

Distribution

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- Lindsay Burnell (Chair)
- Adrian Broad (Deputy Chair)
- Barbara Cameron
- Nadarajah Manoharan
- Phil Sunderland (ex officio)
- Vicki Beagley
- Jonathan Godfrey
- Tawhiti Kunaiti

Board Members

- Diane Anderson
- Ann Chapman
- Kate Joblin
- Karen Naylor
- Oriana Paewai
- Barbara Robson

Management Team

- Kathryn Cook, CEO
- Mike Grant, General Manager, Clinical Services & Transformation
- Scott Ambridge, General Manager, Enable New Zealand
- Craig Johnston, Acting General Manager, Funding & Planning
- Neil Wanden, General Manager, Finance & Corporate Support
- Jill Matthews, PAO
- Di Traynor, Committee Secretary
- Communications Dept, MDHB
- External Auditor
- Board Records

National Health Board

- Peter Jane, Account Manager

Contact Details

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Next Meeting Date: 7 June 2016
Deadline for Agenda Items: 25 May 2016

MIDCENTRAL DISTRICT HEALTH BOARD

A g e n d a

Disability Support Advisory Committee

Part 1

Date: 7 June 2016

Time: 3.30 pm

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

MIDCENTRAL DISTRICT HEALTH BOARD

Disability Support Advisory Committee Meeting 7 June 2016

Part 1

Order

1. APOLOGIES

2. LATE ITEMS

3. CONFLICTS OF INTEREST

3.1 Amendments to the Register of Interest

3.2 Declaration of Conflicts in Relation to Today's Business

4. MINUTES OF THE PREVIOUS MEETING

4.1 Minutes

Pages: 1-4

Documentation: minutes of previous meeting held on 15 March 2016

Recommendation: that the minutes of the previous meeting held on 15 March 2016, including the In Committee section, be confirmed as a true and correct record

4.2 Recommendations to Board

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

4.3 Matters Arising

To consider any matters arising from the minutes of the meeting held on 15 March 2016 for which specific items do not appear on the agenda or in management reports.

5. WORK PROGRAMME

Pages: 5-6

Documentation: Chief Executive Officer's report dated 30 May 2016

Recommendation: that the updated work programme for 2015/16 be noted.

6. STRATEGIC ISSUES

6.1 Disability Sector Update

Pages: 7-36
Documentation: General Manager, Enable New Zealand's report dated 3 June 2016
Recommendation: that this report be received.

6.2 Accessibility Self Audit Update

Pages: 37-48
Documentation: Director, Patient Safety & Clinical Effectiveness' report dated 7 June 2016
Recommendation: that this report be received.

7. OPERATIONAL REPORTS

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

Pages: 49-58
Documentation: Manager, Human Resources and Organisational Development's report dated 15 May 2016
Recommendation: that this report be received.

7.2 Annual Update – Disability Facility Stocktake

Pages: 59-60
Documentation: Group Manager, Commercial Support Services' report dated 27 May 2016
Recommendation: that this report be received.

7.3 Annual Update – NZ Disability Strategy Contracts

Pages: 61-64
Documentation: Senior Portfolio Manager, Health of Older People & Palliative Care's report dated 23 May 2016
Recommendation: that this report be received.

7.4 Annual Communications Update

Pages: 65-71
Documentation: Manager, Administration & Communications' report dated 26 May 2016
Recommendation: that this report be received.

8. DATE OF NEXT MEETING

Tuesday, 22 November 2016 at 3:30pm

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

9. EXCLUSION OF 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:

<i>Item</i>	<i>Reason</i>	<i>Ref</i>
"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, 15 March 2016 at 3.30pm in the Board Room, Board Office, Gate 2, Heretaunga Street, Palmerston North Hospital

PRESENT

Lindsay Burnell (Chair)
Adrian Broad (Deputy Chair)
Barbara Cameron
Nadarajah Manoharan
Vicki Beagley
Jonathan Godfrey
Tawhiti Kunaiti

IN ATTENDANCE

Kathryn Cook, Chief Executive Officer
Scott Ambridge, General Manager, Enable New Zealand
Muriel Hancock, Director Patient Safety and Clinical Effectiveness
Di Traynor, Committee Secretary
Diane Anderson, Board Member
Karen Upston, Project Co-ordinator Patient Safety and Clinical Effectiveness
Lydia Kirker, Communications Officer
Vivienne Ayres, Planning & Funding

1. APOLOGY
No apologies.

2. LATE ITEMS

There were no late items.

3. CONFLICTS OF INTEREST

3.1 Amendments to the Register of Interest

There were no Amendments to the Register of Interest.

3.2 Declaration of Conflicts in Relation to Today's Business

There were no declared conflicts in relation to today's business.

4. MINUTES OF THE PREVIOUS MEETING

4.1 Minutes

That the minutes of the previous meeting held on 24 November 2015 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.

5. WORK PROGRAMME

The Committee's updated Work Programme, dated 7 March 2016, was taken as read.

The Chief Executive noted that future Work Programme updates will be furnished under the authorship of the General Manager, Enable New Zealand.

It was recommended:

that the updated work programme for 2015/16 be noted.

6. STRATEGIC ISSUES

6.1 Accessibility Self Audit Update

The Director, Patient Safety and Clinical Effectiveness, summarised the report dated 26 February 2016 which detailed results of recent accessibility self audits undertaken by departments of MidCentral District Health Board.

The Chair noted his disappointment in the audit results, which indicated a low level of disability awareness training. Discussion ensued around this matter, with the Chief Executive noting that there are plans in place for a review of the staff orientation/induction programme.

The General Manager, Enable New Zealand, told the Committee that an interactive training session on disability awareness and accessibility was under development, and this would be held at the EASIE Living Centre in due course.

The Director, Patient Safety and Clinical Effectiveness, tabled sample copies of both the MidCentral and the Health and Disability Commission Health Passports for the interest of Committee members.

It was recommended:

that this report be received.

6.2 In Patient Experience Survey

The Director, Patient Safety and Clinical Effectiveness, spoke to the report dated 26 February 2016.

The response rate to the most recent survey was 45 percent, of which 30 percent of respondents self-identified as having a disability or long term impairment. In response to a query from the Deputy Chair, The Director noted that staff continue to attempt to email obtain email addresses to raise the electronic distribution of the survey.

The Committee discussed the desire to see the resumption of outpatient surveys.

It was recommended:

that this report be received.

6.3 Disability Sector Update

The General Manager, Enable New Zealand, summarised the Disability Sector Update dated 7 March 2016, which provided an update on local, regional and national initiatives being undertaken consistent with the MidCentral District Health Board's Annual Plan.

Members of the Committee congratulated the General Manager and staff of Enable New Zealand for the successful launch and operation of the EASIE Living Centre.

It was recommended:

that this report be received.

6.4 MidCentral DHB Strategic Framework

The Chief Executive Officer summarised the report dated 7 March 2016. She provided the background to the development of the organisation's Strategic Framework, and noted that the immediate next steps involved workshops to flesh out the strategic imperatives.

The Board Chair encouraged Committee members to provide early feedback on the Strategic Framework to either the Chief Executive or the Principal Administration Officer.

The Framework will be submitted to the next Board meeting for approval.

It was recommended:

that this report be received.

7. GOVERNANCE ISSUES

7.1 Terms of Reference Review, and Committee Structure

The MidCentral District Health Board Chair spoke to this report dated 22 December 2015.

A discussion ensued in relation to the proposed restructure of DSAS and CPHAC Committees to align with the organisation's strategic direction. The committee discussed the desire to ensure appropriate disability representation. The role and representation of the Consumer Alliance was also discussed.

The Chair encouraged members of the Committee to provide feedback to the proposed committee structure at their earliest opportunity.

It was recommended:

that the report be received, and members' views on future committee structures and roles be provided to the Board Chair.

8. DATE OF NEXT MEETING

Tuesday, 7 June 2016 at 3:30pm

Venue: MidCentral DHB Offices, Board Room, Gate 2, Heretaunga Street, Palmerston North.

9. EXCLUSION OF 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:

<i>Item</i>	<i>Reason</i>	<i>Ref</i>
2016/17 Draft Annual Plan	Subject of negotiation 9(2)(j)	

TO Disability Support Advisory Committee
FROM Chief Executive Officer
DATE 30 May 2016
SUBJECT **Committee's Work Programme,
2015/16**



MEMORANDUM

1. Purpose

This report updates progress against the Committee's 2015/16 work programme. It is provided for the Committee's information and discussion.

2. Summary

This is the final update against the 2015/16 work programme and I am pleased to advise that it has been completed in full.

The Committee's work programme for 2016/17 will be developed in line with the current review of the Board's committee structure.

If there are any new items which members require, or any issues they would like canvassed in future reports, please advise. Feedback on the style, content and timing of these reports is also welcome.

3. Recommendation

It is recommended:

that the updated work programme for 2015/16 be noted.

