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- ❑ Mavis Mullins (Deputy Chair)
- ❑ Ann Chapman
- ❑ Pat Kelly
- ❑ Phil Sunderland (ex officio)
- ❑ Jonathan Godfrey
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- ❑ Barbara Robson

Management Team
- ❑ Murray Georgel, Chief Executive Officer
- ❑ General Manager, Corporate Services
- ❑ Mike Grant, General Manager, Funding
- ❑ General Manager, MidCentral Health
- ❑ Heather Browning, General Manager, Enable NZ
- ❑ Jill Matthews, Principal Administration Officer
- ❑ Karen Nisbet, Committee Secretary
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Next Meeting Date: 4 October 2011
Closing Date for Agenda Items: 22 September 2011

MIDCENTRAL DISTRICT HEALTH BOARD

A g e n d a

Disability Support Advisory Committee

Part 1

Date: Tuesday, 5 July 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

5 July 2011

Part 1

Order

1. APOLOGIES

Pat Kelly, Committee member
Heather Browning, General Manager, Enable New Zealand

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 1 March 2011
Recommendation:	that the minutes of the previous meeting held on 1 March 2011 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 Annual Communications Update

Pages:	5.1 – 5.7
Documentation:	Manager, Administration and Communications' report dated 22 June 2011
Recommendation:	that the report be received.

5.2 Disability Facilities Stocktake Update

Pages: 5.8 – 5.13
Documentation: Group Manager, Commercial Support Services report dated 21 June 2011
Recommendation: this report be received.

5.3 NZ Disability Strategy Contracts: Update

Pages: 5.14 – 5.17
Documentation: Portfolio Manager, Health of Older Persons report dated 21 June 2011
Recommendation: that this report be received.

5.4 Annual Update – Stocktake of Employment Practices and Education & Development

Pages: 5.18 – 5.23
Documentation: Manager, Human Resources report dated 20 June 2011
Recommendation: that this report be received.

5.5 New Zealand Disability Support Network Update

Pages: 5.24
Documentation: General Manager, Enable New Zealand's report dated 16 June 2011
Recommendation: that the report be received.

5.6 Health Passport

Pages: 5.25 – 5.26
Documentation: Director, Patient Safety and Clinical Effectiveness report dated 13 June 2011
Recommendation: this report be received.

5.7 United Nations Convention on the Rights of Persons with Disabilities

Pages: 5.27 – 5.33
Documentation: CEO's report dated 13 June 2011
Recommendation: this report be received.

6. GOVERNANCE ISSUES

6.1 2011/12 Reporting Framework

Pages: 6.1 – 6.7
Documentation: CEO's report dated 28 June 2011
Recommendation: that the Committee's 2011/12 work programme be noted.

7. LATE ITEMS

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

8. DATE OF NEXT MEETING

Tuesday 4 October at 4pm, MidCentral DHB Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North.

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
"In Committee" minutes of the previous meeting	For reasons stated in the previous agenda	

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the Disability Support Advisory Committee held on Tuesday 1 March 2011 at 4.00 pm in Board Room, Board Office, Gate 2, Heretaunga Street, Palmerston North.

PRESENT

Lindsay Burnell (Chair)
Mavis Mullins (Deputy Chair)
Ann Chapman
Jonathan Godfrey
Pat Kelly
Nicolas Steenhout
Phil Sunderland

IN ATTENDANCE

Murray Georgel, Chief Executive Officer
Mike Grant, General Manager, Funding Division
Muriel Hanratty, Director, Patient Safety and Clinical Effectiveness
Jill Matthews, Manager, Administration and Communications
Karen Nisbet, Committee Secretary

Media (0)
Public (0)

1. APOLOGIES

Tawhiti Kunaiti, Committee Member
Heather Browning, General Manager, Enable New Zealand

2. LATE ITEMS

There were no 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 5 October 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

There were no matters arising from the minutes.

5. STRATEGIC ISSUES

5.1 Disability Consumer Feedback (July – December 2010 inclusive)

The Director, Patient Safety and Clinical Effectiveness summarised the report. It was noted that the questions 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 had added that allowed patients to self identify as having a disability.

There had been positive feedback with little variation to the various areas. It was noted that individual issues were discussed with quality co-ordinators to identify how things could be done better.

Comparable data was sort from the Whanganui DHB's Disability Support Advisory Committee. Whanganui DHB do not survey from the disability perspective, but they may incorporate this in time.

The Committee was pleased that the disability question remained a permanent survey question for MidCentral Health and that it may provide other DHBs with the incentive to do likewise.

It was recommended:

this report be received.

5.2 Human Rights Review Tribunal – Paid Family Caregivers Case

The CEO summarised the report. It was noted that the Ministry provided the funding for this type of care. This may be an issue for DHBs if the Ministry lost the appeal and required extra funding from other areas.

It was recommended:

that this report be received.

5.3 Disability Rights Commissioner – Human Rights Tribunal

The CEO summarised the report.

The committee expressed a hope that this may bring changes to the Human Rights Act regarding inappropriate names used for the disabled, in line with race issues.

It was recommended:

this report be received.

5.4 New Zealand Disability Support Network Update

The CEO summarised the report. The committee agreed to take up the Disability Support Networks offer to help identify key issues for disabled people in accessing primary and secondary health services. In doing so it noted this would not affect feedback from other disabled consumers/groups.

Management will provide feedback at the next committee meeting.

It was recommended:

this report be received.

6 GOVERNANCE ISSUES

6.1 2010/11 Work Programme

The CEO summarised the 2010/11 Work Programme.

The committee raised concern that the disability stock take would not be progressing. Management confirmed that the stock take was an ongoing business as usual matter and will be discussed annually, with additions being made as required.

It was recommended:

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

7. LATE ITEMS

There were no late items.

8. DATE OF MEETING

It was recommended:

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

9. EXCLUSION OF THE PUBLIC

It was recommended:

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)*

The meeting closed at 4.55 pm.

Confirmed this 5th day of July 2011.

.....
Chairperson

TO Disability Support Advisory Committee

FROM Manager, Administration & Communications

DATE 22 June 2011

SUBJECT **Annual Communications Update**

MidCentral District Health Board
Te Pae Hauora o Ruahine o Tararua

MEMORANDUM

1. Purpose

This report is provided to update members on the DHB's communication processes and the accessibility of DHB information to people with a disability. No decision is required.

2. Executive Summary

MidCentral DHB has sound communication processes in place and a number of enhancements have been made during the past 18 months to improve the accessibility of information for people with a disability.

Changes to the DHB's website continue to be made in line with the disability audit carried out in 2009.

An email process for relatives and friends to send messages to patients was established in 2009, and has moved to an electronic form with increasing uptake, without the service being advertised.

Use of MidCentral DHB's internal and external newsletters, and the internet, and growing use of social media continues to be the main way of promoting disability issues.

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

MidCentral DHB has communication policies and standards in place to ensure information is accessible to the public and staff. These are based on three principles:

- content and the means of communication are targeted to the audience
- plain language
- readily accessible.

As a DHB, there is an immense range of information held by the organisation, and interaction with patients, staff and visitors occurs at all times.

The DHB endeavours to provide information in various mediums to make it accessible to a wide range of people. This includes hard copy information, such as corporate documents, patient information sheets and brochures, appointment letters, and media statements.

Where possible this information is also provided in electronic form.

Email and telephone answering services are also used.

5. Enhancements in 2010-11

Over the past 18 months, a number of enhancements to MDHB's communication systems have been made, including:

- Maps of Palmerston North Hospital, detailing the internal layout of the hospital are continually maintained. These assist with easy access for patients, staff and visitors. They show the department layouts, entrances, and public toilets. The maps are on MidCentral DHB's website for easy accessibility – www.midcentraldhb.govt.nz/patientsvisitors/palmerstonnorthhospital/PNmaps.htm

- Maps of Palmerston North Hospital car parks and access points were developed in advance of the introduction of paid car parking on 7 March 2011. The maps were published extensively around the region's newspapers, were sent to all neighbouring DHBs, and have been used as posters around the hospital and in the community. They were provided in electronic form to the DPA. The maps details areas for all types of car parks, including parking for disabled. The hospital now has 31 such parks. Pamphlets were also produced and were distributed widely, and handed out, and are still available at counters, and car parking offices explaining in detail where to park, what access/exit points and where pay and display parks are available for people with disabilities. Car park maps can be accessed on the website on: http://www.midcentraldhb.govt.nz/PatientsVisitors/PalmerstonNorthHospital/PNMaps.htm

- Enable New Zealand has upgraded its website – WEKA. WEKA is Enable New Zealand's disability information website for disabled people, their families, whanau and caregivers, health professionals and disability information providers.

