transformation essentially looking at the $1.26 billion and how we can do this better, Policy Function – end to end remit.

Family Funded Care: Targeted consulting by an external party has begun. Huge response to the survey. Feedback is being summarised.

Stocktake needs to be taken of what services/providers we have. DHBs need help from the MOH in order to work together, including MSD, in order to address the fact that Maaori with disabilities die 18 to 23 years earlier than all of the other ethnic groups put together. Data collection, and the understanding of it, is crucial.

65 age demarcation is an issue for the DHBs. A lot of time is taken around negotiation of funding. MOH would be interested to see the DHBs data
Health and Disability system review – this will be where decisions can be made in regard to devolution of funding.

Confidence in the system needs to be restored.

Social media chat: Taikura – wait times, no confidence by families in the service. A broader/collective approach to Disability would be beneficial. System Transformation project: not known about by families living with disability.

**Action**
Amanda Bleckmann to be added as an attendee to RDiSAC.

B4SChecks was raised as an issue: children not being identified as having learning needs. Public Schools: how do we make it safe for child with disabilities and their families? Should this be an ongoing topic at this committee?
MOH advised that MOE is heavily involved with the System Transformation project. Still early days in terms of determining if there has been change.

**Action**
Invite Pamela Cohen, MOE to attend a meeting. MOH advised that they are happy to facilities links to other agencies. Amanda Bleckmann.

As a Strategic committee we need to understand how agencies work together across Disability.
4. FOR DISCUSSION

4.1 New Zealand Disability Strategy: what would this look like as a regional chartered progress against outcomes?

Access to information, attitude and communication, access to buildings.

ADHB/WDHB strategy – broad, aligns with NZ Disability Strategy, but looked to see what was the most relevant, narrow the focus to 5 areas (2, 3, 5, 6, 7 areas that resonated most) 10 year plan.

CM Health – endorsed to move to a regional strategy.

Moving forward: align ideas on priority areas.

Action
Put the CM Health logo onto the Disability Action Plan and put into the RDiSAC resource centre.

4.2 Buildings & Services – Hospital Based – audits on hospital facilities for disabled people (Colleen Brown) - To be added as an information paper in the next agenda.

The paper recommended:
That DiSAC holds forum type meetings (the number of forums to be determined by the committee) to hear about particular disability groups’ experiences in the metro health system in order for a consistent approach to the provision of services to be implemented across the region. Resolution: on paper.

Discussion raised the following points:
- It was suggested that we need to be mindful that we already know the issues for families and parents and having a forum as part of this committee may be moving too far into an operational space.
- Hospitals already collate a lot of data from surveys that are currently conducted, it is noted if this related to disabilities and is linked to the patient.
- Need to think of system level measures that can change the feel of a patient’s journey.
- As a group the regional plan needs to be sorted, prioritise our key actions, get access to MOH data.
- Look to host an annual forum, meaningful engagement being a key focus, where consumers, etc can have a voice.
- Need to ensure voices of disabled people are heard across the sector in our everyday work.
- Work toward the Accessibility Tick across the region. Accessibility needs to be a focus of any build, renovation, etc.
- Barrier-Free training: to be provided as training for staff across the system, facilities are key personnel to engage.

It was felt that a defined plan moving forward was critical.
**Action**
Investigate the feasibility of a stocktake of all current contracts (funding over 65 and under 65). In the form of a MAP? Include ACC, NASC. Demonstrate complexity. Debbie Holdsworth to follow up with Mathew Parr. Do they have a MAP of those that currently provide services in the Disability Sector.

4.3 A priority is equity based provision, for Maori and Pacific in particular, along with our immigrant communities – how do we achieve this? A report from each area as to what they might be doing currently to achieve this would be helpful.

Due to time constraints, this item is to be added to the next agenda. Manawa Ora/DISAC to decide who may pick this work up.

4.4 Formats for the DiSAC meetings going forward – an open forum type arrangement at every second meeting. The number of meetings and venue – we all agree that they need to be more central. Once we have dates we can sort out an arrangement with the Deaf Association.

A central venue (Deaf Centre, Potters Park) is preferred.

The number of meetings per year was discussed. 6 weekly was suggested. Thinking of CPHAC, HAC, etc a counter of 8 weeks was suggested. This will need to be recommended to the Boards.

Jo Agnew will liaise with Marlene Skelton in the first instance, whilst the Secretariat for RDiSAC is finalised.

The meeting concluded at 11.50am.


__________________________  __________________________
Colleen Brown, Committee Co-Chair        Jo Agnew, Committee Co-Chair
Auckland Metropolitan District Health Boards
Regional Disability Advisory Committee
Hospital-Based Buildings and Services
Audits on hospital facilities for disabled people

Recommendation

It is recommended that the Regional Disability Advisory Committee:

Receive this report.

Agree that RDiSAC holds forum type meetings (the number of forums to be determined by the committee) to hear about particular disability groups’ experiences in the metro health system in order for a consistent approach to the provision of services to be implemented across the region.

Prepared and submitted by: Vicky Tafau on behalf of Colleen Brown, Co-chair, RDiSAC

Background

On Tuesday 20th November a meeting was held at Disability Connect in Penrose with the CEO of the Office of Disability Issues (ODI), Brian Coffey to discuss key issues affecting the disability community.

Currently the government is advised on critical issues by a group of representatives from the Disabled People Organisations (DPOs). Recommendations by the DPOs form the Disability Action Plan for government to follow. At this point in time parents and carers are asked for their concerns via the ODI.

Many of the concerns articulated at that meeting reflect key outcomes outlined in the NZ Disability Strategy and in the United Nations Convention on the Rights of Persons with a Disability.

It was apparent at the 26th November meeting that a number of the issues raised in particular by a parent with a multiply disabled son were connected to the health system and to DHBs in particular.