Kathryn Cook
Chief Executive Officer

ID	Task Name	2016												2017							
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
1	DSAC, 2015/16 Work Programme																				
2																					
3	STRATEGIC ISSUES																				
4	2016/17 Annual Plan Development																				
5	Draft AP																				
6	Sector Updates																				
7	Update 1																				
8	Update 2																				
9	Update 3																				
10	Customer Feedback																				
11	Customer satisfaction survey results: six-monthly																				
12	Customer satisfaction survey results: six-monthly																				
13	Disability Self-Audit and Programme																				
14	Proposed work programme																				
15	Work programme: update 1																				
16	Work programme: update 2																				
17	Work programme: update 3																				
18	OPERATIONAL REPORTS																				
19	Portfolio Updates																				
20	Workforce/HR																				
21	Facilities (owned and leased)																				
22	Inclusion of disability requirements in contracts for health & disability services																				
23	Communications																				
24	Update on Master Health Service Plan (held over from June 15)																				
25	Update on MDHB strategic framework																				
26	GOVERNANCE MATTERS																				
27	Committee Structure																				

| S Ambridge

| M Hancock

M Hancock

| A Amoire

| J Small

| J Smith

| J Matthews

| K Cook



TO Disability Support Advisory Committee

FROM Scott Ambridge, General Manager,
Enable New Zealand

DATE 3 June 2016

SUBJECT Disability Sector Update 3

MEMORANDUM

1. PURPOSE

This report is provided to update members on local, regional and national initiatives being undertaken within the health and disability sector, and is for information only.

2. SUMMARY

Local:

- Since opening the EASIE Living & Demonstration Centre in February, interest from the region and beyond has exceeded expectations. To date we have had approximately 1200 people visit. It is creating a real profile within the community and offers an opportunity to showcase the services that Enable New Zealand provides, evidenced by recent visits by both the Minister of Health and the Labour Health & Wellbeing Caucus team.
- We continue our focus on engaging throughout the MidCentral region to offer support to the disabled and ageing communities. This has included demonstrations to community groups, attendance at a number of expos and providing information on the services on offer via our newsletter, website and social media.
- The under 65 NASC (Needs Assessment and Service Co-ordination) referrals are tracking around ten percent ahead compared to the previous year, and this is reflected in a budget overspend of \$1.5m year to date. The increase in referrals includes interNASC transfers and children with autism.

National:

- The Ministry of Health continues to experience significant demand pressures across disability support services, specifically Equipment and Modification Services (EMS) and NASC. The overall Disability Support Services budget is approx. \$30M overspent nationally.
- A number of service reviews and projects are underway, most notably the review of Disability Information Advisory Services (DIAS) and Needs Assessment Service Coordination. Proposed framework options are being developed, including an impact analysis for discussion with the Ministry. A further update to the sector is expected in July.

- Work continues across a range of regional initiatives and demonstrations, most notably Local Area Coordination, Enabling Good Lives (EGL) and Individualised Funding. The timing of these demonstrations is set to finish in June 2018, which is an indication of when the final decision about these demonstrations is likely.
- A Guide to Community Engagement with People with Disabilities has been launched by the Ministry. It contains a wealth of information that might be useful for MidCentral DHB.

3. RECOMMENDATION

It is recommended:

that this report be received.

4. LOCAL INITIATIVES

4.1 Community Engagement

Our focus over the past several months has been on community engagement to raise awareness of the resources, services and supports available for our disabled and ageing communities to live everyday lives. An overview of our activities is below:

- 32 hosted visits and meetings by a number of organisations and community groups (529 people) covering a range of topics. Organisations include People First, Deaf Aotearoa, Central PHO, Salvation Army, Career Force to name a few. These meetings were held both at the EASIE Living & Demonstration Centre and out in the Community.
- Kia Maro newsletter (May edition attached) – distributed to 280 people and organisations.
- Promotion of activities and up and coming events through social media, specifically Facebook. We have over 400 regular followers.
- Attended a number of expos - Healthy Living Expo and Transitioning Expo in Palmerston North and Wanganui's May Day Event, 239 people visited our stall at both events.
- Promotion of local community resources, including Enable New Zealand's DVD Library, to the public.

4.2 NASC Update

Enable New Zealand NASC referrals are tracking around ten percent above the previous year, and this is reflected in a budget overspend of \$1.5m year to date. The increase in referrals includes interNASC transfers and children with autism.

Two Enable New Zealand NASC clients are currently being funded under the Choice and Community funding scheme.

Enable New Zealand NASC has been involved in the NASC ICARE Review, which is close to completion.

We are currently formulating a framework to develop Local Area Co-ordination in symbiotic relationship with existing Enable New Zealand community outreach services, being the EASIE Living Centre and NASC, to meet the Ministry of Health's project review date of June 2018.

4.3 EASIE Living & Demonstration Centre

The EASIE Living & Demonstration Centre has been open for three months and the response from the community has been above our expectations. To date we have had 1,154 people visit the centre, which have included over 32 hosted groups and meetings held at the centre. This interest has come from our marketing and promotional campaign and the many visits to community groups and organisations leading up to the opening. We are also seeing a significant increase in people visiting the centre through "word of mouth".

People are finding the interactive nature of the centre extremely helpful, the ability to try out and experiment with a range of equipment and housing solutions in a trusted and impartial environment is proving very useful. For Enable New Zealand it is creating a real profile within the community and offers an opportunity to showcase the range of services that we provide.

The Minister of Health and the Health and Wellbeing Caucus (Labour Party) visited the centre on 17 May.

We are planning an open day event set for 18 June to further showcase the centre. It is hosted by MORE FM who will operate out of the centre for part of the day (10 am–1pm) and will have a variety of fun events, a BBQ, giveaways and spot prizes (all donated).

We are sign writing our van which will be used as a "mobile outreach" service going out to the more rural parts of the MidCentral DHB region to promote the services we provide; it will also act as a mobile marketing platform for the centre.

We also received an excellent write up on the centre in the Ministry's Disability Support Services Newsletter (see attached). This was a great endorsement of the work we are doing in the community.

5. NATIONAL INITIATIVES

5.1 Equipment and Modification Services (EMS)

Since the last update the Equipment and Modification Services (EMS) budget continues to come under budget pressure nationally, with both providers forecasting a deficit position at the end of June 2016. The budget pressures are caused by a number of factors; specifically the impact of the ageing population (over 65), people staying at home longer and a significant increase in high and complex need amongst children, for example multiple diagnosis / challenging behaviours.

The current directive remains with no service reductions and hence further changes are unlikely. Enable New Zealand continues to support the Ministry with robust data

analysis of trends and is communicating regularly to explore opportunities. We are hopeful of additional funding in the 26 May budget announcements.

5.2 Review of Disability Information Advisory Services (DIAS) and Needs Assessment and Service Coordination Services (NASC)

The Ministry of Health provided an update in May on the DIAS/NASC review being carried out by Sapere Ltd.

There has been wide engagement and consultation nationally, Consumer Consortium, Disabled Peoples Organisations, NASC's, DIAS providers and Enabling Good Lives demonstration sites.

High level findings for DIAS/NASC to date:

- DIAS providers offer a wide range of services within their core provision of information, advice and support.
- DIAS providers are not solely funded from contracted revenue (i.e., other revenue streams such grants, bequeaths and social enterprise).
- Providers use a range of engagement tools to maintain responsiveness to disabled people and their families.
- There is increased demand on NASC services.
- One system for everyone can be restrictive and cumbersome.
- There is variability in how services are being delivered at a local level.

Feedback from stakeholders and consumers was also sought, summarised below:

- Increasing volumes, complexity of need and cost pressures
- Limited capacity to work flexibly and proactively to offer choice
- Limited ability to vary NASC processes
- Increasing and different expectations of what the “system” can deliver – a growing gap.

Next steps are to further develop the framework options, and undertake impact analysis for discussion with the Ministry. A further update to the sector is expected in July, the final recommendations are expected to the Ministry in September 2016.

5.3 LOCAL AREA COORDINATION (LAC)

The Ministry of Health has three Local Area Coordination (LAC) initiatives in operation across the country. One is delivered by an independent organisation – Imagine Better – and the other two are under the umbrella of Life Unlimited and Access Ability NASC.

5.4 Enabling Good Lives (EGL)

Two demonstration pilots are underway:

a) Christchurch

The management of the EGL initiative in Christchurch has been transferred to the Ministry. This will ensure continuity of care for the 300 people currently receiving the service and will provide alignment with the Waikato demonstration.

b) Waikato

The Waikato demonstration is on track to reach its first year targets, with 103 current participants. Participants are very diverse and are building positive futures. Many of these participants have been connected into networks and their community, and to date half have been allocated an individual budget. Around 20 percent are buying some supports from local disability providers. Of particular note is the high proportion of participants (57%) who are from small towns and rural communities.

Note on EGL:

Enabling Good Lives is an initiative aimed at long term transformation of how disabled people and their families are supported to live everyday lives. EGL is a practical example of the “principles based approach”, supporting disabled people to have more choice and control. It represents systems change, across three Ministries. EGL is a key government initiative and will inform what Government decides to do next in the disability support arena.

6. JOIN THE CONVERSION – THE NEW ZEALAND DISABILITY STRATEGY

The Office for Disability Issues is developing a new disability strategy for New Zealand. Phase one is closed, Phase two consultations are due in July. For more information, visit www.jointheconversation.nz

Three staff from Enable New Zealand attended a “Join the Discussion” meeting in Palmerston North on 2 May. The conversion was well worthwhile, although the overall numbers were low (around 25), this could have had something to do with the inaccessible location (EASIE Living Centre Co-ordinator Rose Boddy needed to be lifted with her wheelchair into the building... understandably, she gave the organisers some very terse feedback!).