- A "Twitter" account has been established enabling the DHB to send out news, updates and job vacancies via this social networking tool. A number of disability

organisations are followers and MidCentral DHB reciprocates by following them. The address is www.twitter.com/midcentraldhb

- The MidCentral DHB Facebook page is starting to find traction with 21 'likes' including members of the public and staff from other DHB's. Disability organisations are also starting to join social networks and we will follow them accordingly. The address is: http://www.facebook.com/scottcrowley1970#!/pages/MidCentral-District-Health-Board/265474945315

- The Style Standards are being progressively reviewed. The Standards' section "disability considerations" is among the various chapters being updated. Some of the changes being introduced in other sections in the Standards include: use of a larger type font on all MDHB and MCH letterheads for contact information about the organisation; consideration being given to having an option of larger print sizes on some patient forms when they are reviewed and if space on the form permits. Two examples of forms that have the larger print option available are: "General Information Sheet", for all patients arriving at hospital; and the "Operation Procedure Authorisation Form". Staff can request their business cards to have the option to have larger print sizes for the staff member's name and phone number on the reverse side of a normal business card. These are especially popular for staff working in ElderHealth, and STAR (Services for the Treatment, Assessment and Rehabilitation) wards.

- MidCentral DHB's website was enhanced in line with the disability audit carried out by ACCEase Ltd in 2009:

  - Readibility of top right-hand banner menu was improved by increasing the font size by 50%, increasing the depth of font colour and the transparency of the background.

  - Information "About this Site" has been maintained to meet national standards and includes a separate page re disabled accessibility, a statement about the versions of Acrobat used and MDHB's policy re non-MDHB links, ie they open in a new window.

  - Keyboard access for uploading CVs as part of the on-line staff application form.

  - Label elements for input areas, such as "search" and "HR application".

  - Details of the language code used on MDHB's website, ie New Zealand English. This will assist people with disabilities by helping with searching pages and conforming to browser requirements for disability readers.

  - File type attributes to templates to ensure adherence to international standards.

- Improvements to the search tool are being investigated. As technology improves and upgrades are made, further refinement is possible. The current tool used has limitations and does not allow the easy display of document names.

- Ongoing staff training continues around website disability requirements, such as use of appropriate metadata (keywords, descriptions, etc), use of image descriptions and

layout of tables. An extensive audit of the website has updated all alternative text for pictures and reviews are ongoing to ensure compliance.

- Links are provided to the Ministry of Health's Disability Support Services Disability Services e-Newsletter newsletter to promote and advise clients of the disability services provided by Enable New Zealand. Other links include: the Office for Disability Issues; WEKA; Arthritis New Zealand; Assembly of People with Disabilities; Deaf Association; and the New Zealand Pain Society.

- Growth has continued for the number of SharePoint sites. SharePoint is a collaboration website tool where staff (including ward staff) and other health providers can share documents and work collaboratively on a project. Feedback on the sites continues to be positive.

- Through the website, a patient/contact message service was successfully trialled. This is administered by Central Patient Enquires and enables friends and relatives to send email messages to patients. Now that the process has been established, a web form has been created to allow users to more easily send messages, and this is being well used. In the past six months the service has averaged 45 messages a month. This is without advertising it. MidCentral DHB will now look at advertising the service throughout the disability sector in particular, and the wider community.

Media releases around disability issues were issued during the period as per the schedule attached.

- 'Let's Talk About Health' columns replaced the previous community newsletter 'Our Health, Our District'. Since late 2010 four columns have been published. They were targeted at all community groups, including people with a disability.

  - Not For resuscitation
  - Enduring Power of Attorneys and Advance Directives
  - Immunisation, and
  - Suicides

- A government agency, the Confidential Listening and Assistance (supported by the Department of Internal Affairs) has been set up "to provide a forum for people who were residents of State care facilities and institutions prior to 1992 to share their concerns and experiences about the way they were treated. Institute of State care include psychiatric hospitals and wards and well as residential health facilities." MidCentral DHB has supported a request from the agency for use of its distribution channels to get information to the community.

- A review of translation services is underway by Patient Safety & Clinical Effectiveness to ensure MDHB is providing the best services for all its citizens. MDHB provides access to sign language interpretation and we provide access to interpretation services although for the minority languages this is a real challenge due to scarcity of interpreters. Technology solutions may be next step but are high cost.

- Ongoing support to projects and services to communicate with key stakeholders.

- Electronic link to Disability Support Advisory Committee agendas sent to CCS Disability Action and Disabled Persons Assembly (NZ) Inc each meeting.

Increasing Staff Awareness re Disability Issues

- The Health & Disability Commission issued a video for medical or clinical staff working with deaf and hearing impaired clients. This video continues to be available for MDHB's staff via our website.

- Ongoing use is made of MidCentral DHB's staff magazine to raise awareness of disability issues. Items featured are noted in the attached schedule.

6. Looking Ahead

Over the next 12 months we will continue to improve our communication processes. Some specific areas targeted are:

- Improving the search function on MidCentral DHB's website will be further investigated.

- Upgrade of MidCentral DHB websites to newer versions of software. As this done, disability requirements are taken into consideration.

- An improved "feedback form" on the website to allow users to more easily provide feedback and ideas for enhancement.

- Informing the disability community about the new web form to allow further enhancements to the electronic patient contact service.

- An improved "contract us" page that will allow users to sort contacts by name, service and/or town/city/district.

- Use of other social networking tools will be explored and evaluated for their appropriateness to keep the public informed of district health board news, events and job vacancies, eg Facebook, LinkedIn.

- Move to a common health domain name used throughout the health sector – health.nz.

- Increased radio coverage of health and disability issues.

- Continued internal and external communications around disability matters.

Jill Matthews
Manager
Administration & Communication

:

Subject	Media	Staff
Ten new disability car parks at front of Palmerston North Hospital, taking total up to 31 on site	✓	✓
Promoting Health Pain Management Awareness Week with a lunch time talk at the central library	✓	
Promoting Stroke Awareness Week. Those who survive a stroke often have a greater level of ongoing disability than survivors of heart attacks	✓	
Enable New Zealand, one of the largest providers of disability services in New Zealand, is part of this month's annual Show your ability expo, which is being held in five cities. This is New Zealand's premier expo for disability and aged-care equipment	✓	
Palmerston North health and disability advocate Tina Ackram welcomed visitors and staff at PNH and Horowhenua Health Centre to promote code of consumer rights		✓
Promoting the onsite shuttle that picks up and returns clinic patients and visitors to their cars	✓	
Enable New Zealand poised to deliver ACC savings through winning ACC housing modifications service contract		✓
MCH hosts national Occupational Therapy and Physiotherapy assistants national conference in Palmerston North		✓
Enable New Zealand launches quality control initiative with 1000 survey forms seeking feedback from clients nationally		✓
MDHB health awards 2010 to feature award for disability management innovation		✓
Rotary Club of Takaro and Farmers lead $20,000 plus makeover of STAR 1 and 2 courtyard makeover including user-friendly gardens, and shade sail sun covers	✓	✓
Supportlinks worker Natasha Browne, a Massey University masters thesis writer studies quality of care for children with an intellectual disability and/or autism		✓
David Guest, Enable New Zealand staff member featured for being allowed by employer to bring his puppy-in-training to work. He is a Mobility Assistance Dogs Trust volunteer		✓
New WEKA (What Everyone Keeps Asking); NZs disability information website comprehensively redeveloped		✓
Speech language therapy awareness day (20 August) promoted		✓
MCH's speech language therapist Jenna Ryan able to attend five-day workshop at Children's Nutrition Research Centre in Brisbane		✓
Jan Waldock, won speakers' award at national urology conference. Her topic: Autonomic Dysreflexia (AD) – a potentially life-threatening event affecting people who have had a spinal injury at or above the sixth thoracic vertebrae (T6)		✓
Telarc Quality Health completes certification surveillance audit against Health & Disability standards		✓
Enable New Zealand adopts new approach to buy powered wheelchairs, meaning it can now buy lots more, without compromising service, but reducing waiting lists		✓
Enable New Zealand allows optometrists and ophthalmologists to apply for special subsidies on line; similar process for		✓

audiologists to complete hearing aid subsidies on line also being considered		
Falls Action Group improves falls data, getting it right for patients	✓	✓
Health workers urged to learn from preventable events reporting through Health Quality & Safety Commission report		✓
MDHB approved revised configuration for Child Adolescent Oral Health Service project that will see universal access available to patients and their families at fixed clinics throughout the region		✓
Enable New Zealand celebrated International Day of the Disabled Persons on 3 December by promoting the fact 10% of their workforce has some sort of impairment	✓	✓
MCH completes 10-year, $2.5 million project to replace all 378 hospital beds with new electronic ones making it easier for patients to give themselves more mobility while in bed	✓	✓
Paid car parking started on 7 March and included pay and display options for people with disability parking cards	✓	✓
Friends of Horowhenua Health Centre fundraised $24,800 to improve the centre's courtyard, including non-slip wooden ramps for rehabilitation patients		✓
April Falls Day (1 April) introduced to promote awareness around patient falls, especially from beds, chairs and walking	✓	✓
Enable New Zealand's Christchurch store is open and operational soon after the 22 February quake, after staff there, and from other stores volunteered to clean up the store ready for a quick reopening		✓
New short term loan equipment process developed to improve rehabilitation and home safety once discharged from hospital to the community		✓
Patients attending outpatient clinics at MidCentral Health will soon be given options around the time of appointments, rather than being told when to turn up. This provides more flexibility for patients especially those living with a disability	✓	
Palmerston North and Manawatu district residents are now to be included in a district-wide, community-based retinal screening service, after the MidCentral District Health Board yesterday adopted a recommendation from its community and public health advisory committee, earlier in the month	✓	
People with disabilities able to access all New Zealand health jobs, along with everyone else, easier by the introduction of a one stop shop through kiwihealthjobs.com		✓
Four Enable New Zealand staff 'walk the talk' by completing 100km course in Oxfam fundraiser	✓	✓
Orthopaedic clinic at PNH launches new joint care clinic for patients scheduled for hip and knee replacement surgery	✓	✓

TO **DISABILITY SUPPORT ADVISORY COMMITTEE**

MidCentral District Health Board
Te Pae Hauora O Ruahine O Tararua

FROM Jeff Small
Group Manager
COMMERCIAL SUPPORT SERVICES

MEMORANDUM

DATE Tuesday 21.06.2011

SUBJECT **DISABILITY FACILITY STOCKTAKE UPDATE**

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1. PURPOSE

The purpose of this report is to update the Committee on the Disability Facility Stocktake as per the Schedule attached.