Issues raised were related to scheduled health appointments:
- Lack of support to lift her son from his wheelchair on to an examination table or chair.
- An expectation that the parent would do the lifting without any equipment.
- A lack of changing facilities for a pubescent young person.
- A changing facility that is poorly designed. The parent/carer has to stand in water as the drainage hole is in the middle of the room and the changing facility is on the side of the room.
- Changing tables that are too low.
- The number of times a parent or care giver is asked to fill in the same forms.

‘The amount of times we are asked to fill in forms for our children when everything should be recorded under their National Health Number. Our children have high health needs so their diagnosis, medications and surgeries can be long and complex. This is something we really don’t want to have to repeat throughout every department in our health system. It’s hard enough dealing with the other ministry’s and their repetitive need for information on our kids. Again, not-for-profits and contracted agencies are also asking for the same information … it can be relentless.’
Conclusion

One of the key outcomes for this committee is to adhere to the NZ Disability Strategy. It is also made very clear in the Terms of Reference for the committee that the committee should have coordinated health services across the metro DHBs along with developing and maintaining relationships with disability stakeholders.

There is an opportunity to hear from groups such as the parents and caregivers of complex need clients as to how the metro DHBs can provide health services that meet their needs.

There are a number of ways this can be done. A coordinated approach may well be to ask such groups to present to this committee in a forum type meeting and for staff to assist by investigating the particular needs of disability groups in using the metro health services and creating a plan to deliver against agreed outcomes.
Items once ticked complete and included on the Register for the next meeting, can then be removed the following month.

**Regional Disability Support Advisory Committee Meeting**  
**Action Items Register – as at 28 November 2018**

<table>
<thead>
<tr>
<th>DATE</th>
<th>ITEM</th>
<th>ACTION</th>
<th>DUE DATE</th>
<th>RESPONSIBILITY</th>
<th>COMMENTS/UPDATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>28.11.2018</td>
<td>2.2</td>
<td>Vicky Tafau to get updated Disclosure of Interests for Committee members.</td>
<td>4.4.2019</td>
<td>Vicky Tafau</td>
<td>Waiting on updates from Board Secretaries.</td>
</tr>
<tr>
<td>28.11.2018</td>
<td>2.4</td>
<td>Ministry of Social Development (MSD) are to be invited to attend RDiSAC in 2019.</td>
<td>TBC</td>
<td>Co-Chairs</td>
<td></td>
</tr>
<tr>
<td>28.11.2018</td>
<td>3.1</td>
<td>Ministry of Health (MOH): Follow up with Debbie Holdsworth in regard to access to the required data (reciprocal data).</td>
<td>TBC</td>
<td>Amanda Bleckmann</td>
<td></td>
</tr>
<tr>
<td>28.11.2018</td>
<td>3.1</td>
<td>Understanding agencies: Invite Pamela Cohen, MOE to attend a meeting. MOH advised that they are happy to facilities links to other agencies.</td>
<td>TBC</td>
<td>Amanda Bleckmann</td>
<td></td>
</tr>
<tr>
<td>28.11.2018</td>
<td>3.1</td>
<td>Mid-central Prototyping: interested to see documentation around this. Presentation from Lorna Sullivan.</td>
<td>TBC</td>
<td>Colleen Brown/ Amanda Bleckmann</td>
<td></td>
</tr>
<tr>
<td>28.11.2018</td>
<td>4.1</td>
<td>Put the CM Health logo onto the Disability Action Plan and put into the RDiSAC resource centre.</td>
<td>TBC</td>
<td>Vicky Tafau</td>
<td>When the logo has been added to the Plan, send to Vicky Tafau for inclusion to the Resource Centre on Diligent.</td>
</tr>
<tr>
<td>28.11.2018</td>
<td>4.2</td>
<td>Buildings &amp; Services – Hospital Based – audits on hospital facilities for disabled people: Investigate the feasibility of a stocktake of all current contracts (funding over 65 and under 65). In the form of a MAP? Include ACC, NASC. Demonstrate complexity. Debbie Holdsworth to follow up with Mathew Parr. Do they have a MAP of those that currently provide services in the Disability Sector?</td>
<td>TBC</td>
<td>Debbie Holdsworth/ Mathew Parr</td>
<td></td>
</tr>
<tr>
<td>DATE</td>
<td>ITEM</td>
<td>ACTION</td>
<td>DUE DATE</td>
<td>RESPONSIBILITY</td>
<td>COMMENTS/UPDATES</td>
</tr>
<tr>
<td>----------</td>
<td>------</td>
<td>------------------------------------------------------------------------</td>
<td>----------</td>
<td>----------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>28.11.2018</td>
<td>4.3</td>
<td>A priority is equity based provision, for Maaori and Pacific in particular, along with our immigrant communities – how do we achieve this? A report from each area as to what they might be doing currently to achieve this would be helpful.</td>
<td>TBC</td>
<td>TBC</td>
<td>Due to time constraints on 28.11.2018, this item is to be put on a subsequent agenda. Manawa Ora/DiSAC to decide who will pick up the work on this.</td>
</tr>
</tbody>
</table>
**Recommendation**

It is recommended that the Regional Disability Advisory Committee:

Receive the Minister’s letter.