7. A GUIDE TO COMMUNITY ENGAGEMENT WITH PEOPLE WITH DISABILITIES

This guide was launched by the Ministry in April and offers practical advice about consulting with people with disabilities and reducing barriers to their full participation in their communities. It was developed in association with disabled people’s organisations, and has been designed to assist agencies that interact with disabled people. It might be a useful tool for MidCentral DHB. The guide is available for download at www.health.govt.nz/publication/guide-community-engagement-people-disabilities

8. DISABILITY SUPPORT SERVICES E-NEWSLETTER

The latest Ministry of Health Disability Support Services Newsletter is attached for the information of Committee Members.

Scott Ambridge
General Manager
Enable New Zealand

Kia Māro te ihu o te waka

MESSAGE FROM SCOTT

Enable
NEW ZEALAND®

NEWSLETTER

ISSUE 6
MAY 2016

Where has the year gone – it's May already!

Our focus in this edition is Sign language which became an official language of New Zealand ten years ago. Our feature article talks of Peter – his journey following being diagnosed as profoundly deaf as a child, his discovery of Sign language, and how this official language has helped to improve his life and the lives of thousands of New Zealanders.

Our new flagship site, the EASIE Living and Demonstration Centre, has been open for several months now and continues to enjoy huge interest from the local community. It's a centre that opens up the possibilities for people with disabilities and those who are ageing to live the most productive and fulfilling life they can. Please come and visit us at 585 Main Street, Palmerston North – we're open Monday to Saturday. Full opening hours are listed on our website www.easieliving.co.nz

As we approach the winter months, I encourage you to keep warm, eat healthy and stay active.

Scott Ambridge, General Manager, Enable New Zealand



AWARENESS THEMES THIS QUARTER

MAY (HARATUA)

3 May	World Asthma Balloon Day
5 May	World Hand Hygiene Day
6–12 May	Nurses Week
8–14 May	Food Allergy Awareness Week
9–15 May	Sign Language Week
12 May	International Nurses Day
20 May	World Autoimmune Arthritis Day
20 May	Pink Shirt Day
21 May	World Down Syndrome Day
23–29 May	Macular Degeneration Awareness Week
25 May	World Multiple Sclerosis Day
28 May	World Hepatitis Day

JUNE (PIPIRI)

1–30 June	Bowel Cancer Awareness Month
5 June	Cancer Survivors Day
13–19 June	Men's Health Week
14 June	World Blood Donor Day
15–21 June	World Elder Abuse Awareness Week
19 June	World Sickle Cell Day
20–26 June	Continance Awareness Week

JULY (HŌNGONGOI)

1–31 July	Child Cancer Month
1–31 July	Glaucoma Awareness Month
25–31 July	Loss & Grief Awareness Week
28 July	World Hepatitis Day

If you have any comments regarding this newsletter, please send an email to info@enable.co.nz



Do you want to go on the mailing list for this newsletter, or know somebody who would like to receive it? Please send an email to info@enable.co.nz

Enable New Zealand provides: Equipment, Housing & Vehicle Modification Services, Disability Information & Advisory Services, Needs Assessment Service Co-ordination, Spectacles Subsidy, Short Term Loan Equipment, Wheelchair & Seating Outreach Services, Housing Outreach Clinic and Palliative Equipment.

WHAT'S ON



NZSL IN MANAWATU

Family Fun Day in the Square

When: Saturday 14th May 2016, 10.00am - 2.00pm

Where: The Square, Te Awe Awe Quadrant (Plaza side),
Palmerston North

Cost: FREE

Celebrate the 10th anniversary of New Zealand Sign Language Week and of NZSL's official language status, at a free family fun day!

There'll be a bouncy castle, sack races, games, free face painting and candy floss, a performance and balloon sculptures by magician Andrew Wilson at midday and a lolly scramble to finish it all off!

Play some fun NZSL games, take home NZSL learning resources and enjoy a fun, free day out with the whole family!

Please note: if bad weather, it will be relocated to the Library Event Room, access at George Street entrance.

For more information about this event please contact:

Lianna Kennedy

lianna.kennedy@deaf.org.nz

021 278 8804



nzslweek.org.nz

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WHAT'S ON



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CONTACT BEV, LESLEY OR ROSE AT
ENQUIRIES@ENABLE.CO.NZ
OR (06) 353 2743.



worldMSday
25 MAY 2016



ms.
Multiple Sclerosis
Central Districts

An invitation to all members to come and help us mark
World MS Day on Wednesday May 25th by joining us at:

**Easie living Accessible Home and Demonstration Centre,
585 Main Street,
Palmerston North.
Time: 2.00pm**

Join the MS Field Workers, Office Manager, plus we may even have a few of our Committee members there as well, for an **afternoon tea**.

There will be tours of the Centre by the centre staff, displaying the latest at-home technological solutions for people living with a disability.

If you are interested you can either just turn up on the day between 2 and 3.30 pm, or let us know beforehand.

There will also be the opportunity to purchase/order your KISS GOODBYE to MS T-Shirt. (*priced at \$20.00*).



Please check out our fundraising page below...

<https://kissgoodbyetoms.everydayhero.com/nz/ms-central-districts>

For more information about Easie Living's range of services visit
www.easieliving.co.nz

EASIE LIVING

The EASIE Living and Demonstration Centre was opened by the Mayor Grant Smith on the 17th February 2016. Scott Ambridge the General Manager of Enable New Zealand proudly presented the centre to the invited guests, outlining the importance the centre will give to our disabled and elderly people within our community, enabling them to continue to live in their own home.



Congratulations to Kate McKenzie, winner of the ipad for the opening of the EASIE Living Centre promotion. Raewyn Cameron (Manager) is pictured presenting Kate with her prize.



EASIE living

OUR STORY

Peter, the eldest of triplets was born several weeks prematurely in 1970 in Palmerston North. Peter's mother had no idea that she was having a multiple birth until she was in labour. Unfortunately, Peter's younger sister and brother lived only for a few hours. While Peter's parents grieved for their loss of their children they cherished and loved Peter. Peter had two older siblings who cared and generally looked out for him as he grew up. As a baby, Peter was diagnosed as having Cerebral Palsy and as a toddler Peter's mother noticed that he did not react to loud noises like other children. After a battery of tests it was discovered that Peter was profoundly deaf, likely as a result of being born prematurely. Peter believes his parents and in particular his mother found this diagnosis difficult to cope with as she worried what the future would hold for him. However there was an extensive supportive wider family network for both Peter and his parents. Peter fondly remembers an uncle who would treat him to trips on the Police launch in Wellington. A cousin also introduced him to swimming and water based sports.

As was common in the 1970s, the medical model method of treating a profoundly deaf person was accepted and adhered to by Peter's family and later schoolteachers. There was a blanket expectation that he would learn to lip read and speak. As a preschooler Peter was given cumbersome hearing aids attached to a heavy box, which he wore around his neck. Peter has memories of chewing through the wires of these hearing aids. Peter had extensive speech therapy to help him to learn to make the correct sounds of the English language.

When Peter turned five years-of-age he attended the Deaf unit at Terrace End School. Initially, Peter tried very hard to please his parents and schoolteachers by learning to communicate with speech by lip reading and speaking verbally. However, Peter quickly became frustrated by the emphasis placed on speaking and learning to read within an oral context. Reading was difficult due to the lack of visual correlation with sounds and words he could not hear. Peter remembers being expected to be able to distinguish visually between a boat and ship and had to learn how to sound these two words out although there was no significant difference between the two types of vessels in his young mind. Away from the teachers, the hearing-impaired children developed their own way

of communicating with gestures. If they were caught the teachers punished them as they were expected to use verbal language only. Peter continued to struggle with the hearing aids he was given. The sounds the hearing aids amplified did not make any sense to him. Peter recalls his mother finding him on more than one occasion under his bed unscrewing his hearing aids.

Peter's intermediate years were spent as a boarder at St. Dominic in Feilding. Again the emphasis was on the medical model of enforcing hearing-impaired people to communicate with speech (oral learning) Peter acknowledges for some of his peers this model worked well, but not for him. Peter became increasingly frustrated at not being able to express himself. He found school life stressful. While at St Dominic's the children developed their own sign language. When the teachers caught Peter and the other children using their own sign language they were punished. For the male students this meant being caned. In spite of the frustrations and stress Peter felt about the methods of education he decided to continue onto high school unlike some other hearing impaired peers who left school early. Peter attended van Asch Deaf Education centre in Christchurch. Peter finally was able to learn a language that was not oral based. He learned Total Communication (TC) which Peter believes is a contrived language invented by hearing people and is based along grammatically correct English and left out the visual cues (including facial expressions and gestures) that some hearing impaired people use in communicating. Peter acknowledges that some hearing impaired people choose to use TC in certain situations today, though he does not use TC at all.

As a teenager Peter stopped attempting to use hearing aids as they did not support his ability to understand people or talk to them. Peter supports all hearing impaired people to use whatever works best for them as individuals. If a hearing aid or cochlear implants provide the best support for the individual, then there should be appropriate support in place to make these options available.

After finishing school Peter initially worked along side his father in a sheep shearing gang as a wool presser. However, Peter quickly realized that he could not meaningfully communicate with the others he worked with due to the difference in communication



styles. Peter experienced isolation due to the struggle to find his place in the two different cultures (the hearing/oral based culture and the Deaf culture.) Peter started to learn sign language which included visual cues, facial expressions and signing. Over the last 27 years he has been an active member of the Deaf community both locally and nationally. Using sign language as his voice, over the years Peter has taught sign language to others, been a teacher aid at local schools and a Rugby coach for a high school team.

