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- Murray Georgel, Chief Executive Officer
- General Manager, Corporate Services
- Mike Grant, General Manager, Funding
- General Manager, MidCentral Health
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Next Meeting Date: 5 July 2011
Closing Date for Agenda Items: 23 June 2011

MIDCENTRAL DISTRICT HEALTH BOARD

A g e n d a

Disability Support Advisory Committee

Part 1

Date: Tuesday, 1 March 2011

Time: 4.00 pm

Place: MidCentral DHB Offices
Board Room
Gate 2
Heretaunga Street
Palmerston North

MIDCENTRAL DISTRICT HEALTH BOARD

Disability Support Advisory Committee Meeting

1 March 2011

Part 1

Order

1. APOLOGIES

2. LATE ITEMS

3. CONFLICT OF INTEREST/REGISTER OF INTEREST UPDATE

3.1 Amendments to the Register of Interests

3.2 Declaration of Conflicts in Relation to Today's Business

4. MINUTES

4.1 Minutes

Pages: 4.1 – 4.4

Documentation: minutes of the previous meeting held on 5 October 2010

Recommendation: that the minutes of the previous meeting held on 5 October 2010 be confirmed as a true and correct record.

4.2 Recommendations to Board

To note that all recommendations contained in the minutes were approved by the Board.

4.3 Matters Arising

5. STRATEGIC ISSUES

5.1 Disability Consumer Feedback (July – December 2010 inclusive)

Pages: 5.1 – 5.7

Documentation: Director, Patient Safety and Clinical Effectiveness report dated 11 December 2010

Recommendation: this report be received.

5.2 Human Rights Review Tribunal – Paid Family Caregivers Case

Pages: 5.8
Documentation: CEO's report dated 7 February 2011
Recommendation: that the report be received.

5.3 Disability Rights Commissioner – Human Rights Tribunal

Pages: 5.9 – 5.10
Documentation: CEO's report dated 7 February 2011
Recommendation: this report be received.

5.4 New Zealand Disability Support Network Update

Pages: 5.11 – 5.15
Documentation: CEO's report dated 11 February 2011
Recommendation: this report be received.

6. GOVERNANCE ISSUES

6.1 2010/11 Work Programme

Pages: 6.1 – 6.2
Documentation: CEO's report dated 22 February 2011
Recommendation: that the updated work programme for 2010/11 be noted.

7. LATE ITEMS

To discuss any such items as identified under item 2 above.

8. DATE OF NEXT MEETING

Pages: 8.1
Documentation: CEO's report dated 11 February 2011
Recommendation: that the Disability Support Advisory Committee's next meeting be held on 5 July 2011.

9. EXCLUSION OF THE PUBLIC

Recommendation: that the public be excluded from this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reasons stated:

| Item | Reason | Reference |
|---------------------------|-------------------|-----------|
| 2011/12 Draft Annual Plan | Under negotiation | 9(2)(j) |

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the Disability Support Advisory Committee held on Tuesday 5 October 2010 at 4.10 pm in Board Room, Board Office, Gate 2B, Heretaunga Street, Palmerston North.

PRESENT

Lindsay Burnell (Chair)
Diane Anderson
Jonathan Godfrey
Tawhiti Kunaiti

Nicolas Steenhout
Phil Sunderland
David Warburton

IN ATTENDANCE

Murray Georgel, Chief Executive Officer
Mike Grant, General Manager, Funding Division
Nicholas Glubb, Operations Director, Specialist and Regional Services
Muriel Hanratty, Director, Patient Safety and Clinical Effectiveness
Karen Nisbet, Committee Secretary

Media (0)
Public (2)

1. APOLOGIES

Ann Chapman

2. LATE ITEMS

3. CONFLICT OF INTEREST/REGISTER OF INTEREST UPDATE

3.1 Amendments to the Register of Interests

There were no amendments to the Register of Interest.

3.2 Declaration of Conflicts in Relation to Today's Business

No interests were declared.

4. MINUTES

4.1 Minutes

that the minutes of the previous meeting held on 6 July 2010 be confirmed as a true and correct record.

4.2 Recommendations to Board

The Committee noted that all recommendations contained in the minutes had been approved by the Board.

4.3 Matters Arising

Tawhiti Kunaiti apologised for his absence at the 5 July meeting due to a bereavement.

5. STRATEGIC ISSUES

5.1 Disability Consumer Feedback (Jan – June 2010 inclusive)

The Director, Patient Safety and Clinical Effectiveness summarised the report. It was noted that the questions asked in the survey were provided by the Ministry of Health and they were the same throughout the country. There was one additional question that MidCentral Health has added that allowed patients to self identify as having a disability.

The survey results were staying consistent. It was noted that if significant changes were seen in the surveys that management would investigate any issues further.

Due to the lack of comparative data the Committee suggested that comparable data is sort from the Whanganui Disability Support Advisory Committee for the next feedback results.

The Committee requested that their appreciation be conveyed to management and service teams commending them for the positive feedback, as the surveys have stayed consistent through a very difficult time with MidCentral District Health Board going through change management and financial reviews.