---

**Prepared and submitted by:** Vicky Tafau on behalf of Colleen Brown, Co-chair, RDiSAC

**Purpose**

The Minister’s letter of Expectation dated 19 December 2018 (attached as Appendix 1) states the following:

*Disabled people experience significant health inequalities and they should be able to access the same range of health services as the rest of the general population. My expectation is that DHBs are working towards or are implementing the Convention of the Rights of Persons with Disabilities. I expect DHBs to implement policies for collecting information, within their populations, about people with disabilities. In addition, please ensure your contracts with providers reflect their requirements to either ensure accessibility or put in place concrete plans to transition to a more accessible service.*

During the course of this meeting, the committee should focus their discussion on:

- the lack of equity that was raised as a broad issue;
- DHBs complying with the UN Convention on the Rights of Persons with a Disability;
- DHBs showing compliance with the NZ Disability Strategy;
- data collection about disabled people;
- accessible services (unsure of the scope of that item and would appreciate some help in interpreting what the Minister would like to see in regard to our moving forward on this matter); and
- make suitable recommendations to the Board for their consideration regarding a way forward (these recommendations can then become part of the RDiSAC Workplan for 2019).

**Appendix**

1. Minister’s Letter of Expectation
19 DEC 2018

Vui Mark Gosche
Chair
Counties Manukau District Health Board
m.gosche@outlook.com

Dear Mark

Letter of Expectations for district health boards and subsidiary entities for 2019/20

This letter sets out the Government’s expectations for district health boards (DHBs) and their subsidiary entities for 2019/20.

In early September, the Prime Minister announced a long-term plan to build a modern and fairer New Zealand; one that New Zealanders can be proud of. As part of the plan, our Government commits to improving the wellbeing of all New Zealanders and their families, and ensuring that the economy is growing and working for all.

Our health system has an important role in supporting the Government’s goals. To do this we need to be sure that our public health system is: strong and equitable, performing well, and focused on the right things to make all New Zealanders’ lives better.

Achieving equity within the New Zealand health system underpins all of my priorities. Māori as a population group experience the poorest health outcomes. As you consider equity within your district, there needs to be an explicit focus on achieving equity for Māori across their life course. Māori-Crown relations is a priority for this Government and I expect your DHB to meet your Treaty of Waitangi obligations as specified in the New Zealand Public Health and Disability Act 2000. I am expecting you to report on progress with how you are meeting these obligations as part of your Annual Plan reporting.

Unmet need also represents a significant barrier to achieving equity in health outcomes for all populations groups across New Zealand. I expect your Annual Plan to contain actions that will enable progress towards achieving equity and to address the key areas of unmet need especially for Pacific peoples and other population groups in your regions with poorer health outcomes.

Our approach

DHB Chairs are directly accountable for their DHB’s performance. We expect Boards to be highly engaged and to hold Chief Executives and management to account for improved performance within their DHB, in relation to both equity of access to health services and equity of health outcomes. In addition, I will also be working towards ensuring that Māori membership of DHB Boards is proportional to the Māori population within your district.
Fiscal responsibility
Strong fiscal management is essential to enable delivery of better services and outcomes for New Zealanders. I expect DHBs to live within their means and maintain expenditure growth in line with or lower than funding increases.

My expectation is that DHBs have in place clear processes to ensure appropriate skill mix and FTE growth that supports changes in models of care and use the full range of the available workforce and settings. This is essential for ensuring financial and clinical sustainability of our health system.

A better collective understanding of the demand for services, drivers of deficits and financial risks remains a very significant priority and I expect you to work closely and proactively with the Ministry of Health on these matters. I will continue to meet and speak with you frequently during the year to discuss performance, and I will be looking particularly closely at your ability to deliver in the Government’s priority areas, to keep within budget and to manage your cash position.

Strong and equitable public health and disability system

Building infrastructure
My expectation is for timely delivery of Ministers’ prioritised business cases. I remind you that capital projects over $10 million are subject to joint Ministers (Minister of Health and Minister of Finance) approval. Business cases will be assessed to ensure that they are in line with the Health Capital Envelope priorities. I also expect you to ensure that your agency is aware of the expectation that upcoming construction projects will be used to develop skills and training and that the construction guidelines will be applied for all procurement of new construction from this point onwards. I will be writing to you separately about this with further detail.

National Asset Management Plan
I expect you to support the National Asset Management Plan programme of work. I encourage you to actively interact with the project as, long term, the National Asset Management Plan will formulate the capital investment pipeline, and ensure DHBs’ future infrastructure needs are met.

Devolution
I am considering devolution of certain services and expect to be making decisions in the New Year. DHBs will be consulted during the process to ensure the financial and service implications are well understood. Once any decisions have been made, I will expect you to work with the Ministry of Health to ensure a seamless transition of responsibilities.

Workforce
I expect DHBs to develop bargaining strategies that are consistent with the Government Expectations on Employment Relations in the State Sector, and to act collaboratively to ensure that any potential flow-on implications across workforces and/or across DHBs are understood and addressed in the bargaining strategies. A Government priority is raising the wages of the least well-paid workforces, which will require a different approach to the traditional one based on across-the-board percentage increases. I also expect DHBs to implement Care Capacity Demand Management in accordance with the process and timetable set out in the 2018-2020 MECA. I note that the State Services Commissioner has included wording that reflects the commitments in the New Zealand Nurses Organisation Accord in the performance expectations of the Director-General of Health and I ask you to consider including similar wording in the performance expectations of your Chief Executive.
DHBs have an essential role in training our future workforce and I expect you to support training opportunities for the range of workforce groups. As part of this, you should work closely with training bodies such as tertiary education institutes and professional colleges and bodies to ensure that we have a well trained workforce and to support research. I continue to expect DHBs will adhere to the Medical Council’s requirement for community-based attachments for PGY1 and PGY2 doctors.

Bowel Screening
The National Bowel Screening programme remains a priority for this Government, and I expect you to develop a sustainable endoscopy workforce, be it medical or nursing, including the strategic support of training positions for both nursing and medical trainees in order to meet growing demand in this area. It is crucial that symptomatic patients are not negatively impacted by screening demand and the Ministry of Health will work closely with you on workforce issues to support this.