Currently Peter does not teach sign language as he is heavily involved in supporting other disabled people and disability focused groups with their concerns at the local, regional and national level. The Disabled Person Assembly organisation has appointed Peter as one of their Kaititui representatives for this region. Kaititui translates as a weaver who stitches together many threads of knowledge in their community. One of Peter's main aims is to raise community awareness of the United Nations Convention on the Rights of Disabled Persons. (The Disability Convention is the overarching human rights document for disabled people. The New Zealand Government showed its commitment to this by ratifying it in 2008. Peter passionately believes that a better understanding of universal human rights for all would mean a fairer society for disabled people. Peter says disabled people need to speak up otherwise able-bodied people are not aware of the issues and barriers that affect disabled people.

For Peter, the 2016 celebration of NZ Sign Language is hugely significant and very pleasing occasion as he feels it represents a positive societal shift and under scores the status of New Zealand Sign Language as one of the three officially recognised languages in New Zealand.



NEW CONTRACT

ENABLE NEW ZEALAND WINS NATIONAL HEARING AID MANAGEMENT SERVICE CONTRACT

From 1 July Enable New Zealand will be the new national provider for Hearing Aid Management Services after winning the tender process run by the Ministry of Health.

This follows the recent launch of Enable New Zealand's EASIE living centre (an accessible smart home, demonstration and learning centre) in Palmerston North.

Scott Ambridge, General Manager said "It has been an exciting start to the year. Winning the Hearing Aid Management Service contract is great news for Enable New Zealand and the disability community. We're very proud of the work we do and are delighted to be able to add these services to the platform of other support services offered by Enable New Zealand."

Enable New Zealand is partnering with Life Unlimited's Hearing Therapy Services to take a more holistic approach to the individual's hearing loss. Scott added "we want to develop a service that has a strong consumer focus and allows people to live everyday lives in their community". As the new provider, Enable New Zealand has identified a number of opportunities that might potentially address the equity and affordability issues faced by many New Zealanders, particularly the elderly population who might be on fixed incomes.

There will be no change to people's eligibility or access to the Hearing Aid Funding Scheme and the Hearing Aid Subsidy Scheme. Both schemes will allow audiologists to utilise Enable New Zealand's online ordering system on behalf of their clients to quickly access hearing aids.

The transition requirements are still being worked through with the Ministry, and Enable New Zealand will work closely with audiologists, hearing aid manufacturers and other stakeholders over the next few weeks as it prepares to take up provision of this service.

Enable New Zealand is part of MidCentral District Health Board and Acting CEO Mike Grant said "We are pleased with Enable New Zealand's focus on ensuring that people have easy access to equipment allowing them to live independently within their community. They have done a great job this year and winning this contract has further demonstrated the important role they play within the health and disability sector."

COMMUNITY INTERNSHIP PROGRAMME

ATTENTION NGOS

DEPARTMENT OF INTERNAL AFFAIRS COMMUNITY INTERNSHIP PROGRAMME

The Department of Internal Affairs will be seeking applications for the 2017 Community Internship Programme from 20 July until 31 August. This programme is a three-way partnership designed to strengthen community organisations, increase understanding, and encourage co-operation between the government, local authority, iwi, corporate, business and community sectors. Skilled interns have the chance to spend time working in NGOs on a defined piece of work.

Key information:

- Applications are accepted by DIA between the 20 July and 31 August 2016.
- Decisions are announced by DIA in November
- The start date should be between 1 January 2017 and 1 June 2017.
- Applications for full time internships for three or six months are preferred, but part-time internships for up to 12 months may be considered.
- DIA covers the secondees usual salary (including Kiwisaver).
- The host organisation needs to identify its area for development and be clear about what it wants the intern to do during the internship. For instance, an internship may focus on developing policies and procedures, planning, or developing systems that build the host organisation's capacity and capability to operate more effectively.

If you are interested in finding out more about this, please contact Caroline Speight, NGO Relationship Manager (Caroline_Speight@moh.govt.nz). Caroline will be working across the Ministry of Health to find possible interns for this programme.

You can also contact staff at the Department of Internal Affairs if you have questions about the programme. The best point of contact would be the closest DIA regional office to your NGO. Contact details can be found here: www.communitymatters.govt.nz/Working-with-communities---Advice-support-and-information. Juanita Thornton is the Fund Coordinator within DIA, you can contact her on (03) 218 0703 or Juanita.Thornton@dia.govt.nz

Go to the DIA website to find out more about the programme - www.communitymatters.govt.nz/Funding-and-grants---Crown-Funds---Community-Internship-Programme.

WHAT IS HAPPENING SOON?

WEKA

The Weka website

www.weka.net.nz/

gives disability-related information.

It includes sections on:

- Contact details for disability information centres around New Zealand
- Suppliers of various items of disability equipment (including their contact details and links to their websites)
- Support services for disabled people, with the ability to break it down by region and/or service provided
- Resources available to disabled Maori
- A free DVD Library where you can borrow disability-related DVDs with the only cost being for their return
- Disability-related news and events of interest to disabled people
- Disability-related information and assistance – including information sheets on specific disabilities, information for people new to disability, education, funding, transport, and information giving disabled people advice on personal security.

Come and check us out.

DPA MEETING

DPA New Zealand is a Disabled Person's Organisation (DPO) that includes all disability groups. We work in collaboration with others to achieve inclusion for all New Zealanders.

DPA – Palmerston North next meets on the 19th of May 5pm – 6pm at Hancock House, King Street, Palmerston North.

For further information phone: (06) 357 9877.

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EASIE LIVING & DEMONSTRATION CENTRE MEETING ROOM HIRE

OPENING HOURS

	<i>Open</i>	<i>Close</i>	Any requests for use of facilities outside of these hours are at the discretion of Management. Additional rates apply.
Monday to Friday	9am	5pm	
Saturday	10am	4pm	
Sunday	Closed		

Please note | we are closed on statutory holidays.

HIRE CHARGES AS AT 1 JANUARY 2016

<i>Room</i>	<i>Community Groups (not-for-profit)</i>			<i>Businesses or Other</i>		
	<i>Up to Two Hours</i>	<i>Half Day 9am-1pm</i>	<i>Full Day 9am-5pm</i>	<i>Up to Two Hours</i>	<i>Half Day 9am-1pm</i>	<i>Full Day 9am-5pm</i>
Conference Room	\$50.00	\$100.00	\$175.00	\$75.00	\$125.00	\$200.00
Meeting Room						
One	\$25.00	\$45.00	NA	\$40.00	\$60.00	NA
Meeting Room Two	\$25.00	\$45.00	NA	\$40.00	\$60.00	NA

Charges include | Whiteboard (if available) and Wireless Internet Access

OTHER ITEMS FOR HIRE

<i>Item</i>	<i>Community Groups (not-for-profit)</i>	<i>Businesses or Other</i>
Tea and coffee	\$2 per person, per serving	\$2.50 per person, per serving
Data projector (conference room only)	\$5 per hour (minimum two hours)	\$10 per hour (minimum two hours)
Laptop	\$5 per hour (minimum two hours)	\$10 per hour (minimum two hours)

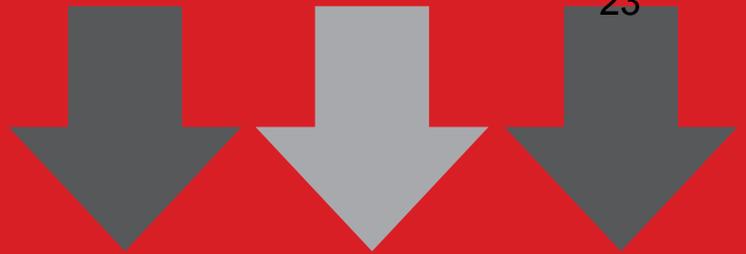
- Please note | All prices exclude GST.
- A \$50 cancellation fee applies to all bookings cancelled within the 24 hours period from the booking start time.
- Requirements for use of additional items for hire must be identified upon application. Centre staff will ensure identified equipment is available.



EASIE Living Conference Room is ideal for board meetings, presentations, workshops and training. It is equipped with a hearing loop, sound system, 60" LED screen that can be connected to your laptop or ours and an electronic whiteboard. It can seat up to 40 people.



EASIE Living Meeting Room can seat up to six people, round table style. Both spaces are equipped with a 42" LED screen that can be connected to your laptop or ours and a conference phone. Depending on availability, an electronic whiteboard may be available upon request.



WHO IS VTYH?

VTYH is a charitable trust governed by people with a lived experience of needing to find alternative communication tools. Our team come from a range of backgrounds including deaf, parents, teachers, and nurses. VTYH created these resources to support the use of dual communication. We encourage the use of dual communication with tamariki so they may fully express themselves and be understood.

VISION

To live in an inclusive society which values all forms of communication.

PURPOSE

To be a 'representative voice' for those with 'communication diversity' to the wider Community.

MISSION

We nurture the use of NZSL as a mode of communication. We demonstrate effective communication by valuing expression and munderstanding.