2. SUMMARY

The Schedule outlines all work undertaken to date including signage, maintenance and housekeeping requirements, physical building upgrades and compliance in new buildings with disability access, egress and internal service requirements.

The status of work still to be completed is summarised as follows and has taken into consideration financial constraints by postponements on previous CAPEX Programmes 2009/10 and 2010/11 :

• Hearing Loop in Lecture Hall	CAPEX 2011/12
• Extend Handrail past bottom of stairs	Scheduled under PNH Re-development
• Contrast colour strip on nosing of stairs	CAPEX 2011/12 or under PNH Re-development
• End of handrails turned down 100mm	Scheduled under PNH Re-development
• Lower height of public service counters	CAPEX 2011/12 or under PNH Re-development

3. RECOMMENDATION

It is recommended that :

this report be received.

Jeff Small
GROUP MANAGER
COMMERCIAL SUPPORT SERVICES

Commercial Support Services
MidCentral District Health Board
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2006 Disability Stocktake: Implementation Reporting Template

No.	2006 Stocktake Recommendations	Proposed Action	Achieved			Out Year Task	Status as at June 2011
			Fully	Partially	No		
1	Establish a Disability Strategy Implementation Plan including a dedicated position to co-ordinate/manage NZDS implementation within one year	Work programme agreed with DSAC	✓				Work programme agreed June 2009, and has continued through into Board's 2009/10 Reporting Framework.
		Reporting requirements for major reports include "disability perspective"	✓				Achieved and ongoing.
		Annual report against 2006 Stocktake implementation	✓				Annual updated provided yearly since October 2007.
2	Communicate the results of this stocktake, the work programme, and subsequent implementation successes to the DHB and disabled community within one year	Stocktake results and resultant work programme published on web site, provided to key stakeholders, and summarised in MDHB newsletters.	✓				Achieved.
		Reports against stocktake items include "communication perspective"	✓				Provided as appropriate.
		DSAC reports provided to Reference/Focus Group for its information			✓		Decision taken by DSAC not to establish a focus group. Instead it was agreed Enable NZ be responsible for maintaining a current network of groups & key stakeholders that MDHB recognise as a key group with whom it will consult. New item (No 15) added to stocktake accordingly.
3	Eliminate inconsistencies between the "short term" (non-residential) DSS provider agreement and "long term" DSS provider agreement within one year	Inconsistencies investigated and addressed	✓				Inconsistencies relate to differences between short and long term contracts and the length of support required.
4	Develop a communications plan to ensure consistent, role-appropriate knowledge of the NZDS throughout the DHB within one year	Staff awareness strategy developed and implemented	✓				Communications, HR and customer feedback reports will be reported back to DSAC on an annual basis.
5	Establish, test and review a more robust system for recording and tracking implementation progress within one year	Annual report against stocktake provided as per 1 above.	✓				Updates provided October 2008. Second update provided October 2009.
6	Complete building maintenance/upgrade work, including re-commissioning access audits and responding to recommendations from the Facility Review (refer Appendix A) within three years*						

No.	2006 Stocktake Recommendations	Proposed Action	Achieved			Out Year Task	Status as at June 2011
			Fully	Partially	No		
		accessible toilet facilities. (Priority 2)					
		If the "non-bed" lifts are replaced, and it is possible to do so, use a lift with a larger internal dimension. (Priority 2)	✓				Not applicable.
		Maintain light bulbs, and ensure that the bulbs selected provide enough light. (Priority 2)	✓				Ongoing maintenance.
		Add increased contrast indicator signs beside each call button in lifts. (Priority 2)	✓				Completed.
		Install a hearing loop in lecture hall, and publicise its availability through proper signage. (Priority 2)				✓	On CAPEX Programme 2011/12.
		Review and replace signs appropriately, as is currently being done. Ensure that signs are easy to read, properly located and provide sufficient information. (Priority 2)	✓				Completed.
		Ensure that handrails extend 300mm plus the depth of a tread past the bottom of the stairs.				✓	Scheduled under PNH redevelopment.
7	Establish, test and review and engagement plan and partnership opportunities with the disability sector – in particular the disabled community – and internal and external disabled professionals within three years	Terms of reference for reference/focus group established	✓				Proposal submitted DSAC, October 2007.
		Reference/focus group appointed			✓		DSAC determined not to proceed with focus group.
8	Prioritise disabled Maori workforce development within three years	No further action. To be progressed through Maori Health and Disability Strategies as per DAP.	✓				
9	Develop, test and review a robust disability responsiveness-training plan to feed into staff and service development plans within three years			✓			Part of staff awareness strategy – refer 4.
10	Adopt an affirmative action employment policy for disabled people within three years		✓				Policy MDHB1890
11	Establish a leadership initiative for disabled people within five years	No further action. Not to be progressed.	✓				
12	That a self-audit tool be used to	Need for audit tool and approach to be				✓	We have not been able to either develop or source a self-aud

No.	2006 Stocktake Recommendations	Proposed Action	Achieved			Out Year Task	Status as at June 2011
			Fully	Partially	No		
	measure progress in implementing the principles of the NZ Disability Strategy	reviewed, including input from Reference/Focus Group.					tool. We will seek further information and/or assistance from the Ministry of Health.
13	That a centralised budget be established for NZ Disability Strategy implementation, with spending monitored and evaluated against clear quality outcomes. A "virtual" budget with money tagged from other budget sources could be used.	No further action. Centralised budget not to be established.	✓				
14	That a disability consultant vet language used in MidCentral DHB's DAP in reference to disabled people.	To be undertaken by DSAC as part of DAP development process.	✓				Undertaken by DSAC.
15	Enable New Zealand establish current network of groups & key stakeholders recognised by MDHB of key groups it will consult with on issues/ plans/proposals as required. Group listing to be maintained by Enable NZ. With annual update provided to DSAC on usage of the disability network.			✓			Network list established. Not used to date but will be accessed for upcoming major projects such as Regional Clinical Service Plan, MidCentral Health's Clinical Services Plan and District Strategic Plan. Sept 09 – Network list has not been used by GMs to date. Aug 10 – DPA utilised very effectively for Child Adolescent Oral Health Universal access issue. In the year ahead the network group list will be utilised to send out information on the Regional Services Plan.
16	Child and Adolescent Oral Health Service universal access to be provided for new model of care being introduced	The issue of disability access on the mobile dental clinics to be considered by the Ministry of Health Disability Consortium.			✓		Local use of Disabled Persons Assembly has been of considerable assistance. No feedback from Consortium to date.
17	Clinical Records Building	Building is planned to comply with all disability access, egress and internal service requirement (eg. Toilets)	✓				Planning brief completed. Construction Contractor tender confirms construction plan incorporating all requirements.

*Facility stocktake recommendations were prioritised. Priority one - addressing hazardous situations/complete lack of accessibility. Priority 2 - other non complying items impacting accessibility and usability. Priority 3 - recommendations which would improve the level of access.