Planned Care
I am enabling DHBs to take a refreshed approach to the delivery of elective services under a broader “Planned Care” programme. Timely access to Planned Care remains a priority. The refreshed approach to Planned Care will provide you with greater flexibility in where and how you deliver services and will enable more care to be delivered within the funding envelope. I urge you to take advantage of the opportunity that will be made available, and support your teams to develop well considered delivery plans that align with your population’s needs, support timely care, and make the best use of your workforce and resources.

Disability
Disabled people experience significant health inequalities and they should be able to access the same range of health services as the rest of the general population. My expectation is that DHBs are working towards or are implementing the Convention on the Rights of Persons with Disabilities. I expect DHBs to implement policies for collecting information, within their populations, about people with disabilities. In addition, please ensure your contracts with providers reflect their requirements to either ensure accessibility or put in place concrete plans to transition to a more accessible service.

System Level Measures
As part of your focus on improving quality, I expect you to continue to co-design and deliver initiatives to achieve progress on System Level Measures with primary health organisations (PHOs) and other key stakeholders.

Rural health
The Government expects DHBs with rural communities to consider their health needs and the factors affecting health outcomes for rural populations when making decisions regarding health services.

Mental health and addiction care
Mental health and addiction remains a priority area for this Government and I expect your DHB to prioritise strengthening and improving mental health and addiction service areas in your 2019/20 Annual Plan. The Mental Health and Addiction Inquiry report is under consideration by the Government and it is my expectation that DHBs are ready to move on implementing the Government’s response to its recommendations.

Over the last year a number of deaths across the country have been attributed to use of synthetic cannabinoids. I expect DHBs to consider the role of both public health and specialist treatment services in providing coordinated local responses to emerging drug threats such as synthetic cannabinoids.
Child wellbeing

Child wellbeing is a priority for our Government. I expect your annual plans to reflect how you are actively working to improve the health and wellbeing of infants, children, young people and their whānau with a particular focus on improving equity of outcomes.

In supporting the Government’s vision of making New Zealand the best place in the world to be as a child I expect DHBs to have a specific focus on:

- supporting the development of the Child Wellbeing Strategy, particularly the First 1000 days of a child’s life and child and youth mental wellbeing
- contributing to the review of the Well Child Tamariki Ora programme
- supporting the reduction of family violence and sexual violence through addressing abuse as a fundamental health care responsibility.

Maternity care and midwifery

High quality maternity care is recognised as a fundamental part of child wellbeing. I am listening to the issues the community is raising with me, and I take the concerns about the level of capacity in the midwifery workforce seriously. It is my expectation that DHBs implement a plan to support improved recruitment and retention of midwives, including midwives in the community and midwives employed in all maternity facilities.

Smokefree 2025

I also expect you to advance progress towards the Smokefree 2025 goal, particularly community-based wrap-around support for people who want to stop smoking, with a focus on Māori, Pacific, pregnant women and people on a low income. I also want to see DHBs collaborating across their region to support smoking cessation including, where appropriate, amongst programme providers, with a view to sharing and strengthening knowledge and delivery of effective interventions.

Primary health care

Improved access to primary health care brings significant benefits for all New Zealanders as well as our health system. Removing barriers to primary health care services and improving equity are key priorities for this Government. I also want to see closer integration of primary health care with secondary and community care. I intend to continue to invest in primary care and expect all DHBs to support this important priority.

Non-communicable disease (NCD) prevention and management

As our major killers, NCDs, particular cancers, cardiovascular disease and type 2 diabetes need to be a major focus for prevention and treatment for your DHB. I want you to continue a particular focus on type 2 diabetes prevention and management, including an emphasis on ensuring access to effective self-management education and support. I want to see an increased focus on prevention, resilience, recovery and wellbeing for all ages, as part of a healthy ageing approach. You should also use PHO and practice-level data to inform quality improvement.

Public health and the environment

Environmental sustainability

I expect you to continue to contribute to the Government’s priority outcome of environmental sustainability and undertake further work that leads to specific actions, including reducing
carbon emissions, to address the impacts of climate change on health. This will need to incorporate both mitigation and adaption strategies, underpinned by cost-benefit analysis of co-benefits and financial savings and I expect you to work collectively with the Ministry of Health on this important area.

Healthy eating and healthy weight
As part of your sector leadership role, I strongly encourage you to support healthy eating and healthy weight through continuing to strengthen your DHB’s Healthy Food and Drink Policy. This includes increasing the number of food options categorised as ‘green’ in the National Policy and moving towards only selling water and milk as cold drink options. I actively encourage you to support other public and private organisations to do the same. There is a strong rationale for DHBs providing such leadership in their communities to both set an example and to ‘normalise’ healthy food and drink options. In particular I would like you to work directly with schools to support them to adopt water-only and healthy food policies.

Drinking water
You will be aware that our Government is undertaking system-wide reform of the regulatory arrangements for drinking water and I am confident that you will support any developments that may result. I expect you to work through your Public Health Unit across agency and legislative boundaries to carry out your key role in drinking water safety with a focus on the health of your population.

Integration
Improving equity and wellbeing and delivering on several other expectations I am setting in this letter will not be possible without strong cross-sectoral collaboration. I expect DHBs to demonstrate leadership in the collaboration between and integration of health and social services, especially housing.

Planning processes
Your DHB’s 2019/20 Annual Plan is to reflect my expectations and I also ask you to demonstrate a renewed focus on your strategic direction, by refreshing your Statement of Intent in 2019/20.

I believe providing you with my expectations in December will support your planning processes, however I also acknowledge that some important decisions will be made in the coming weeks, including detail related to implementation of the Mental Health and Addictions Inquiry recommendations. To ensure my expectations are clear, it is my intention to provide an update to this letter in the New Year.

I would like to take this opportunity to thank you, the Board and your staff for your dedication and efforts to provide high quality and equitable outcomes for your population.