It was recommended:

this report be received.

5.2 Implementation of Disability Stocktake Update

The CEO summarised the report. It was noted that it was important to keep the stocktake in front of the committee to make sure the committee are meeting its obligations.

The committee requested that the information in the Disability Stocktake be incorporated into the 2011/12 District Annual Plan. The stocktake needs to be reviewed, updated and include both physical and sensory disability concerns.

The committee noted that item 15 of the stocktake, Enable New Zealand's Network list will require updating in the coming year.

It was recommended:

that this report be received.

5.3 Child and Adolescent Oral Health – Universal Access

The CEO summarised the report. It was noted that the Hospital Advisory Committee had endorsed the business case of mobile and fixed facilities around the MidCentral District.

The committee advised that it was disappointed that children with disabilities would have to travel to Family Health Centres to receive treatment.

It was recommended:

this report be received.

6 GOVERNANCE ISSUES

6.1 2010/11 Work Programme

The CEO updated the Committee on two items.

Firstly, the Ministry of Health's announcement that IDEA Services was moving to Statutory Management. This was due to the Employment Court decision requiring IDEA to backdate and pay the minimum wage to support people for the time they sleepover in residential facilities. A number of providers will not be able to afford to do this. The Statutory Management decision will ensure there is no disruption to disability support services.

A court hearing is scheduled for later in the month where IDEA services is appealing the decision. This would be added to the work programme for future updates.

The CEO advised he was uncertain what implications this may have for other services, such as Aged Care. There may be a knock on effect to the Community Mental Health.

Secondly, the CEO updated the Committee on the oral health of the ex-Kimberley residents. There were four areas being targeted to address the concerns of dental care requirements of the ex-Kimberley residents, these were:

- Needs of the ex-Kimberley residents were a higher priority than low income patients at this time
- MidCentral theatre lists were to be maintained so as to accommodate ex-Kimberley residents
- Utilising the Surgical Bus for patient care
- Planning for the fixed dental clinic at Horowhenua Health Centre would also accommodate these patients

It was noted that Managers of the Houses where residents live have to help with the co-ordination of care. Kapiti Restcare Association and the Ministers have been updated on the efforts being made.

It was recommended:

that the updated work programme for 2010/11 be noted.

6.2 DSAC Terms of Reference and Role

The CEO summarised the report.

The Committee requested that management provide a report to the Board regarding the Disability Support Advisory Committee's Terms of Reference, and the inclusion of the United Nations Convention on Rights with Persons with Disabilities to item 2d of these. It was requested that information should be provided on what would be involved, what considerations would be required and implications that may occur. The request for this to be sent direct to the Board was made due to the Disability Support Advisory Committee not meeting again until March 2011.

It was recommended:

that the report be received.

7. LATE ITEMS

The Chairman thanked all committee members for the work they have done throughout the year.

8. DATE OF MEETING

Tuesday 1 March 2011 at 4pm, MidCentral DHB Office, Board Room, Gate 2B, Heretaunga Street, Palmerston North.

The meeting closed at 5.10 pm.

Confirmed this 1st day of March 2010.

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Chairperson

TO Disability Support Advisory Committee
FROM Muriel Hanratty
Director
Patient Safety and Clinical Effectiveness



MEMORANDUM

DATE 11 December 2010

SUBJECT Disability Consumer Feedback
July - December 2010 (inclusive)

1. PURPOSE

This report provides an update on patient satisfaction survey results as they apply to those patients who self identify as having a disability. This report covers the period July – December 2010. No decision is required.

2. SUMMARY

- A total of 2256 questionnaires were sent out in each period.
- Return rate of 51% compared to 52% in the last period.
- Respondents identifying as having a disability in this period 35% compared to 40% in the previous period.
- Satisfaction rating for inpatients remained similar in all 15 areas.
- Satisfaction ratings for outpatients remained similar in all 13 areas.
- Whilst there are some fluctuations overall satisfaction is comparable to those without a disability.
- No specific actions have been implemented to address any of the ratings.

3. CONCLUSION

Patient satisfaction surveys will continue to be undertaken and will be reported six monthly with the next report to cover the January to June 2011 period.

4. RECOMMENDATION

It is recommended that:

this report be received

5. BACKGROUND

The patient satisfaction survey canvasses the views of hospital service users from both inpatient and outpatient services. The survey tool was designed in the year 2000 by a representative group of the Ministry of Health, consumers and expert advisory personnel. The current survey tool (questionnaires) and methodology (random sampling) has been in use since June 2000.

In early 2003 the Disability Support Advisory Committee requested that the question "Do you have a disability?" be added to the demographic set within the survey and subsequently to report specific feedback from respondents to the survey who identify as having a disability.

The capacity for reporting specific, meaningful information as a result of statistical analysis and trends over time is limited and rudimentary, notwithstanding the need for sufficient volume of respondents with a disability to ensure statistical validity.

In April 2006 the survey questions were modified around the disability question, to bring it in line with questions asked on New Zealand Census Forms.