PO Box 5246, Terrace End, Palmerston North

**www.voicethruyourhands.org.nz or
info@voicethruyourhands.org.nz**

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24



Live a Good Life

jointheconversation.nz

Join the conversation

Help build a new disability strategy for New Zealand.

Live a Good Life has been created so you can help build a new disability strategy for New Zealand.

Join the conversation on how disabled New Zealanders and their whānau can live a good life, feel valued, supported and able to participate in their communities.

The new disability strategy, to be developed by the Office for Disability Issues, will provide clear direction for the government over the next ten years, helping them to make informed decisions on issues that impact disabled people.

Visit www.jointheconversation.nz today to fill in a survey, record a video, register for an event or find out how to run your own workshop.

Office for
Disability issues
Te Tari Mō Ngā Take Hauātanga
Administered by the Ministry of Social Development

New Zealand Government

From Toni Atkinson Group Manager Disability Support Services

Welcome to our second newsletter for 2016. We hope you enjoyed our special edition in March. We are happy to receive any feedback on how interesting or useful you found these innovations from around the country.

The focus is on improving outcomes for people with a disability so we are keen to hear how we can make improvements for the next version in December 2016 when we celebrate International Day of Persons with Disabilities.

We held our Consumer Consortium meeting over three days of April. This was an opportunity for DSS to showcase the many projects we are currently working on and to get feedback from disabled people and disability organisations on our current work plan. It was very useful to get the users' perspective of the work we are doing and helps to set some direction for the next steps regarding these projects.

DSS is planning our work for the new financial year and we are busy finalising the key pieces of work we want to achieve in 2016/17. Our Māori Disability Action Plan – Whaia te ao Marama and Pasifika Disability Action Plan – Faiva Ora are also due for a refresh in the coming year. We will be engaging with our Māori and Pasifika communities to identify priorities in these areas and look forward to your input.

I hope you enjoy this latest edition of our newsletter. Feedback is always welcome and thank you to those people who let us know how much they enjoy reading it!

DSS news

Vulnerable Children Act 2014: Update on Workforce Restrictions for core children's workers – key date 1 July 2016

A key objective of the Children's Action Plan is to ensure a safe and competent children's workforce who can identify, support and protect vulnerable children.

The Vulnerable Children Act 2014 (the Act) introduced measures that will ensure that children can be better protected from abuse and neglect both in their homes and in the community.

Workforce restriction

Under the Act a workforce restriction has been developed preventing people with certain serious convictions from being employed as a core children's worker, unless they have been granted a Core Worker Exemption. These convictions are specified in Schedule 2 of the Act.

The workforce restriction has applied since 1 July 2015 to people seeking new roles as core children's workers, prohibiting their employment unless they held an Exemption.

From 1 July 2016 the workforce restriction will apply to those employees and contractors already employed in core workforce roles.

Further information for employers is provided on the Ministry of Health website: www.health.govt.nz/our-work/health-workforce/childrens-action-plan-childrens-worker-safety-checking-and-child-protection-policies and the Children's Action Plan website: www.childrensactionplan.govt.nz/childrens-workforce/the-workforce-restriction

Contact: Cory Vessey, Senior Advisor Children's Action Plan, (04) 816 4444

Refresh of Faiva Ora – National Pasifika Disability Action Plan

In March 2016, the Ministry of Health Disability Support Services approved the refresh of Faiva Ora.

As a result, the Ministry has started discussions with stakeholders on what the priority areas of the new plan should be. Key to informing the new plan are the findings and recommendations from the recent research on Pasifika disabled children, youth and their families and the evaluation of Faiva Ora 2010–13. With the current plan due to be completed by 30 June 2016, the new plan is scheduled to also be completed by this time.

The Ministry is keen to hear from you on what the key priorities, issues, challenges and opportunities will be for Pasifika disabled people, their families and caregivers over the next five years.

**Contact: Feala Afoa, Development Manager, Disability Support Services,
(09) 580 9053**

Enabling Good Lives

Christchurch

The transfer from demonstration phase to DSS's business as usual for Enabling Good Lives Christchurch will be completed by the end of June. We hope to be able to update you on this in the next DSS newsletter.

In the meantime, recruitment is under way for an EGL Lead Christchurch to head up the two year transition. The person will be based in the Christchurch Ministry of Health office.

The NASC has appointed a full time EGL Coordinator and Independent Facilitators will be available to provide six hours 'free to user' Independent Facilitation to new EGL participants (school leavers with ORS status) from 1 July. There will also be oversight of the professional practice of Independent Facilitation in place. This ensures the EGL process can continue for the approximately 300 people who are or will be EGL participants by June 2018.

Flexible Disability Supports are currently being operationalised and offer real choice for people to work with providers on how they can best be supported to get a good life. Early signs show that they can be suited to people who live in complex circumstances and who wouldn't usually be suited to personalised funding and also where people/families prefer an agency to employ people on their behalf. See the EGL website for details of the list of accredited providers.

Supported self-assessments are now in place for all new EGL participants, those who have had a significant change in their circumstances, or for anyone who requires or is due a re-assessment with the NASC. This connects to design work under way to trial a new funding allocation process based on the award winning 1000 Minds decision-making software, which helps to weight the things that matter the most to disabled people.

Inclusive New Zealand has been actively supporting individual providers to align their practices with the EGL principles (with great feedback received) and we continue to engage with them and NZDSN on the issues that will impact the provider market as the EGL approach develops.

We have been conducting a survey on people's experiences of the EGL process and this continues to reinforce that people overwhelmingly have a positive experience. This supports the wider evaluation but it is also important to note that it is very much work in progress. With feedback that families can experience additional stress, we need to start earlier and also make the process easier to use and understand.

We are also looking to include the experiences of EGL participants who have not yet been represented in other surveys.

As momentum gathers to build a new disability strategy for New Zealand, a summary of 'lessons learned from Christchurch' will be fed into that process. While inevitably focusing on the challenges, including the lack of time for a design phase, the time spent 'battling' to change the system, and unanticipated consequences, these are valuable lessons that can be avoided beyond the demonstration. These lessons also record the progress in developing key components (including independent facilitation, supported self-assessments, flexible disability supports and pooled, personalised funding). There will be a further evaluation in 2017 that will incorporate the new components.

There is much more to do and learn but the Christchurch EGL Team want to take this opportunity to thank all people, schools and agencies who have been part of the demonstration. While it has been challenging at times, the strength of local relationships and the commitment of agencies to the Local Leadership Group have ensured that we have been able to develop key components and features which have got increasingly better and, as the demonstration has worked with key agencies in the local system, can perhaps be more easily scaled and rolled out as desired.

See the website www.enablinggoodlives.co.nz for the latest news, stories and monthly video blog.

Contact: Gordon Boxall, Director, Enabling Good Lives Christchurch Demonstration

Waikato

The Waikato demonstration is on track to reach its first year targets, with 103 current participants. Participants are very diverse and building positive futures. Many of these participants have been connected into networks and their community and to date half have been allocated an individual budget. Around 20 percent are buying some supports from local disability providers. Of particular note is the high proportion of participants (57%) who are from small towns and rural communities.

EGL Waikato has funded a number of well-attended workshops around Waikato that have received positive feedback. These workshops cover a range of topics including starting up a micro-business, building a good life and how to negotiate what you want. A parent who attended the micro-business workshop described it as 'inspiring . . . he was really excited, he was blown away.'

Workshops on recruitment and employing your own staff for EGL Waikato participants have also been well received. They have provided an opportunity for EGL Waikato participants to meet others, gain information, access resources and obtain Employment and Manufacturing Association membership. A mother who attended this recruitment/employment workshop said that everything fell into place for her after attending.

The EGL Waikato Phase One Evaluation Report has been completed and will be ready for release in the near future. This summary report focuses on the first six months of the implementation of EGL Waikato (July to December 2015) and has been structured to provide a commentary on the EGL Waikato approach. It will include an overview of the

demonstration, reflection on implementation and the emerging learnings and outcomes that disabled people, families and whānau are creating and experiencing by being part of EGL Waikato.

Contact: Chris Potts, Director, Enabling Good Lives Waikato Demonstration

Sector news

Join the conversation on a new disability strategy

The Office for Disability Issues is developing a new disability strategy for New Zealand, and wants to know what the most important things are for disabled New Zealanders and their whānau to live a good life.

The new disability strategy will provide clear direction for the government over the next ten years, helping them to make informed decisions on issues that impact disabled people.

If you would like to join the conversation on how disabled New Zealanders, their families and supporters can feel valued, supported and able to participate in their communities, visit www.jointheconversation.nz

Consultation closes on 22 May, so visit the website today to fill in a survey, record a video, register for an event or find out how to hold your own workshop.

Contact: Shelley Gilmartin, Office of Disability Issues, (04) 916 3300

EASIE Living and Demonstration Centre

New Zealand's first EASIE Living and Demonstration Centre was officially opened in Palmerston North by Mayor Grant Smith on 17 February. The Centre will display exciting, innovative high and low tech living options for people with disabilities and older people.

For the first time customers, and those working in the health and disability sector, there will be a range of services available within the EASIE (Equipment, Advice, Services, Information, Education) Living brand, under one roof – a 'one-stop-shop'. The EASIE Living Centre is the latest innovation from Enable New Zealand, which has been providing disability support services for over 40 years, and reaches over 50,000 people a year.