Yours sincerely,

Hon Dr David Clark
Minister of Health
Recommendation

It is recommended that the Regional Disability Advisory Committee:

Receive this progress report.

Prepared and submitted by: Samantha Dalwood, Disability Advisor, WDHB

Metro-Auckland District Health Board’s Implementation of the New Zealand Disability Strategy 2016-2026
Current Status at 25 March 2019

Outcome 2: employment & economic security
We have security in our economic situation and can achieve our potential

Outcome 3: health & wellbeing
We have the highest attainable standards of health and wellbeing.

Outcome 5: accessibility
We access all places, services and information with ease and dignity.

Outcome 6: attitudes
We are treated with dignity and respect.

Outcome 7: choice & control
We have choice and control over our lives.
## Outcome 2: Employment & Economic Security

*We have security in our economic situation and can achieve our potential*

**Current Status at 25 March 2019**

<table>
<thead>
<tr>
<th>What we will do... actions</th>
<th>Where we are now...current status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Increase the number of disabled people into paid employment.</td>
<td>Auckland DHB is amending policy and updating our careers page and advertisements to show that we actively welcome enquiries from people with a disability.</td>
</tr>
<tr>
<td>2. Increase the confidence of Hiring Managers to recruit disabled people.</td>
<td>Auckland DHB is currently co-designing a recruitment and selection module for its Management Development Programme with Kineo and Access Advisors around non-discriminatory interviewing and unconscious bias. This will be rolled out to managers at the end of May 2019. Counties are currently reviewing what support is available for Hiring Managers.</td>
</tr>
<tr>
<td>3. Record the number of staff with impairments working for the DHB.</td>
<td>Current data (May 2018) shows only 23 Auckland DHB and 22 WDHB employees identifying as having a disability. Both DHBs are developing a confidential staff survey which they hope will provide more accurate data on the number of disabled employees identify any barriers and help to inform the support and actions required from us. Self-reporting disability will never be totally accurate, but will give us a baseline to understand better how many staff who identify as disabled people that each DHB has. Waitemata DHB is now recording disability status in TALEO system for new staff at on-boarding.</td>
</tr>
<tr>
<td>4. Ensure DHB Diversity &amp; Equality work includes disabled people.</td>
<td>Auckland DHB has an Accessibility Steering Group that meets quarterly whose purpose is to ensure that actions are being taken, as laid out in Auckland DHB’s Accessibility Action Plan, and in line with the NZ Disability strategy, to improve accessibility and inclusion for employees, patients and the community we serve. We have three people on the committee who have a disability or access need. Auckland DHB has a disability and accessibility page on the staff intranet to highlight the DHB’s support for disabled people. Counties are planning to include disability in their Equity Strategy. WDHB are recruiting for their Consumer Council and are actively ensuring that disabled people are represented.</td>
</tr>
<tr>
<td>5. Awarded the Accessibility Tick.</td>
<td>Auckland DHB is a foundation member of the Accessibility Tick. Waitemata and Counties are working to get commitment to getting the Accessibility Tick.</td>
</tr>
</tbody>
</table>
Outcome 3: Health & Wellbeing

*We have the highest attainable standards of health and wellbeing*

Current Status at 25 March 2019

<table>
<thead>
<tr>
<th>What we will do... actions</th>
<th>Where we are now... current status</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Improve the health outcomes of disabled people.</td>
<td></td>
</tr>
<tr>
<td>6. Robust data and evidence to inform decision making.</td>
<td>Discussions at ADHB/WDHB on what data is needed, how this data will be acquired and ways in which the system can record data.</td>
</tr>
<tr>
<td>7. Barrier free and inclusive access to health services.</td>
<td>This is included as part of the three DHBs Health Literacy work.</td>
</tr>
<tr>
<td>8. Increased understanding of the support needs of people with learning disabilities.</td>
<td>Counties planning a ‘deep dive’ into the health access needs of people with learning disabilities. WDHB in discussion with Taikura Trust on way to improve health experience of people with learning disabilities. This includes discharge planning.</td>
</tr>
<tr>
<td>9. Better understanding of the needs of Deaf people. This includes access to interpreters, information available in NZSL and knowledge of Deaf culture.</td>
<td>Presentation by Deaf woman about Deaf culture and working with Deaf people at the WDHB new graduate nurse’s cultural responsiveness day. NZSL Taster Session for WDHB/ADHB Funding &amp; Planning Team during NZ Sign Language week in May. Counties planning a Deaf awareness promotion during NZSL week.</td>
</tr>
<tr>
<td>10. Better support for young people moving from child to adult health.</td>
<td>At WDHB young adults with complex/chronic illness are identified at age 14 years and planning for transitioning begins at this stage. The aim is to have one plan, decided upon by them and their families/whānau to support them to move into adult services. Tools are in development to support the process – a policy outlining the roles of the Child Women and Family Division and Home and Older Adult services in the process has already been written. Other work in the development stage includes the writing of an electronic pathway, linking to relevant documents, availability of a template to identify clients for discussion and to guide the discussions at cluster meetings, and the use of an electronic shared care plan with a parent/client portal.</td>
</tr>
</tbody>
</table>
### Outcome 5: Accessibility