The information and graphs included in this report compare results provided by respondents identifying as having a disability in the July – December 2010 period with those in the January - June 2010 period.

6. THE SURVEY QUESTIONS

There are a total of 17 questions for the inpatient survey and 15 questions for the outpatient survey. Respondents are asked to rate performance against a five-point scale ranging from one being "very poor" to five being "very good", identifying their assessment of events and encounters that occurred during their episode of care. The questions are founded on the patient centred survey approach developed by the Picker Institute, which identifies eight key determinants of patient satisfaction.

7. LIMITATION OF THE DATA

The survey questionnaire asks "Do you have any disability or handicap that is long term (lasting six months or more)?" This requires a yes/no response. Where respondents self identify as having a disability it is the respondent's perception of what disability means to them.

8. COMPARATIVE RESULTS

In the July - December period, 2256 questionnaires were sent out with 1240 (51%) being completed and returned. 550 (45%) surveys were returned by inpatient respondents and 690 (55%) by outpatient respondents.

For the January - June period, 2256 questionnaires were sent out with 1185 (52%) being completed and returned. 545 (46%) surveys were returned by inpatient respondents and 640 (54%) by outpatient respondents.

Respondents identified as having a disability in the July - December 2010 period numbered 450 or 35% of the total number of respondents. This compares to 470 or 40% of the total number of respondents for the January – June 2010 period.

Respondents identifying as not having a disability in the July - December 2010 numbered 555 or 47%. The number of respondents identifying as not having a disability for the January – June 2010 period was 589 or 50%.

Respondents not disclosing their disability status totalled 115 or 18% in the July - December period. This compares to 126 or 10% for the period January – June 2010.

Table 1 shows the proportion of respondents stating their disability status for the January – June 2010 period. Table 2 shows the July to December 2010 period.

Table 1: Proportion of respondents stating their disability status January – June 2010

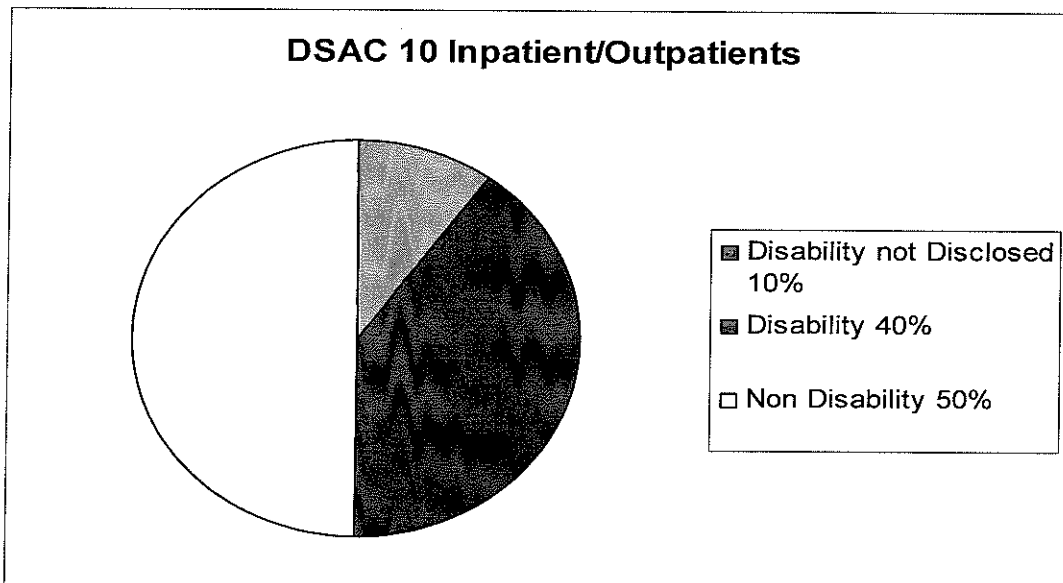
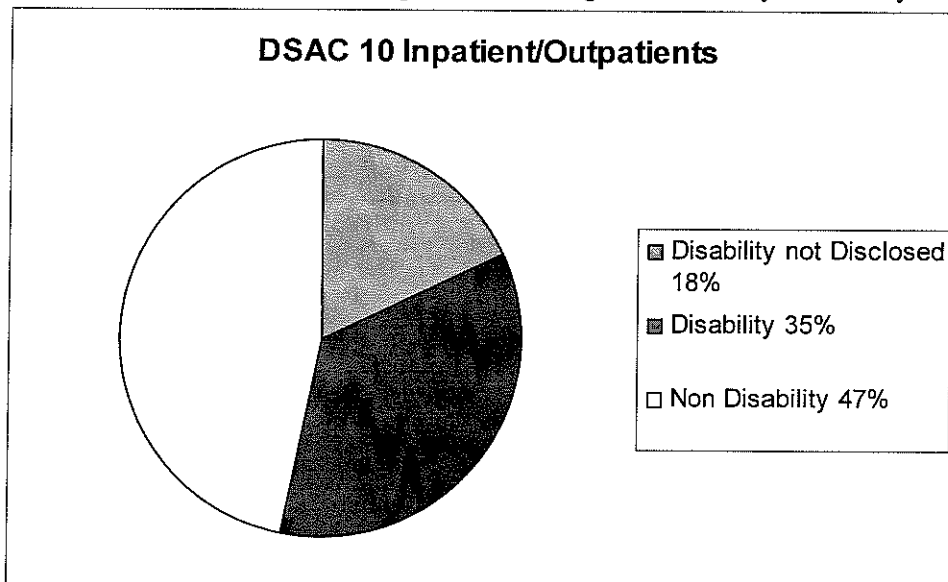


