



8 April 2020



Dear [REDACTED]

**Re: OIA request – Disability support services**

Thank you for your Official Information Act request received on the 24 January 2020 seeking information about disability support services from Waitematā District Health Board (DHB).

Please note, the Ministry of Health (MoH) has supplied the information for questions 4 and 17. In response to your request, we are able to provide the following information:

- 1. We write to you on behalf of several clients we represent who are participating in Stage two of the Health Inquiry which is currently being heard by the Waitangi Tribunal.**
- 2. This correspondence is a request for documents under the Official Information Act 1982 (“the Act”). In this correspondence the definition of “official information” contained in Section 2(1) of the Act is adopted.**
- 3. Therefore, by way of this letter, we request the following information.**

**Disability Support Services**

**4. What eligibility restrictions for accessing disability support services does Waitematā District Health Board (“WDHB”) use?**

To be eligible to access publicly funded disability support services in the health and disability system, a person must have a disability as defined by the Government's definition:

*"A person identified as having an age-related, physical, intellectual, psychiatric, or sensory disability (or a combination of these) that is likely to continue for a minimum of six months, result in a reduction of independent functioning to the extent that ongoing support is required."*

DHBs fund:

- long-term support services for people with psychiatric/ mental health and addiction needs
- long-term support services for people with chronic health conditions; and ongoing support needs for people under 65
- health services and disability supports for people with age-related disability needs, including younger people aged 50 to 64 with age-related needs and people with disabilities aged 65 and over, who have been assessed as requiring aged residential care

- mainstream health services (e.g. primary, secondary tertiary) for disabled people with health needs.

DHBs do not fund support services for conditions or situations covered by other funders, including those where people:

- have disability supports funded by the Ministry due to long-term physical, intellectual and sensory disabilities, or a combination of these, and some developmental (e.g. autism spectrum disorder) and neurological conditions that result in permanent disabilities, and are generally aged under 65 years
- require environmental support services, which include equipment and modifications (housing and vehicles), services and support for people with vision and/or hearing impairments, specified specialist assessment and training services, and specified subsidies and supports, for people of all ages, which are funded by the Ministry
- require services provided under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003, which are funded by the Ministry
- have a short-term illness or personal health need
- require support for less than six months
- have impairments caused by accident or injury and are funded under ACC.

## **5. What is the process that a person in the Waitematā region would have to follow in order to access disability support services?**

### **Disability support services for older people and people with chronic health conditions**

People who wish to receive these support services must be assessed by the DHB Needs Assessment Service Coordination (NASC). A referral to NASC can be from: self; family/whānau; caregivers; health professionals; general practitioner, hospital staff; and specialists.

A standardised assessment tool (interRAI) is used and the information from the assessment determines the person's level of need. NASC then works with the person and their family/ whānau / support person to plan the individual's support needs for as long as they are applicable.

### **Disability support services for people with psychiatric disabilities**

People considered to require high level support services (e.g. residential rehabilitation services or high level packages of care) must be assessed by the DHB Mental Health Service Co-ordination team. A referral to the team is from DHB Specialist Mental Health Services. GP, self and family/ whānau referrals can also be made to the service co-ordination team for access to a needs assessment and screening for eligibility. People requiring lower levels of support services can be directly referred to non-government organisation (NGO) support services by: self; family/whānau; caregivers; health professionals; general practitioners, hospital staff; and specialists.

A standardised assessment tool (Support Needs Assessment and Plan - SNAP) is used and the information from the assessment determines the person's level of need and support plan. For high level support services, the Mental Health Service Coordination team conducts the assessment and, for the lower levels of support, the support service will conduct the assessment.

## **6. How does Waitematā DHB ensure disability support services and primary medical services extend to those living in rural communities, including Mahurangi in your region?**

### **Disability support services for older people and people with chronic health conditions**

Waitematā DHB has contracts with Home and Community Support Service providers to provide home support services (household management and personal care) and in-home respite services to people over 65 years, younger people (50-64 years) with age related disabilities and people with long

term chronic health conditions across the entire Waitematā district, including rural areas. The DHB also offers the options of Individualised Funding, where a person receives funding to purchase their own services, and Funded Family Care, where a family/whānau member can be funded to provide the care.

Waitematā DHB has contracts with aged residential care facilities in Wellsford, Snells Beach, Warkworth, Parakai, Kumeu and Taupaki.

#### **Disability support services for people with psychiatric disabilities**

Waitematā DHB has contracts with NGOs to provide one-to-one support services across the entire Waitematā district, including rural areas, for people living independently. Mental health residential rehabilitation services tend to be clustered in more urban areas, although there are services in Kumeu and Silverdale.