No.	2006 Stocktake Recommendations	Proposed Action	Achieved			Out Year Task	Status as at June 2011
			Fully	Partially	No		
		Ensure that solid horizontal visibility strips of at least 20mm width and high visible contrast are placed on the glass sliding doors. (Priority 2)	✓				Compliance achieved with new facility.
		Mount a horizontal grab bar on the inside of the swinging door to the accessible toilet facility, to make it easier for a wheelchair user to close the door during entry, rather than having to manoeuvre back and forth to shut the door. (Priority 3)	✓				Compliance achieved with new facility.
	• MidCentral Block B	Place a high contrast colour strip on the nosing of the stairs that do not currently have high contrast. (Priority 1)				✓	Options have been explored further and estimated costs obtained. Any agreed action to be undertaken on CAPEX Programme 2011/12 or scheduled under PNH Re-development. Previously postponed on CAPEX Programme In the meantime areas are addressed as and when new works are undertaken.
		Ensure that the ends of handrails are turned down 100mm, or returned fully. (Priority 1)				✓	Scheduled under PNH redevelopment.
		Replace the horizontal visibility marking on the sliding door to the main entrance with a solid strip of a more contrasting colour than the existing grey. (Priority 2)	✓				Completed 2006/07.
		Adjust the sensor to activate the A&E door from a shallower approach. (Priority 2)	✓				Completed.
		Ensure that all accessible areas are kept clear of clutter and available for service to people who use wheelchairs. (Priority 2)	✓				Completed 2006/07 and ongoing.
		Where possible, modify the public service counters to provide a lower, accessible area. (Priority 2)				✓	Previously postponed on Capex Programme. Rescheduled 2011/12 CAPEX or under PNH Re-development.
		Where double swing doors do not have at least one panel that is wide enough (760mm), replace the doors so at least one of the two panels provides a clear opening width of at least 760mm. (Priority 2)	✓				Not required by Building Code as both doors open.
		Ensure all informational signs are appropriately located on toilet facilities. (Priority 2)	✓				Completed.
		Improve directional signage, in particular to	✓				Completed 2006/07.

No.	2006 Stocktake Recommendations	Proposed Action	Achieved			Out Year Task	Status as at June 2011
			Fully	Partially	No		
	• Enable NZ	Ensure that handrails extend 300mm plus the depth of a tread past the bottom of the stairs. (Priority 1)	✓				Completed 2006/07.
		Ensure that the ends of handrails are turned down 100mm, or returned fully. (Priority 1)	✓				Completed 2006/07.
		Increase the contrast on the nosings of the stairs. For the stairs to the server room, consider using yellow nosings to contrast with the dark blue carpet. For the stairs to the storage area, consider using black to contrast with the light natural wood colour of the steps. (Priority 2)	✓				Completed 2006/07.
		Round the nosing of the steps to the storage area. (Priority 2)	✓				Completed 2006/07.
		Ensure that handrails are round with a dimension of 32mm to 50mm. (Priority 2)	✓				Completed 2006/07.
		Ensure that the new reception counter has at least one accessible area with a maximum height of 775mm above the floor, and a minimum depth clearance of 675mm. (Priority 2)	✓				Completed 2006/07.
		Provide Braille signage on each door, indicating what the door is. Current informational signage exists, but only for sighted people. If installing Braille signage, make sure the signs are located in a consistent manner so they can be found easily. (Priority 3)			✓		Reviewed by the Blind Foundation assessors and it was advised that Braille was not required. Sufficient visual cues already present.
	• Horowhenua new facility	The wall behind the outside door should not be solid glass. We recommend either a solid half wall with a glass upper section, or the use of opaque glass "blocks". (Priority 1)	✓				Compliance achieved with new facility.
		Do not label the ensuite toilet facilities in the ward as "accessible". (Priority 2)	✓				Compliance achieved with new facility.
		Mount paper and soap dispensers in accessible toilet facilities at a height between 900mm and 1200mm, ideally 1000mm, and no closer than 450mm from corner. (Priority 2)	✓				Compliance achieved with new facility.

TO Disability Support Advisory Committee

FROM Brad Grimmer
Portfolio Manager
Health of Older Persons
Funding Division

DATE 21 June 2011

MidCentral District Health Board
Te Pae Hauora O Ruahine O Tararua

MEMORANDUM

SUBJECT **Disability Strategy Contracts Update**

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a) PURPOSE

The purpose of this paper is to provide the annual update to the Disability Support Advisory Committee on:

> ensuring that all MidCentral DHB service agreements include a section on disability considerations covering requirements contained within the New Zealand Disability Strategy.

The aim is to ensure that all people assessed with disability and eligible for subsidy have access to a range of disability support services that meet nationally consistent minimum standards in the way they are delivered.

It is necessary to remain vigilant in safeguarding the wellbeing of vulnerable people who receive such disability support.

b) EXECUTIVE SUMMARY

All aspects of contract management for Disability Support Services continue to receive close scrutiny in the current funding environment. Demand for services is high and likely to continue growing as the over 65 population increases.

Current capacity and capability in aged residential care and home based support is meeting demand on the whole. Steady upward pressure is anticipated in both dementia care and hospital continuing care whereas rest home level care is reducing. MidCentral DHB has invested heavily in further developing the primary health care workforce as a strategy towards early detection and preventative medicine practice to alleviate future demand for acute care.

Contract compliance has been an issue in recent years but increased vigilance and activity around performance monitoring has resulted in fewer formal complaints being received by the DHB in the current year. This has also been aided by the new auditing regime operating jointly between HealthCERT (Ministry of Health) and the District Health Boards which provides for a more cohesive approach to audit processes.

Where issues do arise they are addressed promptly and effectively.

Various reviews are underway at a national level, for example, the Office of the Auditor General is due to release a review of Home Based Support Services in July 2011. Other work is looking at how to better streamline rehabilitation services to improve the client's journey. Thirdly, Health Workforce New Zealand (HWNZ) is developing a plan for the future workforce needs in the disability sector. Successful recruitment, training and retention of the workforce is critical if the nation is to manage future demand, especially as the over 65 population increases.

c) RECOMMENDATION

It is recommended

that this report be received.

Brad Grimmer
Senior Portfolio Manager
Disability Support Services
Funding Division

1. Introduction

All Funding Division service agreements include a section on disability considerations covering requirements contained within the New Zealand Disability Strategy and fit out requirements for physical facilities.

Disability sector standards included in district health board funding agreements continue to be audited in two ways:

1. through the routine certification and surveillance audits of providers undertaken by designated audit agencies on behalf of HealthCert - a licensing division of the Ministry of Health

2. DHB routine and/or special issues audits

From January 2010 the Ministry's surveillance audits are replaced with spot audits which are intended to be unannounced. This change comes as a result of the new Minister's directive and follows widespread concern about the quality of care provided by some services, particularly for the elderly. At a national level the Performance Audit Report issued by the Office of the Auditor General in December 2009 has highlighted numerous gaps in the current process by which Aged Residential Care facilities gain certification status and the ongoing monitoring thereof.

As a result a comprehensive review of Ministry audit processes is underway and includes a recommendation that the management of complaints is better organised between the Ministry and DHBs. This work will progress through 2010.

2. Health and Disability Criteria

With the devolution of Disability Support Services contract management to DHBs in October 2003 DHBNZ developed a national process for ensuring all contracts have a requirement to address disability support issues. Since this is a nationally driven process it draws all DHB agreements in under the Health and Disability Act.

It is a standard requirement that all DHBs use the nationally developed contract terms and conditions. Contracts for health and disability support services for older people have a set of standard conditions and standard provider quality specifications that include coverage of disability issues.

As a local example of a disability awareness issue being promulgated, MidCentral DHB has fostered the Prevention of Elder Abuse and Neglect guidelines for disability support services. This work has been promoted across the district by Age Concern (Manawatu). The result is that Elder Abuse and Neglect workshops have recently been conducted in all Aged Residential Care facilities across MidCentral district in 2009. Repeat workshops are scheduled for 2010 to cover off any workforce knowledge gaps arising from staff turnover.

3. Audits

Ten special issues audits have been commissioned in the last 18 months representing 25 percent of aged residential care providers in the MidCentral district. Subsequently a report has been prepared on the common themes arising from those audits. The findings identify a range of gaps but most noticeable are those involving clinical care and human resource management.

Clinical care issues include best practice in care planning, medication management, infection control, restraint practice, incident/complaint management.

Human resource issues include gaps in recruitment processes, orientation, ongoing staff training, lack of performance appraisals, clinical leadership and qualifications of the facility manager.

These and other findings will be the subject of much discussion with providers in the months ahead.

TO Disability Support Advisory Committee

FROM Anne Amoore
Manager
Human Resources

DATE 20 June 2010

SUBJECT **Annual Update – Stocktake of Employment Practices and Education & Development**

MidCentral District Health Board
Te Pae Hauora O Ruahine O Tararua

MEMORANDUM

SUMMARY

a) PURPOSE

The purpose of this paper is to provide the annual update to the Disability Support Advisory Committee on:

(i) The employment policies and procedures MidCentral District Health Board (MDHB) has in place to ensure as an employer we do not discriminate against our employees, and

(ii) The education and development initiatives MDHB has in place to ensure employees are competent and safe in their area of practice.

It is for the Committee's information and does not require a decision.

b) EXECUTIVE SUMMARY

Since the last report to the Committee in March 2010, steady progress continues to be made in implementing our various workforce development initiatives.

MDHB also continues to make good progress towards meeting our obligations and responsibilities to be a good employer. The Human Rights Commission has recently written to MDHB advising that their review this year of good employer and Equal Employment Opportunities (in Crown entity annual reports) recognises that MDHB continues to make positive progress and congratulates us on our efforts.

c) RECOMMENDATION

It is recommended

that this report be received.

Anne Amoore
Group Manager
Human Resources

1.0 Progress

Details of the recent initiatives that have been undertaken relating to employment practices, and education and development are outlined below.