Table 2: Proportion of respondents stating their disability status July – December 2010



9. INPATIENT RESULTS

Table 3 shows the combined total for ratings 'good' and 'very good' given to questions 1 - 16 in the July – December 2010 period and compares these to the January – June 2010 period for inpatients who identified that they had a disability.

Table 3 Inpatient satisfaction rating good and very good for patients identifying that they have a disability compared to total number of respondents

| INPATIENT QUESTIONS | Patients who identified as having a disability | | Total respondents |
|---|--|---|---|
| | July – Dec 2010 % Good and Very Good | Jan – June 2010 % Good and Very Good | July – Dec 2010 % Good and Very Good |
| 1. Telling you how long you would wait (Emergency Department)? | 63 | 65 | 64 |
| 2. Telling you how the Emergency Department would treat your problem? | 65 | 68 | 67 |
| 3. Explaining what was wrong with you? | 82 | 81 | 81 |
| 4. Informing you about different treatment options? | 75 | 74 | 74 |
| 5. Asking your permission to treat you? | 86 | 86 | 86 |
| 6. Listening to you? | 83 | 81 | 82 |
| 7. Involving your family/whanau as much as you wanted? | 85 | 86 | 85 |
| 8. Offering specific choices to your culture? | 76 | 76 | 76 |
| 9. Treating you with dignity and respect? | 94 | 92 | 93 |
| 10. Organising your care with other health care providers (such as your Doctor or Midwife)? | 91 | 89 | 90 |
| 11. Preparing you for leaving hospital? | 80 | 81 | 80 |
| 12. Organising your care with other departments in the hospital? | 82 | 81 | 81 |
| 13. If staff were around when you needed them? | 75 | 77 | 76 |
| 14. How clean your ward or room was? | 86 | 84 | 85 |
| 15. How much you like the food we gave you? | 61 | 59 | 60 |
| 16. How safe and secure you felt in hospital? | 90 | 91 | 90 |

Satisfaction rating comparisons across 16 of the questions remain within 5% of the ratings from the previous period.

Results of these surveys are discussed at Quality Improvement meetings and suggestions for improvement are discussed. If relevant a quality project may be set up to improve the process.

10. OUTPATIENT RESPONDENTS

Table 4 shows the combined total for ratings 'good' and 'very good' given to questions 1 - 14 in the July – December 2010 quarter and compares these to the January - June 2010 period for outpatient respondents who identified as having a disability.

Table 4 Outpatient satisfaction rating good and very good for patients identifying that they have a disability compared with total number of respondents

| OUTPATIENT QUESTIONS | Patients who identified as having a disability | | Total respondents |
|---|--|--------------------------------------|--------------------------------------|
| | July – Dec 2010 % Good and Very Good | Jan - June 2010 % Good and Very Good | July – Dec 2010 % Good and Very Good |
| 1. How well did your appointment time suit you? | 84 | 85 | 84 |
| 2. Their effort to make an appointment time that suited you? | 87 | 86 | 86 |
| 3. Providing clear information to prepare you for your appointment? | 90 | 89 | 89 |
| 4. Making you feel welcome when you arrived? | 85 | 84 | 84 |
| 5. Telling you how long you would wait, when you arrived? | 61 | 62 | 61 |
| 6. Explaining what was wrong with you? | 85 | 83 | 84 |
| 7. Informing you about different treat options? | 85 | 83 | 84 |
| 8. Asking your permission to treat you? | 92 | 91 | 91 |
| 9. Listening to you? | 87 | 86 | 86 |
| 10. Meeting any needs specific to your culture? | 87 | 87 | 87 |
| 11. Treating you with dignity and respect? | 92 | 93 | 92 |
| 12. Organising your care with other health care providers (such as your Doctor or Midwife)? | 85 | 84 | 84 |
| 13. How clean our facilities were? | 89 | 89 | 89 |
| 14. The information we gave you on how to manage your condition after your visit? | 84 | 82 | 83 |

Satisfaction rating comparisons between all 14 of the questions remain within 5% of the ratings from the previous quarter.