#### **Primary medical services**

In Waitematā DHB, primary, after-hours and emergency medical services are provided by rural practices located in Wellsford, Warkworth, Matakana, Maungaturoto, Snells Beach, Kaipara, Waimauku, Helensville, Huapai and Kumeu. Rural funding for workforce retention, after hours services and access for those under 14 is provided by the DHB through Primary Health Organisations (PHOs) to which the rural practices are affiliated. Other services such as Venesection, Point of Care Testing, and access to Ferinject infusions are also funded by Waitematā DHB. Additionally, x-ray services are funded by Waitematā DHB and delivered by Coast to Coast Health Care in Wellsford after hours.

### **7. How does Waitematā DHB ensure people with disabilities living in rural communities in your region can access appropriate transport services to get to and from general health services, health and disability services, specialist appointments and other relevant appointments?**

The Ministry of Health National Travel Assistance (NTA) scheme provides financial support to eligible people who need to travel long distances or travel frequently for specialist treatment. The Waitematā DHB NTA Coordinator assists in facilitating access to the NTA process between Waitematā DHB residents and the MoH.

#### **a. How much of Waitematā DHB disability support service funding is allocated to providing transport to specialist appointments alone, and what percentage of that amount relates to transport for those living rural communities in your region?**

Waitematā DHB NTA funding is not a set allocated budget and, as above, is not solely disability support service funding. NTA funding is demand-driven based on the support required by eligible people who need to travel long distances or travel frequently for specialist treatment, including those in rural areas of the district. The total amount of NTA expenditure for Waitematā DHB in 2018/19 was \$2,041,424. We are not able to identify the amount related to people with disabilities and those living in rural areas.

#### **b. What proportion, and include a figure if possible, of your disability support service funding is allocated to providing transport for GP visits for persons with disabilities in your region?**

Waitematā DHB does not fund transport for GP visits.

#### **c. What proportion, and include a figure if possible, of your disability support service funding is allocated to providing transport for GP visits for persons with disabilities in rural communities in your region.**

As above, Waitematā DHB does not fund transport for GP visits.

**d. How many persons with disabilities do you have in your region?**

The number of people with disabilities in metro-Auckland can be estimated by applying the proportion of people with disabilities from the 2013 Disability Survey to population estimates for 2020-2021. This equates to 325,000 people with a disability in metro-Auckland.

**e. How many of those persons with disabilities are Māori?**

The number of Māori with disabilities in metro Auckland can be estimated by applying Māori disability rates from the 2013 Disability Survey to the Māori population estimates for 2020-21. This equates to 52,000 Māori with disabilities in metro-Auckland.

**f. What type of disabilities are present in your region?**

Below are the estimated numbers for types of disability in the metro Auckland population, derived by uplifting numbers from the 2013 Disability Survey and applying to the metro Auckland population estimates for 2020-2021. The numbers sum to more than the total because a person may have more than one disability.

<b>Disability type</b>	<b>Estimated number</b>
Hearing	113,000
Seeing	50,000
Mobility	164,000
Agility	84,000
Intellectual	31,000
Psychiatric/psychological	72,000
Speaking	37,000
Learning	62,000
Memory	48,000
Total	325,000

**g. Do you provide a shuttle bus for persons with disabilities in your region to access specialist treatment, appointments or access emergency services?**

Waitematā DHB provides a community-to-hospital patient shuttle. This is an on-demand service for outpatient appointments. A wheelchair accessible shuttle is available and can be requested at the time of booking. The service is for people in Rodney and Hibiscus Coast, as well as North Shore and West Auckland residents. Support people/ carers are also welcome to travel on the shuttle.

**h. What involvement have you had with the Ministry of Transport and Regional Councils, Total Mobility Scheme, if any.**

The Total Mobility Scheme is administered by CCS Disability Action in the Auckland region. The DHB is not involved in this Scheme.

**Waitematā DHB Board & Committees**

**8. Have any of your board members experienced any type of disability, or have a family member who has lived experience with disability?**

This information is not formally recorded.

**9. Do any of your Disability Support Advisory Committee members have a lived experience of disability?**

Yes, there are members of the Auckland Regional Disability Support Advisory Committee who have lived experience of disability.

**10. What engagement has the DHB had with local iwi, hapū and whānau in relation to the development of disability-related support, strategies and policy?**

The development of the metro-Auckland Disability Strategy Implementation Plan 2016-2026 involved consultation with disabled Māori. This was facilitated with Te Roopu Waiora Trust. Te Roopu Waiora is a kaupapa Māori organisation founded and governed by whānau with physical, sensory and intellectual disabilities.

**11. What are your standards for consultation with the local community in relation to disability support, strategies and policies?**

Waitematā DHB's Engagement Strategy provides a strategic and interlinked direction for community engagement and patient experience work. This strategy aligns with the MoH's Guide to Community Engagement with People with Disabilities, as well as being localised in consultation with our community partners.

**12. How does the DHB communicate the availability and process to accessing disability support services to members of the community?**

Information on the process to access DHB-funded disability support services, including the DHB's Needs Assessment Service Coordination (NASC) contact details, are available on the Waitematā DHB, Healthpoint, Seniorline and Ministry of Health websites.

Seniorline, funded by DHBs nationally, has an 0800 number for people who need assistance navigating the process to access these services.