1.1 Human Resource Policies and Good Employer Obligations

1.1.1 Policies and Procedures

MDHB has policies and procedures in place which support our objective to be a good employer and to recognise workforce diversity. Examples of these are our Equal Employment Opportunities Policy (which underpins all of our policies and procedures), Harassment Prevention, Impaired Staff, Work and Family, Workforce Rehabilitation and Recruitment/Appointment policies.

MDHB's human resource policies and procedures are reviewed as part of the DHB's policy review programme, as a result of a change in legislation, or if other reviews/investigations recommend that we do so. As policies and procedures are reviewed, the disability perspective is taken into account. Consultation also takes place with key stakeholders throughout MDHB, and externally where appropriate, for example, with Health Sector Unions, usually through MidCentral's Combined Health Unions/Management Meeting. Where appropriate, working parties comprising MDHB management, human resources, union delegates and officials are established as part of the consultation process.

1.1.2 Good Employer Obligations

MDHB continues to be a member of the EEO Employers' Group set up by the EEO Trust. As a member of this group, MDHB has committed to having quality employment practices in equal employment opportunities by being fair and valuing the talents of the diverse range of people we employ. EEO Employer Group members are seen as employers of choice by applicants, employees, clients, the media and the public.

Members are required to adhere to the EEO Employers' Group Charter, which commits them to developing a policy endorsing EEO, planning for diversity goals relevant to their workplace and reporting on progress annually through the EEO Trust survey.

MDHB has recently received a communication from the Human Rights Commission (the Commission). The Commission is required to monitor on an annual basis EEO and good employer practice, and the Crown Entities' obligations under the Crown Entities Act to report good employer initiatives in their annual reports. MDHB received very favourable comments from the Commission because we addressed all seven key "good employer" elements in our annual report, and we also made reference to EEO practices. We were also one of the few organisations which produced a full workplace profile and the Commission congratulated us on our efforts.

Our on-line Exit Survey which allows resigning employees to participate and provide feedback about their experiences at MidCentral is working well. Although it is not compulsory, there is an option to complete it anonymously and 63 employees (40 % of total resignations) took this opportunity over the past six months. Responses highlight MDHB as being an employer to which 68% of the surveyed employees would return. The positive experiences outweighed less positive experiences. This process provides the opportunity for MDHB to address any of the less positive issues staff members report.

2.0 Education and Development

In terms of Education and Development, MDHB continues to be committed to maintaining and enhancing practices within the organisation which eliminate all forms of discrimination in employment matters and which eliminate barriers to the recruitment, retention and development of employees.

For the year up to March 2011 over 3,400 registrations were received for staff to attend our education sessions (a number of staff attended more than one of the offered courses).

As our Education and Development programmes are reviewed, consideration is given to raising staff awareness and to take into account a disability perspective.

Included in the New Staff day programme is an outline of MDHB's good employer/EEO responsibilities, removing barriers which prevent disabled people from participating fully in society, our commitment to ensuring that we have employment practices in place so that as an employer we do not discriminate against our employees, and our commitment to eliminating all forms of discrimination.

We have continued to run our first level leadership programme as part of our "Leading Teams that Work". This programme has been run over the past three years and is being well received by those attending and covers the essential competencies required for leaders within our organisation. The programme modules are:

- Leadership Skills
- Responsibilities of Managers
- Delegation
- Time Management
- Motivation and Empowerment
- Decision Making
- Conflict Management.

During the year, MDHB held a Nursing awards ceremony to celebrate the contribution of all nurses and health care assistants to the health of our district. The Awards Ceremony was held as part of International Nurses day with the theme for nurses around the world this year was improving access to and equity in health care. Over 20 Nurses received awards.

A room at the Education Centre has been put aside for our Trainee Interns to use for video conferencing, training sessions and for study. Otago University has provided funding for the equipment and furniture. This provides a quiet dedicated place for our Trainee Interns to receive education sessions, and to study and link with Otago University.

Nationally Health Workforce New Zealand (HWNZ) has enhanced a section on health careers on their website. The website provides detailed information on the career planning process to support school leavers, trainees and employers/educators. Links to resources and tools to assist at the various stages for those planning careers is also provided.

HWNZ has recently confirmed the establishment of a New Zealand Centre of Excellence in Health Care Leadership (the Centre) to be hosted by the University of Auckland. The Centre aims to improve leadership at all levels within the health system and to provide a resource for all professional groups and managers.

The Centre was established to address a recognised need to have a national coordinated approach to bridge professional and organisational boundaries and to support and develop the leaders our health system requires in the future.

Over the next year the Centre will engage with DHBs and Tertiary providers. It will coordinate a range of high level leadership programmes, advise on curriculum development and oversee research and evaluation in leadership. It could be that education programmes are provided nationally by a number of institutions. It is not intended that "first level" leadership programmes currently provided by DHBs cease. However, these may change over time.

2.1 ACC Partnership Plan

MDHB is a member of the ACC Partnership Programme and following the annual audit at the end of last year, we were again advised that we met the annual renewal requirements for the Partnership Programme at Tertiary level.

3.0 Support of Staff with Disabilities

As reported previously to the Committee, every opportunity continues to be made throughout the organisation to explore and provide employment opportunities for those with disabilities. MDHB as a provider of health and disability services, has immediate access to in-house resources who can make assessments as to what reasonable accommodation can be made to meet the specific needs of employees with disabilities. An example of this resource is our Occupational Health Physician and her team, which includes an Occupational Health Physiotherapist and an Occupational Health Nurse.

If a potential employee has uncertainties about their ability to fulfil a particular role, they are advised that MDHB welcomes the opportunity to discuss how the organisation can make every reasonable accommodation to meet their needs. They are also advised that they are welcome to discuss their needs with members of either the Occupational Health Unit, Infection Control or the Human Resource Department.

Where a problem is identified, with either the employee or the workplace, that makes it difficult for an employee to continue to fill their role within the organisation, staff within Occupational Health, Infection Control, or Human Resources work with the employee (and their support person/union representative) to address any concerns raised. Over the past few years this has involved the use of specialist advice, eg Industrial Hygienist, Ergonomic Ophthalmologist, Physician for those with muscular skeletal conditions, Dermatologist and Psychiatrist.

MDHB's Occupational Health Unit (OHU) is very active in ensuring the needs of employees are met both on appointment and on an ongoing basis during employment - the following are examples of this:

- Continued implementation of the O'Shea No Lift programme with all new staff working in clinical settings undertaking four hours orientation to safe moving and handling. Ongoing monitoring of staff competencies is undertaken by trainers based within clinical settings. Additional updates are provided by the OHU staff to both trainers within the clinical settings and with focused training sessions within workplaces. A resource folder has been developed by the OHU team which includes information on all manual handling equipment, assessment and training requirements to support safe patient handling.

- Early intervention, treatment and advice is provided to employees who report discomfort, pain and possible injury. Staff working within clinical settings who report discomfort are supported to update their No Lift competencies to prevent the likelihood of further discomfort/injury.
- Following consultation with the local branch of ACC, two designated ACC Case Managers have been identified for the management and support of MidCentral staff members who sustain non work injuries. This change has facilitated an early transfer of files from the ACC Contact Centre to the local branch. The result has seen improvements in communication, earlier interventions within MidCentral and a more consistent approach to the rehabilitation of staff back into the workplace.
- Ergonomic workstation assessments are undertaken for staff reporting discomfort in their work environment, staff who have experienced a change in work location and all new employees who are required to work at a computer for more than two hours at a time. Based on the ACC guidelines, recommendations are made to the employee's manager for modifications to the workplace and for any additional equipment necessary.
- Occupational Health liaises with staff and their manager to identify rehabilitation and return to work options for individuals who are planning for elective surgery.

Within Enable New Zealand, accommodating disability in the workforce is simply part of "business as usual". Equal employment opportunities are well embedded within the organisation's fundamental philosophical approach towards inclusion and participation which recognises that those with disabilities have the same right as anyone else to be in the workforce. Enable New Zealand has a number of staff with disabilities, most of whom have been employed there for many years, making a significant contribution to the organisation's business.

Enable New Zealand has become somewhat of a "magnet" in terms of employing people with disabilities, and a number of these people have come through an open recruitment process. The primary focus for selection of staff is finding those with the required skill sets and competencies. Accommodating a disability is no impediment or barrier to employment at Enable New Zealand, be it setting up a special work station, or providing enhanced technology to enable these employees to do their work. The wider workplace is set up to be user-friendly for those in wheelchairs with sensor controlled double-opening doors, lowered door handles and wide corridors.

Having people with disabilities within the workforce also has a wider impact for the community and positive social outcomes. This is not just about integration of people with disabilities within the workforce, but also about the regular workforce integrating with, and supporting their disabled colleagues in such a way that disability within the workplace becomes normalised. The mindset within Enable New Zealand is largely that disability is commonplace, ie, it is not "noticed" per se, nor is it something to be frightened of or uncomfortable about. It is simply part and parcel of the fabric of "who we are" at Enable New Zealand. The positive consequence of this is that not only is Enable New Zealand an organisation in which it is easy for people with disabilities to work and succeed, but also that this mindset becomes part and parcel of the values demonstrated by staff within the wider community.