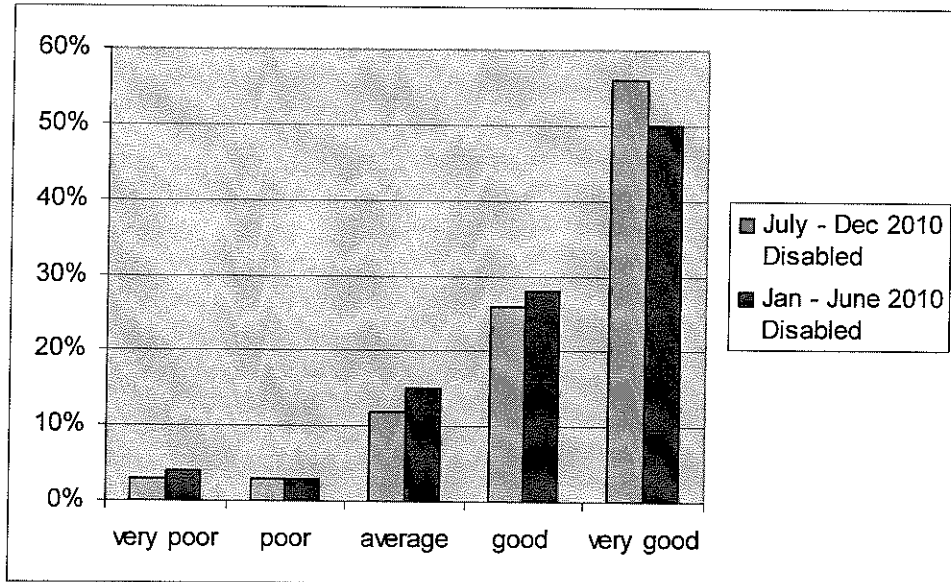
Results of these surveys are discussed at Quality Improvement meetings and suggestions for improvement are discussed. If relevant a quality project may be set up to improve the process.

11. OVERALL SATISFACTION

a. Inpatients

Graph 1 shows the overall satisfaction for this period July – December 10 for inpatients that identified as having a disability and compares this with the number of responses received in the January - July 2010 period. Overall, levels of satisfaction have been steady.

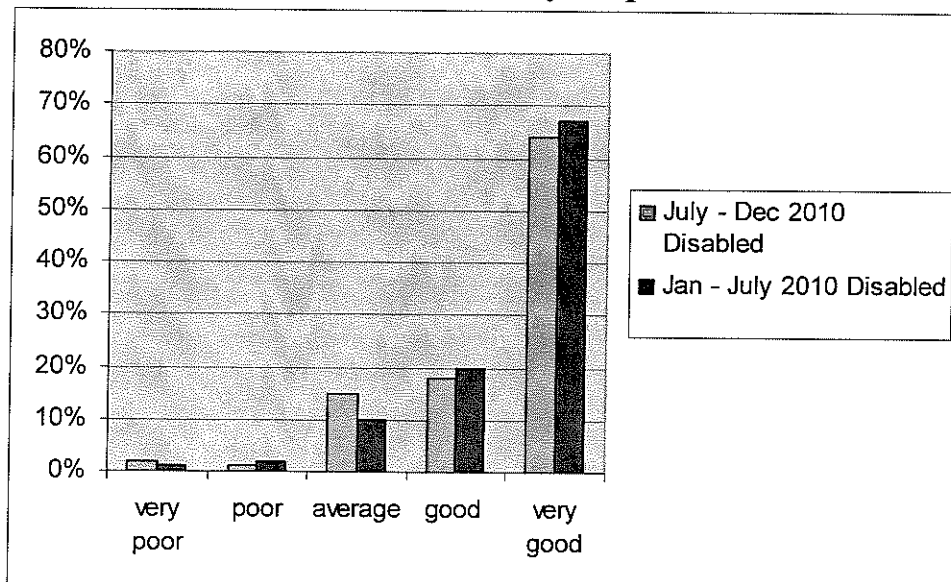
Graph 1 Inpatients Question 17: How satisfied are you with how we treated you overall - Disability Responses



b. Outpatients

Graph 2 shows the overall satisfaction for the period July – December 2010 for outpatients that identified as having a disability and compares this with the number of responses received in the January – June 2010 period. As in previous reports there are no significant variations between the groups.

Graph 2 Outpatients Question 15: How satisfied are you with how we treated you overall - Disability Responses



12. SUMMARY

At the last DSAC meeting members asked for comparative information with Wanganui. In discussion with Wanganui it was noted that they do not use a question around disability however were particularly interested in our approach.

While there are some fluctuations in satisfaction noted for this period for patients with a disability, their level of satisfaction overall is similar to those without a disability.

The results of these surveys continue to be brought to the attention of services, for active consideration as part of the service improvement process.

Muriel Hanratty
Director
Patient Safety and Clinical Effectiveness

TO Disability Support Advisory Committee
FROM Chief Executive Officer
DATE 7 February 2011
SUBJECT Human Rights Review Tribunal –
 Paid Family Caregivers Case



MIDCENTRAL DISTRICT HEALTH BOARD
 Te Pūnaha Raukiri o Ruahine o Tairāwhiti

MEMORANDUM

1. Purpose

This report is provided to update members on further developments regarding the recent Human Rights Review Tribunal hearing on the Paid Family Caregivers Case. No decision is required.