*We access all places, services and information with ease and dignity*

**Current Status at 25 March 2019**

<table>
<thead>
<tr>
<th>What we will do... actions</th>
<th>Where we are now... current status</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Barrier free and inclusive access to health services.</td>
<td></td>
</tr>
<tr>
<td>12. The principles of universal design and the needs of disabled people are understood and taken into account.</td>
<td>Auckland DHB is recommending accessibility is incorporated into existing purchasing and procurement policy and accessibility will be considered before any major procurement of buildings, renovation, internal spaces, furnishings etc. Counties planning to engage with the Consumer Council on for input on accessible design.</td>
</tr>
<tr>
<td>13. Improve &amp; increase accessible information across the DHB.</td>
<td>A detailed assessment of Auckland DHB’s intranet is to be undertaken. Auckland DHB’s new career page will also be reviewed for accessibility. All three DHBs are looking at this in the context of Health Literacy work.</td>
</tr>
<tr>
<td>14. Information available in different formats, eg. Easy Read</td>
<td>Some of Auckland DHB’s Ko Awatea mandatory learning modules have been identified as not being accessible. It is recommended that Auckland DHB review all of its online training for accessibility and ensure that externally produced training modules all comply with NZ accessibility standards.</td>
</tr>
<tr>
<td>15. Ensure physical access to DHB buildings and services, including signage and way finding.</td>
<td>An annual physical environment accessibility site audit of Auckland DHB has been recommended by Access Advisors to be conducted in conjunction with regular health and safety site checks. Auckland DHB are currently exploring having Health &amp; Safety reps barrier-free trained, so they can carry out the physical environment audits along with regular health &amp; safety checks. Counties planning to assess way-finding with a focus on disabled people finding their way at Middlemore Hospital.</td>
</tr>
</tbody>
</table>
### Outcome 6: Attitudes

*We are treated with dignity and respect.*

**Current Status at 25 March 2019**

<table>
<thead>
<tr>
<th>What we will do... actions</th>
<th>Where we are now... current status</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. All health and well-being professionals treat disabled people with dignity and respect.</td>
<td>The Disability Responsiveness e-Learning module has a clear focus on respect and dignity for disabled people.</td>
</tr>
<tr>
<td>17. Disabled people and their families respected as the experts in themselves.</td>
<td></td>
</tr>
<tr>
<td>18. Provide a range of disability responsiveness training.</td>
<td></td>
</tr>
<tr>
<td>19. Promote the Disability Awareness e-Learning module to all staff across the DHBs.</td>
<td>Module included in Auckland DHB Allied Health orientation within Community and Long Term Conditions Directorate. Counties have made Disability Responsiveness e-Learning module mandatory and 540 staff have completed this since it has been available.</td>
</tr>
<tr>
<td>20. Ensure disabled people are able to access supports that they need in hospital.</td>
<td></td>
</tr>
<tr>
<td>21. Increase cultural awareness of disability.</td>
<td>ADHB are ensuring cultural awareness is part of Management Development Programme (MDP) work. Counties has an e-Learn series on cultural competency which includes disability is available for staff uptake. CALD (Culturally and Linguistically Diverse) training has a module specifically focused on working with disabled people and their families who are from different cultural backgrounds. This is available to all DHBs.</td>
</tr>
<tr>
<td><strong>What</strong> we will do... <strong>actions</strong></td>
<td><strong>Where</strong> we are now... <strong>current status</strong></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>22. Engage regularly with the disability sector and community.</td>
<td>Auckland DHB as a member of the Accessibility Tick Employers Network has the opportunity to regularly engage with the disability sector and be kept up to date with any changes. Auckland DHB is hoping to establish a disability network for employees. WDHB have bi-monthly Health &amp; Wellness meetings with members of the disability community. These are held at CCS Disability Action.</td>
</tr>
<tr>
<td>23. Ensure a diverse range of disabled people are identified as stake-holders.</td>
<td></td>
</tr>
<tr>
<td>24. Ensure the voice of disabled people from the community is included.</td>
<td>The three DHB Consumer Councils work to ensure that disabled people are represented and their voices are included.</td>
</tr>
<tr>
<td>25. Enable supported decision making and informed consent.</td>
<td></td>
</tr>
<tr>
<td>26. Ensure services are responsive to disabled people and provide choice and flexibility.</td>
<td></td>
</tr>
<tr>
<td>27. Improve access to screening services for disabled people.</td>
<td></td>
</tr>
<tr>
<td>28. Continue the implementation of the Health Passport across both DHBs.</td>
<td>Waitemata DHB in discussion with Rose Wall at HDC on the redevelopment of the Health Passport in 2019. HDC are looking at an electronic version as well as the paper copies. Waitemata DHB in discussion with Taikura Trust to promote the Health Passport in residential services for disabled people. Counties starting work to promote the Health Passport.</td>
</tr>
</tbody>
</table>
Waitemata & Auckland District Health Boards and Counties Manukau Health have a shared vision of being fully inclusive.

Being fully inclusive means ensuring the rights of disabled people, eliminating barriers so that people can get to, into and around our physical spaces; and everyone can access information and services that they need.

The New Zealand Disability Strategy 2016-2026 provides a framework for organisations to focus on enabling the full participation of disabled people. It has a vision of New Zealand as a non-disabling society – a place where disabled people have an opportunity to achieve their goals and aspirations and all of New Zealand works together to make this happen.

The Vision, principles and approach of the NZ Disability Strategy 2016-2026, with input from the disability sector and disability community, have shaped our joint District Health Board (DHB)s Disability Strategy Implementation Plan 2016-2026.

Our ten year implementation plan aligns with the timeline of the NZ Disability Strategy 2016-2026. There will be two reviews of our Disability Strategy Implementation Plan during the ten year period – one in 2020 and one in 2023. These are an opportunity to ensure that the work being done is making a positive difference to disabled people and is supporting our goal of being fully inclusive and non-disabling.
Figure 1 | Disability Strategy Framework

Convention on the Rights of Persons with Disabilities

New Zealand Disability Strategy

Principles and Approaches

**Vision**
New Zealand is a non-disabling society - a place where disabled people have an equal opportunity to achieve their goals and aspirations, and all of New Zealand works together to make this happen.