4.0 Workplace Environment

Improving the working environment for our staff continues to be a priority and we have recently supported the following initiatives:

- Sports Manawatu iMove Workplace promotion held during May. This initiative encouraged staff to walk or bike to places, rather than using their vehicle
- Sports Manawatu Bike Wise Business Challenge . A number of MDHB teams participated in the 2010 challenge and two MDHB teams – Enable NZ and Distribution Centre won major prizes
- Flu vaccinations
- MidCentral Health promoted World Smoke Free day in May and challenged our employees to go smokefree on the day. We also offered the opportunity for staff to register with the Quit Team and receive free patch/gum/lozenges.
- We also promoted April Falls day by raising awareness about preventing/reducing patient falls at MidCentral and around the home. We promoted healthy lifestyles on stroke awareness day and staff were provided with the opportunity to have their blood pressure tested.
- At the end of 2010, Enable New Zealand celebrated International Day of Persons with Disabilities.

We continue to expand our "Staff at MidCentral Advantage Scheme" (SMASCH). MDHB receives other benefits from this scheme, for example, Noel Leeming recently held another evening specifically for MDHB staff members and if enough sales are generated they will be donating at 32 inch TV to the organisation. Noel Leeming recently donated funds to enable goodies to be handed out to our administration staff on Administration Appreciation Day.

5.0 Summary

We remain committed to our obligations and responsibilities to reduce and/or eliminate barriers in society to enable those with an impairment to reach their full potential. It is acknowledged that this is a challenge as the majority of our workforce is involved in direct provision of care and our ability to recruit those with physical and sensory disabilities is somewhat limited, particularly in clinical areas. Enable New Zealand is an excellent example of a workplace that is able to accommodate employees who may have a disability and this has become part of "business as usual".

We continue to look at ways in which we can improve our employment practices and meet our obligations and responsibilities and welcome feedback from the Disability Support Advisory Committee in this regard.

Anne Amoore
Manager
Human Resources

5.24

TO Disability Support Advisory Committee

FROM Heather Browning, General Manager, Enable New Zealand

DATE 16 June 2011

SUBJECT **New Zealand Disability Support Network update**

MidCentral District Health Board
Te Pae Hauora o Ruahine o Tararua

MEMORANDUM

1. Purpose

This report is provided to update members on the progress to date with the New Zealand Disability Support Network and its support to MidCentral District Health Board in the ongoing development of the Disability Stocktake.

2. Executive Summary

Following the February meeting of the Disability Services Advisory Committee, the CEO wrote to Sandie Waddell, Chief Executive, New Zealand Disability Support Network (letter dated 17 March 2011) to request support for future evaluations of our systems and how they support disabled people in accessing primary and secondary health services.

Sandie Waddell responded on 17 May 2011 indicating that she is most interested in working with us and to this end a meeting is planned for 30 June between Heather Browning and Sandie Waddell.

Once a programme for engagement has been developed, it will be reported back to the Disability Services Advisory Committee.

3. Recommendation

It is recommended that:

that the report be received.

Heather Browning
General Manager
Enable New Zealand

COPY TO:

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

TO Disability Support Advisory Committee

FROM Muriel Hanratty
Director
Patient Safety and Clinical Effectiveness

DATE 13 June 2011

MidCentral District Health Board
Te Pae Hauora O Ruahine O Tararua

MEMORANDUM

SUBJECT **Health Passport**

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1 PURPOSE

This report provides an overview of the Health Passport and an update on MidCentral District Health Board's (MDHB) plans regarding this. No decision is required from the Committee.

2 SUMMARY

- The Health Passport is a document designed to assist medical, nursing and support staff to understand the care, communication and support needs of patients with disabilities
- The office of the Health and Disability Commission (HDC) is leading the process to implement the passport
- Hutt Valley and Capital Coast DHBs have been piloting the passport
- MidCentral Health is using its own version of the passport and has been doing so since 2006
- MDHB will consider implementation of the Health Passport in the next 9-12 months

3 CONCLUSION

MDHB will continue to use its own version of the passport and will be considering the feedback from other DHBs as they implement the HDC Health Passport. In addition we will progress planning what will need to occur within MDHB for a successful implementation over the next 9-12 months.

4 RECOMMENDATION

It is recommended that:

this report be received

5 Background

The Health Passport was developed in response to the circumstances surrounding the death in hospital of a young disabled woman who had experienced a great number of difficulties during her hospital stay. This arose because the hospital lacked a mechanism for supporting the woman with respect to her needs specific to her disability. The woman's mother asked that the Health Passport be available to consumers in all hospitals so that what happened to her daughter never happened to anyone else.

The HDC worked with representatives of DHBs' Disability Support and Advisory Committees (DSAC) to develop the passport and to plan implementation. The passport is designed to assist medical, nursing and support staff to understand the care, communication and support needs of people with disabilities. The passport belongs to the disabled person and is held and updated by them. It comes with the person to hospital and is placed at the end of the bed or on the locker. It is separate and distinct from the patient's clinical record.

As it is a patient held tool, the HDC recommends that the passport is introduced primarily within the community. In this way people can obtain the passport and have it completed for any possible hospital visit or admission. The HDC believes that the success of the initiative will depend on adequate promotion within hospitals so that when patients arrive with their passport staff recognise what it is, and know why and how they should use them.

6 Current Situation

Capital and Coast and Hutt Valley DHBs commenced piloting the passport in April 2011 with the HDC seeking feedback from both consumers and providers so that further improvements to the passport can be made.

MDHB developed their own Patient Passport during the Kimberley Centre deinstitutionalisation process. This passport has been used at MDHB since its introduction in 2006 and is now widely used and recognised across the DHB with both hospital and providers/support services in the community requesting the passport and promoting the use of them.

In discussion with the HDC it has been agreed MDHB will continue to use its own version of the passport whilst it considers feedback from the ongoing pilot and early implementation in some of the northern DHBs.

7 Next Steps

- Seek feedback from professional groups and others regarding the proposed implementation
- Consider the implementation process to ensure transition issues are minimised
- Consider feedback from the pilot DHBs and early implementing DHBs
- Provide a further update to DSAC in March 2012

Muriel Hanratty
Director
Patient Safety and Clinical Effectiveness

MidCentral District Health Board
Te Pae Hauora O Ruahine O Tararua

TO Disability Support Advisory Committee

FROM Chief Executive Officer

DATE 13 June 2011

SUBJECT **United Nations Convention on the Rights of Persons with Disabilities**

MEMORANDUM

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1. PURPOSE

This report provides a summary of New Zealand's first report on implementing the United Nations Convention on the Rights of Persons with Disabilities.

This is for information purposes only.

2. SUMMARY

The Office for Disabilities recently developed New Zealand's first report on implementing the United Nations Convention on the Rights of Persons with Disabilities (March 2011).

In 2005 New Zealand was elected to chair the United Nations Convention on the Rights of Persons with Disabilities. In March 2007 New Zealand along with 80 other countries signed the convention. This document became the largest signing of a human rights treaty in UN history.

The report covers all provisions of the convention, ranging from non-discrimination, access to justice, and work and employment.
It also includes information on 'Health" and "Habilitation and rehabilitation", these are attached for your information.

If you would like a copy of the full report you can access it on http://www.odi.govt.nz/documents/convention/first-report-on-implementation/index.html .

The report summarises current access levels to health services in New Zealand, noting there is no distinction for both disabled and non-disabled people. All have free access to a comprehensive range of personal health services.

The report notes that health data indicates the health of people with intellectual disability in New Zealand is markedly poorer than for people without an identified disability. Hospital events relating to coronary heart disease and chronic respiratory disease are higher for people with an intellectual disability, as is the prevalence of diabetes, and public hospitalisations for injury and mental health conditions. This issue is recognised by the Ministry of Health, and options for improving the health of intellectually disabled people are to be identified.

Another issue identified in the report is multiple impairments. It states that when multiple impairments exist, such as mental illness plus a physical or sensory impairment, the person's overall needs and access to appropriate services are not always co-ordinated. The health needs of disabled persons can be seen as secondary to their disability needs, and not always treated with the same degree of urgency. The NZ Government is raising awareness among providers regarding this matter.

In respect of workforce, the report states that one of NZ's medical schools (the Wellington campus of the Otago Medical School) has commenced disability awareness training for its students.

The disparity between the level of disability support services funded by ACC and the Ministry of Health is also noted in the report.

3. RECOMMENDATION

It is recommended that:

this report be received

Murray Georgel
Chief Executive Officer

Article 25 - Health[66]

182 All people have the right to adequate standards of care. The Government funds a comprehensive range of personal health services, including mental health services and sexual and reproductive health services, for both disabled and non-disabled people. This includes free access to high quality care in public hospitals and subsidised access to primary health care. People who are on low family incomes, including disabled people, are entitled to subsidised primary health care. Subsidised drugs are available through general medical practitioners and specialists.

183 Primary health care organisations that provide free care to children under six years old receive additional subsidies from the Government. The Government also funds a free immunisation programme for all children, to prevent illnesses which could result in secondary disabilities.