2. Executive Summary

As previously advised at the Disability Support Advisory Committee meeting in February and July 2010, the Human Rights Review Tribunal considered a case taken against the Ministry of Health regarding the non-payment of resident family members who provide care for a disabled person(s). The Tribunal ruled that the Ministry’s policy of not funding the employment of specified family members to provide support services to their disabled family member(s) discriminated on the grounds of family status.

As this decision had significant implications, the Solicitor-General lodged an appeal of the Human Rights Review Tribunal’s decision.

On December 17th 2010 the high court upheld a ruling in favour of parents as caregivers. It noted that the Ministry of Health failed to show that its policy is “Justified in a free and democratic society.” It also stated that the policy differs from the New Zealand Disability Strategy and fails to acknowledge the Convention on the Rights of Persons with Disabilities.

On December 22nd the Crown advised that they would appeal this decision for a second time.

We will continue to update the committee of any further developments.

3. Recommendation

It is recommended:

that the report be received.

Murray George
 Murray George
 Chief Executive Officer

COPY TO:

CEO’s Department
 MidCentral DHB
 Heretaunga Street
 PO Box 2056
 Palmerston North
 Phone +64 (6) 350 8910
 Fax +64 (6) 355 0616

TO Disability Support Advisory Committee
FROM Chief Executive Officer



DATE 7 February 2011

MEMORANDUM

SUBJECT Disability Rights Commissioner
Human Rights Tribunal

1. PURPOSE

This report provides an update on the new role being established in the Human Rights Commission. This is for information purposes only.

2. SUMMARY

In October 2010 Disability Issues Minister Tariana Turia announced that a new role with the Human Rights Commission would be established for a full-time Disability Rights Commissioner. This role is to advocate for the rights of disabled people.

The Disability Rights Commissioner role will be formally established once the Human Rights Act has been changed.

Disabled persons now have two advocacy roles nationally to progress disability issues. The first being created in April 2009 with the establishment of a Deputy Commissioner of Disability within the Health and Disability Commission.

3. RECOMMENDATION

It is recommended that;

This report be received

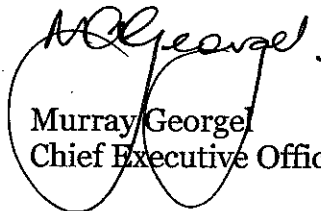
4. DISCUSSION

On 20 October, 2010 it was announced that a Disability Rights Commissioner will be established within the Human Rights Commission to promote the rights of disabled people. The appointment will be made once the Human Rights Act has been changed. In the interim the Chief Commissioner Rosslyn Noonan along with EEO Commissioner Dr Judy McGregor will jointly hold this role.

The Disability Rights Commissioner role will involve all disabled persons organisations and will help create active monitoring. Under the proposed framework the Commission and the Office of the Ombudsmen will be charged with protection and monitoring implementation of the United Nations Convention on the Rights of Persons with Disabilities. This is one means to ensure disabled people are treated equally.

The second role that has been established in the last two years as a measure to protect the rights of the disabled was the Deputy Commissioner of Disability within the Health and Disability Commission.

Tania Thomas was employed as the Deputy Commissioner of Disability in April 2009. This role was created after a Health Select Committee enquiry made a number of recommendations regarding the quality of care and service provisions for people with disabilities. The government investigated the appointment of an independent Disability Commissioner and the new Deputy Commissioner of Disability was created.


Murray Geogel
Chief Executive Officer

TO Disability Support Advisory Committee

FROM Chief Executive Officer

DATE 11 February 2011

SUBJECT New Zealand Disability Support
Network update



MIDCENTRAL DISTRICT HEALTH BOARD
Te Pae Hauora o Ruahine o Tairāia

MEMORANDUM

1. Purpose

This report is provided to update members on the work of the New Zealand Disability Support Network established in May 2010. It also sets out our intention to await further developments by this national organisation before we re-do our disability stocktake. This report is for the Committee's information and discussion.

2. Executive Summary

Advice has been provided by District Health Board New Zealand that the New Zealand Disability Support Network has offered to help identify key issues for disabled people in accessing primary and secondary health services.

MidCentral District Health Board carried out a stocktake of its progress in implementing the New Zealand Disability Support Strategy in 2006 and has been implementing this since, with regular updates to Disability Support Advisory Committee. It is proposed that we await further guidance from the New Zealand Disability Support Network before conducting another stocktake.

3. Recommendation

It is recommended that:

that the report be received.

COPY TO:

CEO's Department
MidCentral DHB
Heretaunga Street
PO Box 2056
Palmerston North
Phone +64 (6) 350 8967
Fax +64 (6) 355 0616

4. Background

The New Zealand Disability Support Network has offered to help DHBs throughout the country to identify issues and work on finding solutions in accessing primary and secondary health services for disabled people. They have also requested that we share any information we may have on initiatives with other DHBs (attached).

The Disability Support Advisory Committees have been identified as key to communications and identification in areas that may be lacking.

Current Situation

1. MDHB Disability Stocktake

In 2006 MDHB undertook a Disability Stocktake to assess its performance against the New Zealand Disability Strategy. This was done with assistance from Diversityworks. When we embarked on the stocktake, there were no guidelines as to how we could undertake such an evaluation and we had to develop our own.