Chair of Enable New Zealand's Board Diane Anderson said: 'Throughout its life Enable New Zealand has looked to deliver value for its funders and clients, and is always seeking to break down barriers and foster an enabling community and society. The EASIE Living Centre is its latest innovation and I see its success as being its strong community base. This is a gathering place for people with a disability and the elderly – it is their centre. They have helped shape

its development, and they will shape its future. Here they can gather to share and seek information, test products and supports to help them do what they want to do and have control of their lives.'

Enable New Zealand General Manager Scott Ambridge said: 'The centre is a collaboration with the private sector and we would not be here today if it were not for the commitment and dedication shown by our centre partners . . . I would like to sincerely thank them for coming on board and buying into what we are trying to achieve.'

The centre is seen as a 'gateway' where Enable New Zealand will work alongside people to assist them to find the best outcomes possible, which at times is not always about spending money (for example, how they can utilise natural and local community based supports). The real strength of the centre is that you can find everything under one roof, from information and advice about community services through to specialist advice on equipment and housing modifications. The demonstration centre offers the opportunity for people to see/touch and try out different gadgets and equipment in a real life environment to see how these supports might work in their own home.

Contact: Kathryn Hall, Development Manager, DSS, (04) 816 2243

Local Area Coordination

The Ministry of Health has three Local Area Coordination (LAC) initiatives in operation across the country.

One is delivered by an independent organisation – Imagine Better – and the other two are under the umbrella of Life Unlimited and Access Ability NASC.

As an expression of Independent Facilitation, LAC has a 28-year history that has been well documented internationally. LAC in Aotearoa began in 2010 under the New Model work in the Western Bay of Plenty. Over the past six years the LAC approach has increasingly gained traction in New Zealand and we now know a great deal about this independent facilitation approach, particularly around its implementation within communities.

In mid-April all ten Local Area Coordinators from around the country came together for the first time. It was a time of learning underpinned largely by examples of how a LAC approach had assisted disabled people and their families to develop and sustain new relationships with natural (unpaid) support. The development of natural networks is at the heart of LAC and our national evidence is showing us that when people are authentically connected with their neighbours, community and local citizens, their lives are far richer, they are safer and they are much better placed to make an active contribution.

To find out more about Local Area Coordination please feel free to contact:

Angela TeWhiti (Access Ability) angela.tewhaiti@accessability.org.nz

Catherine Bennett (Life Unlimited) catherineb@lifeunlimited.net.nz

Tony McLean (ImagineBetter) tony.mclean@imaginebetter.co.nz

Contact: David Darling, Development Manager, DSS, (04) 816 2356

Disabled Persons Assembly NZ – Information Exchange

Information Exchange is a weekly newsletter that is sent out to all DPA members and interested parties. It includes information on what is happening in the DPA National Office as well as around the regions. If you would like to know more about Information Exchange or would like to submit a story/article for information exchange visit:
www.dpa.org.nz/page/142/InformationExchange.html

Recent disability events

Disability Consumer Consortium

The Disability Consumer Consortium met in April.

The agenda was very full and included presentations on: DSS Demographic Report; Putting People First; Health of Older People; Update on Whāia te Ao Mārama, the Māori Disability Action Plan; Physical health of people with intellectual/learning disabilities; Equipment and Modification Services Prioritisation Tool; Revision of the NZ Disability Strategy; the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003; Child Development Services; Local Area Coordination in the Hutt Valley; Choice in Community Living; Enabling Good Lives Waikato Demonstration update; Update on the Healthy Families programme; Update on changes to the Purchasing Guidelines.

A Guide to Community Engagement with People with Disabilities was launched at the meeting. This guide was developed by the Ministry in close consultation with disabled people's organisations and provides practical advice to anyone wanting to engage with people with disabilities. The purpose of the guide is to break down some of the barriers disabled people face, so that we can all benefit from the full participation of disabled people in New Zealand society. The guide has been published in electronic form only and is available on the Ministry of Health website:

www.health.govt.nz/publication/guide-community-engagement-people-disabilities

Further information about the Disability Consumer Consortium is provided on the Ministry of Health website: www.health.govt.nz/our-work/disability-services/sector-and-consumer-partnerships/consumer-consortium

Contact: Cheryl Graham, Senior Advisor, (04) 816 2358

Faiva Ora Leadership Group Meeting

On 20 April 2016, the Faiva Ora Leadership Group met to discuss and provide advice on the following topics:

The residential service user feedback questionnaire, which was presented by Malatest International.

Pasifika demographic data 2014 and the Final DSS Engagement Guidelines, which were presented by Barbara Crawford from the Ministry of Health.

At this meeting, the group also had a workshop to identify key issues, challenges and opportunities for Pasifika disabled people, their families and caregivers for the next five years. Results from the workshop will inform the development of the new Faiva Ora Plan 2017–21, due to be completed by 30 June 2016.

Megan McCoy, the Director of Office for Disability Issues (ODI), presented to the group on the role of ODI. Megan also spoke about the refresh of the Disability Strategy, its development process and the opportunities this presents for disabled people.

Contact: Feala Afoa, Development Manager, (09) 580 9053

DSS project updates

Development of a national low vision rehabilitation service strategy

The quality of life and day-to-day living of many New Zealanders is affected by low vision (a person's reduced ability to carry out activities due to an eye impairment that cannot be corrected by glasses, contact lens or surgery), particularly in the older age groups.

The Low Vision Rehabilitation Services Reference Group is working towards development of a low vision rehabilitation service strategy. The strategy will set a strategic framework and a definition of low vision, as well as high-level service design features.

The Reference Group will meet in mid-May to review and discuss the work to date and determine next steps. This work is informed by stakeholder interviews and a literature review which were completed in earlier phases of the project.

The development of a proposed low vision rehabilitation service strategy is planned for completion by the end of June 2016.

Contact: Marianne Linton, Development Manager, (04) 496 2201

Quality review – Putting People First

The Putting People First (PPF) programme of work had a two-year timeframe which will be completed by 30 June 2016.

Highlights of the work have included:

- internal and external working groups established to implement the recommendations and establishment of a governance group which included disabled people
- regular updates provided to the disability sector through a range of formats and information published on the Ministry website
- two PPF progress posters, illustrating the complexity and interdependency of the work, produced in multiple formats and a third and final poster will be produced in June.

As part of broader work to implement PPF, the current review of the regulatory framework for quality and safety in disability is developing proposals for changes to the regulation of safety in disability support, including development of safeguards.

The Ministry has implemented the review recommendations, and most of the 80-plus activities underpinning the recommendations have been integrated into business as usual. A few outstanding activities within the recommendations are expected to be completed by December this year.

As DSS continues to embed PPF activities into its work (for example, through changes to service specifications), it will become easier to sustain the gains already made. Continuation of these initiatives will ensure the spirit of PPF remains at the core of all DSS activity to support disabled people into the future.

For more information on the work of the PPF team, have a look at the poster on the Ministry website.

Contact: Toni Atkinson, DSS Group Manager, (04) 816 2058

Choice in Community Living

Expanding the demonstration

In addition to continuing the Choice in Community Living (CiCL) demonstration for a further two years in the Auckland and Waikato regions, the Ministry intends to expand the service into the Hutt and Otago/Southland regions.

This will enable the Ministry to determine how the presence of Local Area Coordinators in these two regions can contribute to the outcomes of those seeking to live more independently through CiCL.

Planning is currently in place to tender for CiCL services from interested providers in both the Hutt and Otago/Southland regions. Successful providers will be contracted by the Ministry so that eligible people in these regions can choose which provider they want to work with to achieve the CiCL goals of living in the community.

The availability of independent facilitation for people participating in the CiCL demonstration may provide greater opportunities for some people to access community networks and supports that are intended to enhance the outcomes they achieve through CiCL.

Contact: Craig Scott, Senior Disability Advisor, (04) 816 3654

Feedback from people living in Ministry funded residential disability services

The Ministry of Health has contracted Malatest International to collect feedback from people living in Ministry funded residential services.

This project aims to give people living in residential services an opportunity to express their views on what matters to them, their quality of life and the services they receive.

Over the last few months, Malatest International has been working closely with disabled people to refine and test the feedback tool prior to its use. Due to be finalised by the end of April, the feedback survey will be used at the face to face interviews in Wellington during the month of May 2016 and in Palmerston North and Auckland from May 2016 to July 2016.

It will also be available online for those who are unable to attend the face to face interviews and are comfortable using computers.

For the survey to be delivered effectively, Malatest International has been training disabled people as interviewers to collect the feedback.

Malatest International is working closely with the residential service providers selected to be part of the feedback collection and providers are informing and supporting their residents to participate in the project.

If you have any questions, comments, or would like to participate, please contact the Malatest International Project Manager by email Tim.Rowland@malatest-intl.com or phone 0800 002 577.

Contact: Feala Afoa, Development Manager, (09) 580 9053

Streamlined Contracting Update

DSS is continuing to work on consolidation of contracts for ten providers with multiple DSS contracts, including the trialling of an outcome agreement management plan (OAMP). The ten providers include a range of large, medium and small organisations.

The new Respite Outcome Agreements with the updated service specifications for adult respite and children's respite went live on 1 April 2016. These included new performance measures developed in consultation with disabled people, disabled people's organisations, families, carers and providers.

The new Outcome Agreements and updated service specification for Community Residential Services within Aged Care Facilities for Younger People with Lifelong Disabilities will go live on 1 September 2016.