184 Public health campaigns do not differentiate on the basis of disability. Campaign promotions are increasingly using a range of media to assist in reaching populations such as disabled people. Examples of this are the public health campaign on H1N1 flu which used sign language, and the public health campaign on the cervical cancer vaccine which used captioning.

185 District Health Boards are required to provide accessible health services. This requirement also applies to primary health care services supplied through primary health care organisations. However, while there is a reasonable understanding about wheelchair and ambulatory mobility issues, there is less of an understanding about barriers that are faced by people with intellectual, mental or sensory disabilities.

186 District Health Boards set priorities for their own communities, which means that the particular mix and level of services can differ from region to region. Economies of scale mean that some services are only available in the larger cities.

The need to improve the health of people with intellectual disabilities

187 Analysis of health data, carried out by the Ministry of Health in 2010, indicates the health of people with intellectual disability in New Zealand is markedly poorer than for people without identified intellectual disability. Hospital events relating to coronary heart disease and chronic respiratory disease occur approximately 1.5 to 2

[66] See also paragraphs 85-87 & 117-118 (requirements for non-consensual care and treatment) and paragraphs 97-98 (complaint and audit procedures).

times the rate of people without an intellectual disability. Prevalence data indicates higher than average rates of diabetes, and public hospitalisations for injury and mental health conditions are over three times higher than for people without an intellectual disability. People with intellectual disabilities are also over-represented in mental health and addiction statistics.

188 The Ministry of Health recognises this is an issue and is identifying options to improve health for intellectually disabled people.

Addressing Māori and Pacific disadvantage

189 Strategies targeted towards Māori and Pacific people have been developed to achieve better health outcomes for these groups, including disabled people. The Government purchases specific Māori and Pacific health and disability support services from both Māori and Pacific service providers as well as mainstream providers. Health and disability service standards recognise the values and beliefs of Māori and Pacific health and disability consumers, stating that the needs of individuals must be met in a manner that acknowledges individual and cultural values and beliefs.

Addressing multiple impairments

190 Services tend to be set up to meet the specific needs of a client group with a single impairment. When multiple impairments exist, such as mental illness plus a physical or sensory impairment, the person's overall needs and access to appropriate services are not always co-ordinated. The health needs of disabled people can be seen as secondary to their disability needs, and therefore not always treated with the same degree of urgency as a non-disabled person presenting with health needs. The Government has been raising awareness among service providers about people with multiple impairments.

Improving training of the health sector workforce

191 There is no overall cross health and disability sector initiative in place to train health professionals on the rights and specific needs of disabled people. The Ministry of Health, ACC, and District Health Boards have invested heavily in building the capacity of the sector workforce in recent years. There are initiatives in place for parts of the health workforce eg mental health professionals. Improved training and skills development has been led by the sector industry training organisation, with various new tertiary level qualifications, including a graduate diploma, receiving approval

from the New Zealand Qualifications Authority. Increased levels of funding by Government can be tied to the qualifications of staff, providing financial incentives for many employers to encourage staff to improve their skills.

192 One of New Zealand's two medical schools (the Wellington campus of the Otago Medical School) has commenced training for its students in the subject of disability. This is a joint initiative between the medical school and Capital City Health and offers specific disability awareness training, which had not previously been part of the curriculum.

HIV/AIDS

193 The Ministry of Health largely funds the work of the New Zealand AIDS Foundation, a non-governmental organisation. The AIDS Foundation's goals are to prevent the transmission of HIV and to support those affected by HIV to maximise their health and wellbeing. The Foundation is working in partnership with Pacific Island organisations on a three year programme of capacity building work focused on improving the sexual health and wellbeing and human rights of Pacific men who have sex with men, and reducing stigma and discrimination against such men in the Pacific.

Insurance

194 It is unlawful for an insurer to refuse to provide a disabled person with insurance or to treat them less favourably. However, insurers can include different terms and conditions in insurance policies on the grounds of sex, age or disability if the difference can be supported by statistical or actuarial data.

195 In the case of disability, differences in policies may be allowed if, in the absence of statistical data, there is medical advice or opinion that it is reasonable to rely on.

Article 26 - Habilitation and rehabilitation

Maximising independence

196 The Government funds a wide range of health and disability support services that contribute to habilitation and rehabilitation and in turn support independence. Participation in these programmes is voluntary. Habilitation and rehabilitation are provided in hospital and community settings.

197 The Ministry of Health, District Health Boards and ACC all fund habilitation and rehabilitation services. ACC is responsible for those whose need for rehabilitation

arises from an accident, the Ministry funds services to those with a physical, mental or sensory impairment under the age of 65, and District Health Boards fund services to older New Zealanders and those with support needs arising from mental health or addiction issues.

198 National guidelines are in place for Ministry of Health funded services. Since each of the twenty District Health Boards set their own service priorities and funding allocations there can be different thresholds for eligibility between regions.

199 A review of long-term disability supports identified inconsistencies in service provision because different parts of government use different criteria to determine eligibility for support services.[67] Better co-ordination of the different services a disabled person needs has been identified as an area in which improvement could be made.

Social insurance for disability by accident

200 ACC is responsible for all rehabilitation arising from all accidental injury, whether suffered in the workplace or otherwise, and provides a range of support services. Rehabilitative programmes include:

200.1 Supported activities programme – a day programme provided to long-term clients;

200.2 Short-term intensive interventions to increase independence in daily living; and

200.3 School to work transition.

201 The level of services provided by ACC is often higher, particularly in the short term, than those available across the general health and disability support systems. In particular, and in order to minimise costs arising from the ongoing support of injured people, services may be provided faster, at a higher amount, and initially more frequently than for people receiving health and disability supports from other government agencies.

202 A recent case brought under the Human Rights Act 1993 complained that the Ministry of Health's scheme for providing disability support services was discriminatory because it was not as generous as that provided by ACC. However, the Court of

[67] http://www.odi.govt.nz/what-we-do/review-dss/index.html.

Appeal held that it was not discriminatory as any anomalies arose from the trade-off under the 'no fault' ACC scheme, under which there is no right to sue for injury caused by an accident, and the policy choice of government to continue to provide for the cost of illness through the health system.[68]

TO Advisory Committees:
- Community & Public Health
- Disability Support
- Hospital

FROM Chief Executive Officer

DATE 28 June 2011

SUBJECT **2011/12 Reporting Framework**

MidCentral District Health Board
Te Pae Hauora o Ruahine o Tararua

MEMORANDUM

1. PURPOSE

The paper outlines the reporting framework for 2011/12 for the Board and its committees, and the resultant work programmes.

The framework has been approved by the Board. No decision is required from the Committee.

2. SUMMARY

The 2011/12 reporting framework covers all aspects of governance, including strategic and operational matters, audit, disability support, and remuneration.

Through the reporting framework, Committees will receive the information they require to carry out their responsibilities. As is current practice, a report against each Committee's work programme will be provided every time it meets, and members will have the opportunity to review their requirements.

The standardised approach to the structure of all reports will continue.

The management team is facing increasing workload associated with regional and sub-regional governance and projects, as well as new national bodies. Accordingly, the Board has supported a move to a six-week meeting cycle as from 2012 and this was communicated to committee members recently.

3. RECOMMENDATION

It is recommended:

that the Committee's 2011/12 work programme be noted.

COPY TO:

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4. INTRODUCTION

The reporting framework for 2011/12 has been developed. This is based on:

- implementation of the 2011/12 Annual Plan, Maori Health Plan and Regional Services Plan
- development of the 2012/13 accountability documents
- operational (business as usual) functions
- governance processes, including Iwi partner, ownership interests and policies
- audit function
- disability perspective

The following principles have been used:

1. reporting to be based on the accountability documents, particularly the Regional SErvice and Annual Plan as these contains the breadth of responsibilities, in terms of governance, planning/funding and providing, and, the agreed processes and policies (eg prioritisation process), key performance measures, financials, and improvement initiatives.

i. reporting to take into account governance responsibilities (eg board and committee process, terms of reference, etc), and special issues.

ii. reporting to provide the Board/Committees with a high level of comfort that it can monitor progress in achievement of its key accountability documents (strategic and annual plan, and Statement of Intent) and satisfy its governance responsibilities

iii. reporting to the appropriate governance committee/Board

- reporting on hospital provider issues, and governance of this Division, to be reported via the Hospital Advisory Committee
- reporting on funding/planning issues, and governance of this Division, to be reported via the Community and Public Health Advisory Committee
- reporting on Enable New Zealand's performance, and governance of this Unit, to be reported via the Enable New Zealand Governance Group
- reporting on disability issues via the Disability Support Advisory Committee
- reporting on audit and process matters via the audit committees

iv. reporting to be directed to one Committee/Board wherever possible to ensure clear accountability lines; with identified reports being copied to another committee for information only.

v. reporting to be practical and not onerous.

vi. reporting frequency to be risk based, ie high risk = more frequent reporting.

vii. reports on similar items to be linked.

The work programme does not preclude more frequent reports being provided on any particular issue, or new items being added.