Our stocktake incorporated both physical and sensory disabilities and all aspects of our business both as a provider, funder and facility owner;

- Facilities management
- Signage
- Communications
- Customer satisfaction
- Employment practices and education/training
- Contracts (ensuring all MDHB agreements with providers include a section on disability considerations)
- Staff awareness of disability issues

The MDHB disability stocktake is very much aligned to the New Zealand Disability Support Strategy and remains a living document. Additional items are added when required such as, Mobile Dental Clinics and the Clinical Records Building updates.

The establishment of the New Zealand Disability Support Network and its interest in health is welcomed and will greatly assist us in doing future evaluations on our systems and how they support disabled people in accessing primary and secondary health services.

2. Primary Care

A key focus of our Primary Care development has been disability accessibility. A number of initiatives are in place which practice the principles of the New Zealand Disability Strategy. Cornerstone is an accreditation programme specifically designed by the Royal New Zealand College of General Practitioners for general practices. Most GP practices in our district are already accredited or are working towards accreditation. This programme is endorsed by Health and Disability Auditing New Zealand.

The main issues surrounding Primary Care in our district is the accessibility of enrolling with a general practice. There is a lot of work being done to increase the capacity of general practice. The main ones being:

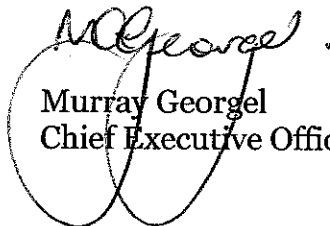
1. Both the PHO and MDHB are working towards an increase to the number of GPs and general practice teams in priority areas, such as, Levin.
2. A range of new services have been developed to supplement general practice teams
 - Nursing services
 - Allied health, including podiatry, retinal services, and life style changes

Most of the supplementary services are mobile, which will be especially suited to tend to people with mobility limitations.

3. A particular client group for MidCentral DHB are ex Kimberley residents resettled in the local community. There are specific arrangements in place in Horowhenua to provide access to general practice services. The PHO is there to provide first contact health services to this group.

Where to from here

At the October Disability Support Advisory Committee it was requested that the information on the stocktake be incorporated into the Annual Plan. Due to the welcomed support and direction that the National agency has offered to provide, we will contact them for assistance and guidance and will get back to the Committee in July on the outcome of these discussions.



Murray Georgel
Chief Executive Officer

5.14

Karen Nisbet

From: 20 DHB National Office [nationaloffice@dhbzn.org.nz]
Sent: Monday, 20 December 2010 1:21 p.m.
To: DHB - CEOs
Cc: DHB - GMs Planning and Funding; DHB - CEO PAs; DHB - Board Secretaries; 'sandiew@nzdsn.org.nz'
Subject: 20 DHB - Update - New Zealand Disability Support Network (NZDSN)

UPDATE – New Zealand Disability Support Network (NZDSN)

To: 20 DHB CEOs
cc: DHB GMs P&F
DHB Board Secretaries
From: Sandie Waddell, Chief Executive, NZ Disability Support Network
Julian Inch, CEO, DHBZN

Respond to: nationaloffice@dhbzn.org.nz

The New Zealand Disability Support Network (NZDSN) was set up in May 2010 to work with providers and consumers to support a truly inclusive New Zealand. A particular area of concern that has been raised by our membership is around access to primary and secondary health services for disabled people.

The New Zealand Government has a Disability Strategy (The New Zealand Disability Strategy), which was adopted in legislation in 2001. All government agencies report against their progress in its implementation on an annual basis. This commitment to disabled people in New Zealand by the Government has been strengthened further when New Zealand signed up to and ratified the United Nations Convention on the Rights of Persons with Disabilities. Both documents are available on the Office of Disability Issues website -<http://www.odi.govt.nz/>

A key issue identified for disabled people is their access to primary and secondary health services. A recent meeting with the Health Quality and Safety Commission where some of the concerns were discussed, they were unanimous in their support for NZDSN to work alongside DHB's to look at the issues and work on finding solutions.

What we are asking for from DHB's is a willingness to engage to identify barriers to access for disabled people to primary and secondary care services and work together on solutions.

The DHB - DISAC committees will be an integral part of any process looking at ways to improve access but they will need to have the support across the whole of the DHB and the Board.

There are a number of initiatives already in place in some DHB's that will be able to be shared and implemented easily for some " quick wins" while others will be a longer term process. It needs to be noted that some of the work will be around the attitudes and responses of staff and the resources needed will not necessarily be monetary. In fact there will undoubtedly be opportunities to save time and money with improved systems and processes.

NZDSN would be keen to engage with DHB's to assist them to work more effectively with disabled

people who have health needs and ensure they have the same access and service responses as the general population.