Outcomes

- Education
- Employment and economic security
- Leadership
- Health and wellbeing
- Choice and control
- Rights protection and justice
- Attitudes
- Accessibility

Strategy Outcomes Framework
Indicators and measures

Disability Action Plan
Implementing the Strategy
The Disability Strategy identifies eight outcome areas -

The outcome areas that will contribute to achieving the vision of the Strategy are:

**Outcome 1 – Education**
We get an excellent education and achieve our potential throughout our lives

**Outcome 2 – Employment and economic security**
We have security in our economic situation and can achieve our full potential

**Outcome 3 – Health and wellbeing**
We have the highest attainable standards of health and wellbeing

**Outcome 4 – Rights protection and justice**
Our rights are protected; we feel safe, understood and are treated fairly and equitably by the justice system

**Outcome 5 – Accessibility**
We access all places, services and information with ease and dignity

**Outcome 6 – Attitudes**
We are treated with dignity and respect

**Outcome 7 – Choice and control**
We have choice and control over our lives

**Outcome 8 – Leadership**
We have great opportunities to demonstrate our leadership

All eight outcomes are relevant to the work of the District Health Boards and will drive our core work over the next ten years. Our work will have a particular focus on five outcomes – Employment & economic security, Health & wellbeing, Accessibility, Attitudes and Choice & control.

**Influences**
There are a number of other principles, disability strategies and action plans that influence the DHB’s Implementation Plan. These include:

- Te Tiriti o Waitangi / The Treaty of Waitangi
- Disability Action Plan 2014-2018
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
- Faiva Ora: National Pasifika Disability Plan 2016–2021
- Auckland DHB, Waitemata DHB & Counties Manukau Health Annual Plans
Disability Action Plan 2014-2018
This is a key document in the implementation of the Disability Strategy. The Disability Action Plan presents priorities set by the Ministerial Committee on Disability Issues for actions that advance the implementation of the UN Convention on the Rights of Persons with Disabilities and the New Zealand Disability Strategy 2016-2026. These priorities emphasise actions requiring government agencies to work together, as well as with disability sector organisations and others.

Five Person Directed outcomes:
- Safety/autonomy
- Community
- Wellbeing
- Representation
- Self-determination

Four main areas of focus:
- Increase employment opportunities
- Ensure personal safety (includes decision making and consent)
- Transform Disability Support system
- Promote access in the community

‘Promote access in the Community’ includes 11c – Access to health services and improve health outcomes for disabled people with a focus on people with learning disabilities.

Values
The Values of Waitemata & Auckland DHBs and Counties Manukau Health reflect a shared vision for equity and inclusion of disabled people in their care and in the design of patient facilities and services.
Monitoring and Reporting
Work is underway at the Office for Disability Issues to ensure that progress toward achieving the outcomes of the New Zealand Disability Strategy can be measured. This will involve the development of an Outcomes Framework which will specify targets and indicators that will be regularly reported on. Work on this will include getting advice from disabled people, the disability sector and other government agencies.

The metro-Auckland DHBs’ New Zealand Disability Strategy Implementation Plan 2016-2026 will be monitored internally and progress of actions will be reported to the Disability Support Advisory Committee (DSAC) on a quarterly basis.

We will ensure that the DHB Disability Strategy Implementation Plan continues to align with the NZ Disability Strategy, as well as other government strategies and action plans.

There will be two reviews of our Disability Strategy Implementation Plan during the ten year period – one in 2020 and one in 2023. These are an opportunity to ensure that the work being done is making a positive difference to disabled people and is supporting our goal of being fully inclusive and non-disabling.

Current Priorities
The three metro-Auckland DHBs are committed to the vision of being fully inclusive and non-disabling. Current work that will continue across the DHBs as part of the Disability Strategy Action Plan includes improving health literacy and enhancing the patient experience.

Health Literacy
The three District Health Boards have made a commitment to improve health literacy across both organisations. Health Literacy means that “people can obtain, understand and use the health information and services they need to make the best decisions about their own health or the health of a dependant family member/friend”

This work focusses on two areas:
• improving health literacy of both organisations and their staff
• enabling communities to become more health literate

Patient Experience
There is a focus on Patient Experience and Community Engagement across the three DHBs. This has led to greater inclusion of disabled people in design and planning of both facilities and services. Examples of this are the Public Spaces work at Auckland DHB and the Waitemata 2025 commitment to universal design as a core design principle. Counties Manukau Health has included disability experience questions to their Inpatient Patient Experience Survey to learn from the experiences of disabled patients.
Outcomes

Of the eight outcome areas of the New Zealand Disability Strategy 2016-2026, there are five key outcome areas that align with the work of District Health Boards.

<table>
<thead>
<tr>
<th>Outcome 2: employment &amp; economic security</th>
<th>Outcome 3: health &amp; wellbeing</th>
<th>Outcome 5: accessibility</th>
<th>Outcome 6: attitudes</th>
<th>Outcome 7: choice &amp; control</th>
</tr>
</thead>
<tbody>
<tr>
<td>We have security in our economic situation and can achieve our potential</td>
<td>We have the highest attainable standards of health and wellbeing.</td>
<td>We access all places, services and information with ease and dignity.</td>
<td>We are treated with dignity and respect.</td>
<td>We have choice and control over our lives.</td>
</tr>
</tbody>
</table>

**Outcome 2: employment & economic security**

*We have security in our economic situation and can achieve our potential*

1. Increase the number of disabled people in paid employment.
2. Increase the confidence of Hiring Managers to recruit disabled people.
3. Record the number of staff with impairments working for the DHB.
4. Ensure Diversity & Equity work includes disabled people.
5. Awarded the Accessibility Tick.
Outcome 3: health & wellbeing

We have the highest attainable standards of health and wellbeing.

5. Improve the health outcomes of disabled people.

6. Robust data and evidence to inform decision making.

7. Barrier free and inclusive access to health services.

8. Increased understanding of the support needs of people with learning disabilities.

9. Better understanding of the needs of Deaf people. This includes access to interpreters, information available in NZSL and knowledge of Deaf culture.