5. 2011/12 ARRANGEMENTS

The Board's reporting framework comprises six key sections. From this, work programmes for each Committee and the Board are developed. A copy of the Committee's work programme is attached.

The following is an overview of the framework.

Section One: Strategic Matters

1.1 Implementing 2011/12 Plans:

1.1.1 Regional Services Plan

A reporting arrangement will be co-ordinated by TAS to ensure the six DHB boards are kept informed of progress, as well as the National Health Board

Reporting will be quarterly (September, December, March and June) to meet National Health Board requirements.

RSP reports will be provided to HAC and CPHAC, including CRISP.

1.1.2 MidCentral DHB's Annual Plan

Progress against implementation of our Annual Plan is a core component of the reporting framework. This includes the planned initiatives, financials, performance measures, and the Statement of Service Performance.

Initiatives (Chapter 3) - twice yearly updates against each of the 16 action areas are proposed. These will be staggered across the year. The exception to this is the local priority of Child & Adolescent Oral Health Service. A higher level of reporting has been required in the past and so three updates will be provided.

Where the initiatives involve the delivery of a business case or major report, these will be provided as stand-alone reports in addition to the general updates. These additional reports are noted separately on the work programme.

Any business cases arising from implementation of the Better, Sooner, More Convenient Primary Health Care Business Case will also be submitted separately. Details of these will be advised as the information comes to hand.

Financials – updates against each division's budget will be reported to HAC, CPHAC and ENZGG each time they meet. The Board will receive the consolidated financial reports each time it meets.

Statement of Service Performance (Chapter 4) – this part of the Annual Plan encompasses the information previously included in the Statement of Intent. An annual update against the SSP will be provided via the Annual Report/Accounts. (NB: Corporate services, which provide support to all divisions of the organisation, will continue to be reported to the Board. At management level, the Funding Division and Corporate Services will be managed together.)

(Note: the majority of measures are reported via other reports, such as national health targets and the non-financial performance indicators).

Non-Financial Performance Measures (Annual Plan Appendix B) - quarterly reports will be provided to both HAC and CPHAC.

1.1.3 Maori Health Plan

Implementation of the Maori Health Plan will be reported via CPHAC annually. This is supported by six-monthly updates to CPHAC and HAC regarding the Maori Health component of our Annual Plan.

There is a strong alignment between the Maori Health Plan and the Maori Responsiveness Framework. Reporting against the Maori Responsiveness Framework will occur annually, prior to the commencement of the annual planning round. This will enable any issues to be factored into future Maori Health and Annual Plans. Timing of this report will be aligned to one of the Maori Health Plan updates.

1.1.4 Sub-Regional Plan: centralAlliance

MidCentral DHB's annual plan includes initiatives to progress the centralAlliance. These are replicated in WDHB's annual plan. Reporting against the implementation of these will occur via the Annual Plan updates (refer 1.1.2).

Many of the "clinical" and "funding/planning" centralAlliance initiatives are shared. Reporting against these will be as one report which is provided to both HAC and CPHAC.

Corporate/governance initiatives will be reported to the Board.

In addition to the above, regular updates to the Board regarding the centralAlliance will be provided via the CEO's operating report. This will include reports from the Project Manager and the quarterly updates provided to the Minister of Health.

1.2 Planning for the Year(s) Ahead

1.2.1 Regional Service Plan

It is understood a review of the RSP will be required in 2011/12 and that this will be take place prior to development of DHB's annual plans. Until details of the RSP process are known, we are unable to populate this section of the reporting framework. We have scheduled a report for September 2011 to update members on expectations and timeline (if available at that time). Further reports will then be added.

1.2.2 Annual Plan

Annual plans will be required for each DHB and the timeframes are expected to be similar, with a draft plan required in March.

Draft planning guidelines will be issued by the NHB around September, with a final version by end October. The funding envelope will be issued in December, followed by the Minister's letter of expectations. (NB: If there is a change of Government, this may be delayed.)

Annual planning reporting will occur in line with previous years, starting with an update on the national needs assessment and our prioritisation framework. This will be followed by planning expectations, details of a draft price:volume schedule, and then the funding envelope. A planning workshop is scheduled for early February to discuss proposed priorities for 2012/13, followed by consideration of the draft Plan at HAC, CPHAC, DSAC and the Board. A risk workshop will also take place. The planning workshop and the draft planning documents will also be shared with Manawhenua Hauora.

To assist annual planning, a report on progress against the long term chronic care plan measures will be provided late in 2011.

Section Two: Operational Matters

The operational performance of each division (MCH, Funding Division, and Enable New Zealand) will be reported to the respective committees. The DHB's consolidated operational performance will be reported to the Board. These reports will continue to be provided for each meeting of the Committee/Board. The operational performance reports will include KPI performance (balance scorecard for MCH).

Workforce – six monthly reports on the organisation's workforce will be provided. This year, a specific section on Clinical Leadership, a ministerial priority, will be included. Also, a staff climate survey is scheduled.

Quality – six monthly reports on quality matters will be provided to HAC. These will be aligned to the Annual Plan quality initiatives update. The six-monthly reports will include customer satisfaction, clinical risk and patient safety.

Contracts – as agreed when the delegations policy was last reviewed, quarterly updates will be provided to HAC, CPHAC, ENZGG and Board regarding contract renewals (completed and pending). These reports cover contracts valued at $250k and over.

An annual approach to renewing contracts with providers of health and disability services will be provided to CPHAC.

Section Three: Audit Function

External audit matters will be reported via the Group Audit Committee, including the annual accounts/report.

Regular updates against the risk assessment of each division and the DHB as a whole will be provided to the respective audit committees and ENZGG.

Internal Audit – reports around the appointment of internal audit and overall performance will be reported through the Group Audit Committee. Reports regarding specific internal audits will be submitted to the appropriate committee.

Development of the next year's internal audit programme will be co-ordinated through Group Audit Committee, with input sought from other audit committees.

Post event audit reporting will continue, with reports directed to the appropriate audit committee.

Audits of providers will continue to be reported to the Funding Audit Committee.

Section Four: Disability Perspective

The current approach will continue. This includes annual updates regarding how disability matters are being progress in terms of:

- facilities (including rented accommodation)
- communication
- employment, training and development
- contracting providers of health and disability serivces

A major focus for 2011/12 will be undertaking a second disability stocktake. A report on the proposed approach will be provided in July 2011, and further reports will then be scheduled as agreed with the Committee. The results of the second stocktake will inform a new "disability

stocktake work programme". The current work programme is largely complete and an annual update on this will be provided.

In respect of hospital services, the regular customer satisfaction reports will continue.

In addition to the above, additional reports on topical issues will be provided.

Section Five: Governance Matters

Regular updates against governance matters will be reported to the Board. These include issues relating to:

- the Board's Iwi Partner, Manawhenua Hauora
- governance policies and processes, and insurance
- the DHB's ownership interest in Allied Laundry Services Limited (ALSL), the Central Region's Technical Advisory Services (TAS) and DHBNZ.
- CEO's remuneration and performance

Section Six: Minister's Priorities

6.1 National Health Targets

MDHB's achievement against the national health targets will be reported via the operational reports to HAC and CPHAC. Latest results will appear in every report. (HAC: wait times for ED and cancer services, help to quit smoking, and elective services. CPHAC: immunisation, help to quit smoking, and CVD/diabetes.)

In addition, MDHB's 2011/12 Annual Plan includes many initiatives to improve performance against the national health targets. Updates against these initiatives (two per year) will be provided.

In addition to updates against the elective services national health target, the operational report provided to HAC will include latest performance against the eight elective service performance indicators (ESPIs).

6.2 Other Priority Areas

The Minister's other priority areas are covered by the Reporting Framework:

- Financial responsibility: regular operating reports, as well as reports against MDHB's local Annual Plan initiative.
- Clinical Leadership: a key component of the six-monthly workforce reports
- Services closer to home: reports against MDHB's Annual Plan initiative.
- Service for the elderly: reports against MDHB's Annual Plan initiative.
- Regional co-operation: reports re Regional Services Plan and centralAlliance.

Section Seven: Carried Forward Items from 2010/11

Any reports not yet provided under the 2010/11 reporting framework will be carried forward into the next financial year.

Murray Georgel
Chief Executive Officer

ID		Task Name
1		**DSAC, 2011/12**
2		
3		**NZ DISABILITY STRATEGY**
4	✓	Review of Disablity Stocktake
5		Update re implementation of 2006 disability stocktake
6	✓	**Portfolio Updates 2011**
7	✓	Communication
8	✓	Facilities (inc rental accommodation)
9	✓	Contracts (FD)
10	✓	HR
11		**Portfolio Updates 2012**
12		Communication
13		Facilities (inc rental accommodation)
14		Contracts (FD)
15		HR
16		**Customer Satisfaction**
17		Update 1
18		Update 2
19		**GENERAL BUSINESS**
20		Update re DSAC Role & ToR
21		Update re Human Rights Tribunal Case
22		**GOVERNANCE**
23		Terms of Reference Review
24		**STRATEGIC PLANNING**
25		Annual Plan 12/13 Draft 1