For further information please contact :

New Zealand Disability Support Network

Ph (04) 473 4678

Fax (04) 473 4677

PO Box 2653, Wellington 6140

Chief Executive Sandie Waddell

Executive Assistant Lynne Blair

Scanned by **MailMarshal** - Email and content security solution. Provided by **Cloud Region**

TO Disability Support Advisory Committee
FROM Chief Executive Officer
DATE 22 February 2011
SUBJECT Committee's Work Programme,
 2010/11



MEMORANDUM

1. Purpose

This report updates progress against the Committee's 2010/11 work programme. It is provided for the Committee's information and discussion.

2. Summary

Reporting is occurring in accordance with the timeline.

If the Committee decides to meet next month, the 2011/12 annual plan will be the sole focus of the meeting.

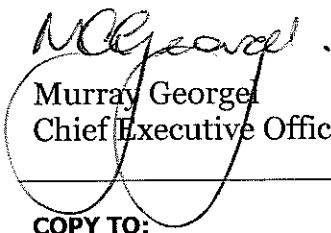
A schedule of all reports scheduled for consideration at the Committee's July meeting are set out below. If there are any new items which members require, or any issues they would like canvassed in future reports, please advise.

- Annual update re facilities
- Annual update re communications
- Annual update re human resources
- Annual update re contracts

3. Recommendation

It is recommended:

that the updated work programme for 2010/11 be noted.


 Murray George
 Chief Executive Officer

COPY TO:

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| | | 2011 | | | | | | | | | | | | | | | | | | |
|----|--|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| ID | Task Name | | | | | | | | | | | | | | | | | | | |
| 1 | DISABILITY SUPPORT ADVISORY COMMITTEE: 2010/11 WORK PROGRAMME | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | |
| 3 | ANNUAL PLANNING | | | | | | | | | | | | | | | | | | | |
| 4 | Plan - Draft 1 (inc Dis Stocktake Update 5.10.10) | | | | | | | | | | | | | | | | | | | |
| 5 | Plan - Draft 2 (if required) | | | | | | | | | | | | | | | | | | | |
| 6 | PORTFOLIO UPDATES | | | | | | | | | | | | | | | | | | | |
| 7 | Facilities (inc rental accommodation & implementation of : | | | | | | | | | | | | | | | | | | | |
| 8 | Communications (inc staff awareness) | | | | | | | | | | | | | | | | | | | |
| 9 | Human Resources (inc staff awareness) | | | | | | | | | | | | | | | | | | | |
| 10 | Contract (FD) | | | | | | | | | | | | | | | | | | | |
| 11 | Customer Satisfaction (inc Staff Awareness) | | | | | | | | | | | | | | | | | | | |
| 12 | Update 1 | | | | | | | | | | | | | | | | | | | |
| 13 | Update 2, inc comparative data with Whanganui DHB | | | | | | | | | | | | | | | | | | | |
| 14 | STOCKTAKE IMPLEMENTATION | | | | | | | | | | | | | | | | | | | |
| 15 | Annual Update (inc dental access) | | | | | | | | | | | | | | | | | | | |
| 16 | CARRIED FORWARD FROM 2009/10 | | | | | | | | | | | | | | | | | | | |
| 17 | Update re DSAC's ToR & Role | | | | | | | | | | | | | | | | | | | |
| 18 | Update re mobile dental service & disability access | | | | | | | | | | | | | | | | | | | |
| 19 | Update re WDHb's Order Paper | | | | | | | | | | | | | | | | | | | |
| 20 | Update re Communications & large print options | | | | | | | | | | | | | | | | | | | |
| 21 | Update re Human Rights Tribunal Case | | | | | | | | | | | | | | | | | | | |
| 22 | Update to Human Rights Tribunal Case | | | | | | | | | | | | | | | | | | | |
| 23 | OPERATIONAL | | | | | | | | | | | | | | | | | | | |
| 24 | Child & Adolescent Oral Health project: update re universal access, inc outcome of crnty survey, and, funding applications | | | | | | | | | | | | | | | | | | | |

TO Disability Support Advisory Committee



MID-CENTRAL DISTRICT HEALTH BOARD
Te Pae Hauora O Ruahine O Torarua

FROM Chief Executive Officer

DATE 11 February 2011

MEMORANDUM

SUBJECT Date of the Committee's Next Meeting

1. Purpose

This paper seeks a decision in relation to the committee's next meeting which is scheduled to be held on 5 April 2011.

2. Summary

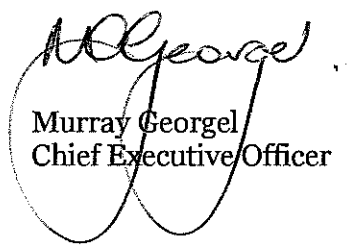
The sole purpose of this meeting is to further consider the 2011/12 Annual Plan should the Committee require more time to look at the DHB's future direction.

The Annual Plan is well advanced in terms of proposed initiatives to enable a full discussion to take place in March including the financial forecast. Therefore, we do not believe at this stage that there is a need for another meeting in April, but will be guided by the Committee.

3. Recommendation

It was recommended:

that the Disability Support Advisory Committee's next meeting be held on 5 July 2011.


Murray Georgel
Chief Executive Officer