Work is continuing with providers and disabled people to put the remaining DSS contracts into the new streamlined contract framework.

For providers who wish to familiarise themselves with the new framework and Results Based Accountability, the Ministry of Business Innovation and Employment has developed a series of training videos at www.business.govt.nz/procurement/procurement-reform/streamlined-contracting-with-ngos/training-and-education-programme/training-videos

For more information on DSS progress with the Streamlined Contract Framework go to www.business.govt.nz/procurement/procurement-reform/streamlined-contracting-with-ngos

Contact: Barbara Crawford, Manager Strategy and Contracting, (04) 816 4384

Our people

Pam MacNeill – Quality Improvement Lead: Putting People First

The last day of my two-year contract came very quickly on 29 April and I have now completed my role at the Ministry of Health.

Although I arrived in DSS with a range of disability sector knowledge and experience under my belt, I have learned much since beginning my time in the Quality Improvement Lead position in April 2014. I have also learned a great deal about the very diverse and important work of DSS. The process of implementing the recommendations from Putting People First has confirmed my strong views about the critical importance of self-determination for disabled people.

Finally, I wish to acknowledge the many people with whom I have been privileged to work across the Ministry and the disability sector. I thank you all for your generosity and willingness to share your experiences with me and I look forward to continuing our association into the future.

Natasha Gartner, Contract Relationship Manager

I am leaving the Ministry to take up a new and exciting challenge at the Waikato Hospital after working at the Ministry of Health for 10 years.

I have learnt so much from my time here and will be leaving with many rich experiences.

I would like to say thank you to the people who work away quietly (and sometimes not so quietly) in the background, to make things better for the people we support and their families and carers.

I will remember the:

- woman who has dedicated her life to making sure carers are supported
- father who has dedicated his life to supporting his intellectually disabled son and who, along the way, had many long conversations with me about what he needed from us
- young woman with a degenerative physical condition who lived in her own home and just needed to be in control and make the decisions about who and how people would support her
- small South Island organisation who tried so hard to provide a quality, safe and professional service, in a very challenging environment
- huge effort that many providers and their staff make in supporting people with disabilities and in trying to do the right thing.

A colleague who has also worked at the Ministry for some time agrees with me when I say that Disability Support Services feels almost unrecognisable from when I first started. I see a Ministry that has been courageous in its attempt to make a real difference to disabled people's lives, despite it being hard and sometimes uncertain.

Finally I would like to say thank you to my colleagues here who have been so supportive and work so hard to make a real difference to the lives of disabled people, their families and carers.

Contact Disability Support Services

Email: disability@moh.govt.nz

Phone: 0800 DSD MOH (0800 373 664)

Web: www.health.govt.nz/disability

To be added to the email list of this newsletter, send an email to: disability@moh.govt.nz

If you do not wish to receive these newsletters, please email disability@moh.govt.nz with 'unsubscribe to newsletter' in the subject line.

TO Disability Support Advisory Committee
FROM Muriel Hancock
Director
Patient Safety and Clinical Effectiveness
DATE 7 June 2016
SUBJECT **Accessibility Self Audit Update**



MEMORANDUM

1. PURPOSE

To provide an update on progress with the accessibility self audit, progress on a work programme to address any findings and scheduling of the next audit.

2. SUMMARY

- An audit in Child and Adolescent Oral Health (CAOH) was completed in July 2015.
- A second audit was undertaken during November and December in Wards 26 and 29.
- A third audit was completed by Child Development Services in March 2016.
- Key findings include low numbers of staff undertaking customer service training and low levels of awareness relating to the Health and Disability Commissioner's (HDC) Health Passport and the Pink Passport.
- An action plan to track implementation of key findings/themes is being progressed.
- A fourth survey is planned to be completed by Therapy Services in June 2016.
- Our staff are very supportive of this process and readily participate.

3. RECOMMENDATION

It is recommended:

that this report be received.

4. BACKGROUND

In 2013 Be.Accessible and Enable New Zealand, on behalf of MidCentral District Health Board (MDHB), developed an Accessibility Review Self Assessment tool in order for the organisation to complete a stocktake of accessibility for patient/consumers of health and disability services within MDHB. Part of this process involved consumer focus groups as well as working with MDHB staff including the Child Health Service. This is a local audit rather than regional or national.

MDHB's vision for "*Quality living – healthy lives*" for all, together with a desire to create a "*more unified, improved health and disability system*" "*that can be accessed by all in a trusted and confident way*" are objectives which were identified in the Be.Accessible MDHB report in 2012.

Be.Accessible is about having patients/consumers at the centre of our thinking and actions. It is about creating greater accessibility for our patients/consumers who have access needs. Patient/consumer accessibility goes well beyond the obvious one of accessible environments. The philosophy of accessibility self audits is the patient/consumer being at the centre of our thinking, and actions that need to be woven into the culture of the organisation, both in day to day operations and its future planning and development.

5. WORK PROGRAMME

The work programme, in the table below, has been developed to show scheduling of the services identified for audit over 12 months, equating to one per quarter. Once we have gathered 12 months findings from the Accessibility Self Assessment Audits we will reassess the effectiveness of the questions in the surveys in uncovering accessibility issues. Each service will have an action plan regarding findings that they will be required to report against.

Service to Complete Accessibility Survey	Month Scheduled	Completion Date
Child and Adolescent Oral Health	July 2015	6 July 2015
Ward 26 and Ward 29	December 2015	1 December 2015
Child Development Services	March 2016	15 March 2016
Therapy Services	June 2016	To be confirmed

The process for the audit includes a brief introduction covering the objective of working toward a stronger accessibility culture, completion of the self assessment audit, collection and collation of all responses, results provided back to the service, key findings/themes identified and actions agreed and allocated.

On completion of the self assessment survey in Therapy Services we will evaluate the programme and questionnaire and make any changes prior to scheduling the next 12 months audits.

6. AUDIT UPDATE

The accessibility self audit summary of findings from the Child Development Service is shown below.

The Child Development Service is a therapy based service that provides assessment and therapy services to babies, children and adolescents (birth – 16 years) who have developmental or ongoing disability needs.

Referrals come from many sources including paediatricians, general practitioners, and other professionals involved with children's health, for example Plunket and iwi providers. The Child Development Service is part of the Child Health line and is based in the Community Village; it links with pre-schools, schools and other educational organisations.

The audit was undertaken at a staff meeting, the pool of staff available to complete the survey was 16. The audit questions are attached as Appendix 1.

Service	Audit Date	Findings
Child Development Service	15 March 2016	<ul style="list-style-type: none"> • Fourteen staff have attended staff orientation day but only four staff have attended customer services skills training. • Thirteen staff answered that they had not seen any patient positive access stories and only one staff member had shared a positive access story. • Fourteen staff responded that they were aware and prepared to bring in an appropriate communication consultant / interpreter or support person at no cost to the family. • Fifteen staff stated that suitability of appointment time and all decisions relating to patient care are made in partnership between the health professional and the patient or their representative. • Ten staff did not know what the HDC Health Passport or the Pink Passport was.

		<ul style="list-style-type: none"> • Two staff answered yes to 'does your service use the HDC Health Passport or the Pink Passport'. • All 16 respondents answered yes to 'Has your service discussed different cultures and the impacts for your service'.
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6.1 Progress on Audit Findings

The report against the action plan for Accessibility Self Assessment Audits is attached as Appendix 2.

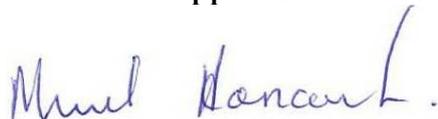
Progress with implementing the key findings/themes from the self assessment audits will be reported by the audited services quarterly and this progress will be tracked in the Riskman Quality module once fully implemented in 2016.

Evaluation of the pilot in CAO H indicated that there was no requirement for changes to be made to the audit or process. The audit will be rolled out quarterly with the next one to be completed by Therapy Services in June 2016. Each service taking part in the self assessment audit has the opportunity to add two extra questions pertinent to their specific service; to date no service has taken up this offer.

Once the June audit is completed we will have gathered 12 months findings from Accessibility Self Assessment Audits we will then reassess the effectiveness of the questions in the audit in uncovering accessibility issues.

7. CONCLUSION

This work is progressing well with attention being paid to ensuring that we have a robust process that supports service improvement initiatives to enhance patient and staff experience and safety. Key findings/themes are identified, an action plan developed and reporting on progress is occurring. These findings will be addressed as part of the relevant service's work plan, included in current related programmes of work or alongside current activities as opportunities arise.



Muriel Hancock
 Director
 Patient Safety and Clinical Effectiveness

SELF AUDIT SURVEY

To build on the MDHB's vision for "**Quality living – healthy lives**" for all, there is a desire to create a "**...more unified, improved health and disability system... that can be accessed by all in a trusted and confident way...**", the MDHB engaged Be.Accessible to co-create a self assessment tool that would enable MidCentral Health (MCH) to develop a truly inclusive and accessible health and disability service in the region.

The audit has been designed to enable teams, who are instrumental in delivering MDHB's services throughout the region, to understand what they need to do to provide for a fully accessible and inclusive health and disability service.

A group of New Zealanders have been identified for whom this audit supports. This group has been identified as the access client.