10. Better support for young people moving from child to adult health.

Outcome 5: accessibility

We access all places, services and information with ease and dignity.

11. Barrier free and inclusive access to health services.

12. The principles of universal design and the needs of disabled people are understood and taken into account.

13. Improve & increase accessible information across the DHBs.

14. Ensure information is available in different formats, eg. Easy Read

15. Ensure physical access to DHB buildings and services, including signage and way finding.
### Outcome 6: attitudes

*We are treated with dignity and respect.*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>16.</strong> All health and well-being professionals treat disabled people with dignity and respect.</td>
<td></td>
</tr>
<tr>
<td><strong>17.</strong> Disabled people and their families respected as the experts in themselves.</td>
<td></td>
</tr>
<tr>
<td><strong>18.</strong> Provide a range of disability responsiveness training.</td>
<td></td>
</tr>
<tr>
<td><strong>19.</strong> Promote the Disability Responsiveness e-Learning module to all staff.</td>
<td></td>
</tr>
<tr>
<td><strong>20.</strong> Ensure disabled people are able to access supports that they need in hospital.</td>
<td></td>
</tr>
<tr>
<td><strong>21.</strong> Increase cultural awareness of disability.</td>
<td></td>
</tr>
</tbody>
</table>

### Outcome 7: choice & control

*We have choice and control over our lives.*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>22.</strong> Engage regularly with the disability sector and community.</td>
<td></td>
</tr>
<tr>
<td><strong>23.</strong> Ensure a diverse range of disabled people are identified as stake-holders.</td>
<td></td>
</tr>
<tr>
<td><strong>24.</strong> Ensure the voice of disabled people from the community is included.</td>
<td></td>
</tr>
<tr>
<td><strong>25.</strong> Enable supported decision making and informed consent.</td>
<td></td>
</tr>
<tr>
<td><strong>26.</strong> Ensure services are responsive to disabled people and provide choice and flexibility.</td>
<td></td>
</tr>
<tr>
<td><strong>27.</strong> Improve access to screening services for disabled people.</td>
<td></td>
</tr>
<tr>
<td><strong>28.</strong> Continue the implementation of the Health Passport across the DHBs.</td>
<td></td>
</tr>
</tbody>
</table>
Auckland Metropolitan DHBs
Regional Disability Support Advisory Committee
Proposed Regional Disability Advisory Committee Work Plan 2019

Recommendation

It is recommended that the Regional Disability Support Advisory Committee:

Receive this proposed work plan for the Regional Disability Support Advisory Committee for 2019, for discussion and consideration.

Recommend that a committee work plan is agreed and presented to the Boards for approval for adoption.

Prepared and submitted by Sanjoy Nand, Chief of Allied Health Scientific and Technical Professions (CM Health) on behalf of Margie Apa (CEO, CM Health) and Colleen Brown (Co Chair of RDiSAC)

Executive Summary

This paper proposes that the Regional Disability Advisory Committee considers a work plan for 2019. The draft plan provides ideas for consideration that would be the focus of RDiSAC. The broad areas for inclusion in the governance conversations outlined in this draft plan are Equity, in particular Disability Services for Maori, Strategic areas for focus, Operational considerations, Risks and Issues and an opportunity for “Deep Dives” in certain areas. There is a Regional Disability Implementation Plan (Appendix 1) that would be used as the framework to guide the delivery of work in the disability/accessibility space and to demonstrate progress.

The RDiSAC is scheduled to meet four times in 2019, in April, June, September and November and this draft work plan provides an outline for areas of focus.

Purpose

This paper proposes a draft work plan for the Regional Disability Advisory Committee for 2019 for discussion and consideration.

Background

The three metro Auckland DHBs have combined their Disability Advisory Committees and the first regional committee meeting took place in November 2018. At this meeting a regional Disability Strategy Implementation Plan was proposed and agreed. ADHB and WDHB have been working in the disability strategy space together for a number of years and CM Health agreed to adopt the current joint implementation plan, forming the regional Disability Strategy Implementation Plan. This plan will be used as the framework to guide work. The three DHBs are at different levels in terms of progress with the disability strategy and a collective agreed work plan would enable the 3 DHBs to have a focused approach to the common challenges. Local responsiveness and engagement will also need to be considered when developing and implementing the key actions within the individual DHBs.
Discussion

The attached draft work plan outlines potential topics and issues for consideration.

1. Would a committee work plan for 2019 be useful to guide governance and issues for discussion?
2. Does the proposed work plan include the elements that the region wants to focus on in 2019 and does it fit with the Regional Disability Strategy Implementation Plan?
3. What is missing?
4. Given this is a regional meeting and plan, how do we divvy the ‘Deep Dive’ conversations?
5. The work plan needs to include ‘whole of system’ issues relevant for disabled people – what specific elements regarding this need to be included in the work plan?
<table>
<thead>
<tr>
<th></th>
<th>April</th>
<th>June</th>
<th>Sep</th>
<th>Nov</th>
<th>Next Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Equity and Māori Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Strategic</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children with disabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Māori living with disabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65 + living with disabilities Model including funding model</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engagement with communities/networks in disability sector</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Next Year’s Work Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operational</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regional Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Initiatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data collection</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifying staff with disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employing staff with disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Passport</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DHB action plans?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessibility/ functionality Policies?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standards?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Deep Dives</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual Disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision and Hearing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age related</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Risks/Issues</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To be discussed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussion and follow up of progress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussion and follow up of progress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussion and follow up of progress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Use Regional Plan as overarching framework for guiding the RDiSAC Plan – attached as part of the previous item in the agenda. Consider membership to include disabled people.