Waitematā DHB contracts a primary mental health NGO to produce a directory for mental health support services. The directory is available in print, online and through an app. It is widely available to the community and referring agencies: <https://www.heartsandminds.org.nz/information-support/support-services-directory>

Information on the process for referral to the DHB Mental Health Service Co-ordination team is available on Healthpoint.

**13. How does the DHB communicate the availability and process to accessing disability support services to Māori?**

Seniorline supplies information on the process to access DHB-funded disability support services including NASC contact details to Māori providers in Waitematā DHB and metro-Auckland.

The Waitematā DHB NASC team includes a Māori NASC Liaison who is available to discuss any queries about NASC services with patients, whānau and health workers.

**14. Are funds being allocated towards the encouragement and attraction of Māori to the health and disability workforce in your region? If so, where and how does this take place?**

Waitematā DHB currently supports and encourages the promotion of a career in Healthcare to Māori through Kia Ora Hauora and the Health Science Academies. These two programmes target young people and secondary school students and are delivered in partnership with Auckland and Counties Manukau DHBs. We also offer a targeted Scholarship programme, available to students engaged in study towards a career in healthcare who identify as being either Māori or Pacific. As part of the scholarship programme, students are bonded to work for the DHB for a two year period post-graduation.

We advertise many of our roles on [www.mahi.co.nz](http://www.mahi.co.nz), [www.tepou.co.nz](http://www.tepou.co.nz), [www.kumaravine.co.nz](http://www.kumaravine.co.nz), [www.seek.co.nz](http://www.seek.co.nz); roles are individually advertised online through our recruitment system.

**Waitematā DHB systems**

**15. Does the Waitematā DHB have a centralized format or system where health information is stored? If so, how does it operate?**

The Regional Clinical Portal provides a single access point to health information sourced from a number of different systems. One of the main system feeders to the portal is a regional results repository called Éclair. The main datasets stored in Éclair are laboratory and radiology results, and drugs dispensed in the community. Other Waitematā DHB patient systems store 'live' data across many healthAlliance-managed servers and copy it into a central data store (called a data warehouse). The central data store is managed by a Data Management Team within the Health Information Group of Waitematā DHB.

**16. What is your system for managing specialist referrals for persons with lived experience of disability?**

The main system for managing specialist referrals for all Waitematā residents is the Regional Referrals Management System. Referrals for people living with a disability may be received by our Child Development Service, our NASC (Needs Assessment and Service Coordination) service or, in fact, any other service, depending on the issue being addressed.

**17. How does Waitematā DHB interact with the Ministry of Health and disability support providers to collect, transfer and make information available on a patient?**

Most patient information is held in systems used by healthcare provider (e.g. GPs, hospitals) or disability support providers (e.g. residential care facilities) that the person is using. Providers will have policies and procedures that guide their management of information to support their service users, as well as their business functions, and to share with other providers and agencies.

Information sharing between providers may be limited. Practitioners should seek the permission of the patient, or a representative of the patient, to share relevant information with other health practitioners, providers and agencies involved in their care. However, there may be instances where information will be required by law, requiring compliance by providers. For example, information sharing provisions for the safety of tamariki.

In most situations, health information should not be passed on without consent. However, some situations exist in which information can be shared across the health and disability system without consent. The Health Act 1956 has provisions allowing DHBs and the Ministry to request data - see <http://www.legislation.govt.nz/act/public/1956/0065/118.0/DLM306636.html>. In these situations,

consumers should be informed of this sharing but there may not have been the opportunity to consent (e.g. a patient is unconscious, or otherwise unable to give consent).

There are strict requirements for ensuring the safe, secure and purposeful exchange of patient information between healthcare professionals, providers and agencies.

- A person's National Health Index (NHI) number is their health identity. An NHI number is fundamental for services to link information and get a better understanding of each person's needs. Only authorised providers can access the information in the NHI – see <https://www.health.govt.nz/our-work/health-identity/national-health-index/national-health-index-overview>
- There are guidelines for the health and disability sector on the safe sharing of health information – see <https://www.health.govt.nz/publication/hiso-100642017-health-information-governance-guidelines>
- The Health Information Privacy Code 1994 regulates how health agencies (e.g. doctors, nurses, pharmacists, Primary Health Organisations and District Health Boards) and disability support providers collect, hold, use and disclose health information about identifiable individuals.
- The Privacy Commissioner has issued guidance on people's rights and health agency obligations regarding information sharing – see <https://privacy.org.nz/news-and-publications/guidance-resources/health-information-privacy-fact-sheet-1-overview/>:
  - People have rights over health information about themselves. Rule 6 gives individuals the right to access information about themselves and rule 7 gives them the right to seek correction of that information if they think it is inaccurate or misleading.
  - Health agencies have obligations over the health information they hold. These obligations are set out in the 12 rules of the code.

I trust that this information is helpful.

Waitematā DHB supports the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely



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**Acting Director Funding**  
**Waitematā District Health Board**