This group makes up at least 20 per cent of our population and members of this group are people who:

- Are an older person or part of the growing Baby Boomer generation.
- Are blind or have difficulty reading small print.
- Are deaf or have trouble hearing in noisy places.
- Are from a different country with a different language.
- Find it difficult to read and understand things.
- Are carrying a child or has to manoeuvre a stroller or pram.
- Are unable to walk easily or uses a wheelchair.
- Are caring for a child or person with access needs.

By improving the experience for people with access needs, organisations create greater accessibility for all citizens and clients, enabling these services to build and develop better performance and results from their work.

The following questions form an accessibility review to be completed by teams and agencies.

Questions	Yes	No	N/A	Comments
<ul style="list-style-type: none"> • Have you attended a staff orientation day? • If so was there information / discussion on delivery of accessible health services? 				
<ul style="list-style-type: none"> • Since beginning work here, have you attended any Customer Service Skills training sessions? • If so did you learn about dealing with accessibility issues? 				
<ul style="list-style-type: none"> • Have you seen any patient positive access stories (which story and where did you see it)? • Have you shared any patient positive access stories (which story and how did you share it)? 				
<ul style="list-style-type: none"> • Any communications you send are created using minimum of 12 point font. 				
<ul style="list-style-type: none"> • Photos and pictures are used in any information you give out to patients and are in accordance to MDHB policy. 				
<ul style="list-style-type: none"> • When patients receive appointment information do they get maps and information about how to change an appointment? • Does this information let patients know they can have a support person or interpreter attend the appointment? 				

Questions	Yes	No	N/A	Comments
<ul style="list-style-type: none"> • Patient information on their discharge or further treatment is given to them in an easy to read and understand format? • Do you check that they have understood what happens next? 				
<ul style="list-style-type: none"> • All staff in your unit (including administrative) have been trained and are confident in accessibility awareness? • If yes who did this training for your team? 				
<ul style="list-style-type: none"> • Staff in your unit clearly communicate to patients the access features and hazards that exist on your site/s? 				
<ul style="list-style-type: none"> • Everyone in your unit either wears a uniform or has a clearly visible identification badge? • Everyone in your unit explains who they are and what their role is when meeting a patient? 				
<ul style="list-style-type: none"> • All staff in your unit are aware and prepared to bring in an appropriate communication consultant/interpreter or support person when and if required at no cost to the patient? 				
<ul style="list-style-type: none"> • Suitability of appointment time and all decisions relating to patient care are made in partnership between the health professional and the patient or their representative? 				

Question	Yes	No	N/A	Comment
<ul style="list-style-type: none"> We ask our patients whether they need more information. 				
<ul style="list-style-type: none"> Do you know what the Pink Passport or HDC Health Passport is? Does your unit use the Pink Passport or HDC Health Passport? 				
<ul style="list-style-type: none"> Has your service discussed different cultures and the impacts for your service? 				
<ul style="list-style-type: none"> Do your patients have quick, timely appropriate access to practitioners and specialists with multi-disciplinary responses available? 				
<ul style="list-style-type: none"> Access to interpreters (NZSL/multilingual) is made available at no extra cost to the client/patient/care-giver. 				

ACCESSIBILITY SELF AUDIT MARCH ACTION PLAN REPORT

Service	Findings	Action	Who	By when	Progress reported
CAOHS	Sharing of positive access stories at team meetings.	Staff to take the opportunity to share positive access stories at regular team meetings.	CAOH Service staff	Completed	Staff are encouraged to share positive access stories at regular service Quality and Clinical Risk meetings and at local team level.
CAOHS	Staff who have not attended a Customer Service Skills training session have this built into their performance development schedule.	As staff complete performance development – staff are routinely scheduled to attend available Customer Service Skills training.	CAOH Service staff	As identified at performance development sessions.	Sixteen staff have been registered to attend course on 25/02/16. Remaining staff are registered to attend next available course on 06/09/16.
CAOHS	Educate/ remind staff of the use of HDC Health Passport and Pink Passport.	Discuss HDC Health Passport and Pink Passport use at regular team meetings.	CAOH Service staff	Completed	Staff completed online learning legislative compliance module February 2016, this has a component on HDC. Staff updated on Pink Passports, at meeting 29/03/16.
Ward 26	Educate / remind staff about accessibility issues and the use of Pink Passport / HDC Health Passport.	Discuss accessibility at team meetings, including use of Pink Passport and HDC Health Passport.	Charge Nurse Ward 26	Completed	Discussed at team meeting.

Service	Findings	Action	Who	By when	Progress reported
Ward 26	Staff who have not attended a Customer Service Skills training session have this built into their performance development schedule.	As staff complete performance development – staff are routinely scheduled to attend available Customer Service Skills training.	Charge Nurse Ward 26	In progress As identified at performance development sessions.	Customer Service Skills training session is fully booked for February; next scheduled session is September 2016. It is recommended that Customer Service Skills training be added to induction courses.
Ward 26	Staff to ensure patients and families are aware of what happens at and after discharge.	Consider use of brochure under development by Ward 29, once trial is completed.	Charge Nurse Ward 26	Completed	Brochure given to patients.
Ward 29	Staff who have not attended a Customer Service Skills training session have this built into their performance development schedule.	As staff complete performance development – staff are routinely scheduled to attend available Customer Service Skills training.	Charge Nurse Ward 29	In progress as identified at performance development sessions.	Customer Service Skills training session is fully booked for February; next scheduled session is September 2016. It is recommended that Customer Service Skills training be added to induction courses.

Service	Findings	Action	Who	By when	Progress reported
Ward 29	Staff to ensure patients and families are aware of what happens at and after discharge.	A brochure was developed on Ward 29 as part of the Enhanced Recovery after Surgery (ERAS) project that covers off what a patient can do to prepare for discharge and once at home. The brochure is currently being finalised.	Charge Nurse Ward 29	Completed	Brochure given to patients.
Ward 29	Educate / remind staff about accessibility issues and the use of Pink Passport / HDC Health Passport.	Discuss accessibility at team meetings, including use of Pink Passport and HDC Health Passport.	Charge Nurse Ward 29	Completed	Discussed at team meeting.
Child Development Service	Fourteen staff have attended staff orientation day but only four staff have attended Customer Services Skills training.	Child Development leadership team to discuss at team strategy meeting.	Coordinator Child Health – Child Development	In progress	
Child Development Service	Thirteen staff answered that they had not seen any patient positive access stories and only one staff member had shared a positive access story.	Feedback from customers is now being shared monthly.	Coordinator Child Health – Child Development	Completed	Customer feedback is an agenda item at monthly meetings.

Service	Findings	Action	Who	By when	Progress reported
Child Development Service	Ten staff did not know what the HDC Health Passport or the Pink Passport was.	HDC Health Passport and Pink Passport have been re-socialised with the team.	Coordinator Child Health – Child Development	Completed	Discussed at team meeting.

TO Disability Support Advisory Committee

FROM Anne Amoore
Manager
Human Resources and Organisational Development

DATE 15 May 2016

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



MEMORANDUM

1.0 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.

2.0 SUMMARY

Since the last report to the Committee in May 2015, progress continues to implement our various workforce development initiatives as contained in MDHB's Workforce Strategy. This strategy includes education and development initiatives to ensure MDHB employees are competent and safe in their area of practice.

MDHB's internal education and development sessions are well attended by our employees. Over the past year, 595 internal education sessions have been held and were attended by 4972 staff members (staff attend more than one session).

Our education programmes Building Resilience and Managing Stress, Delivering Excellence in Customer Service and our three Communication modules, continue to be delivered and be very well received. Due to demand the number of sessions offered has increased over the past year.

MDHB takes its obligations to be a good employer seriously and we have continued to meet our obligations in this regard. For the sixth year, MDHB has achieved 100 per cent compliance and ranked 1 (together with 41 other Crown Entities and seven other DHBs) out of 93 organisations in the Human Rights Commission review and analysis of the good employer reporting obligations of Crown Entities in their annual reports.

We are 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.

Going forward our focus will be on developing and implementing an organisational development strategy which will support the transformational organisation change required within MidCentral to achieve a high performing health system in line with MDHB's strategic framework. Our General Manager, People and Culture (Janine Hearn), recently appointed, will be leading the development of this strategy. This is a key focus area in our Annual Plan for 2016/17 and will form the basis of reporting for the year.

3.0 RECOMMENDATION

It is recommended

that this report be received.

4.0 PROGRESS

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

4.1 Human Resource Policies and Good Employer Obligations

4.1.1 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) and policies on Preventing Unacceptable Behaviour, Harassment and Bullying, Impaired Staff, Work and Family, Workforce Rehabilitation, and Recruitment/Appointment of staff.

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. Consultation takes place with key stakeholders throughout MDHB, and externally where appropriate, for example, with Health Sector Unions through MidCentral's Bipartite Action Group (BAG). Most of our human resource policies and procedures were reviewed in 2014. Working parties comprising MDHB management, HROD, and union delegates and officials are established to undertake the review as appropriate. MDHB's Code of Conduct and Disciplinary Procedures were reviewed using this approach.

MDHB's Recruitment/Appointment policy is under review as a result of the Vulnerable Children Act changes which took effect from 1 July 2015 and the other changes taking effect from 1 July 2016, and in 2018 and 2019. Our recruitment guidelines have been reviewed to ensure compliance with the Act from these dates.

4.1.2 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.

As part of the International Day against homophobia, transphobia and biphobia (IDAHOT), MDHB recently hosted a session with staff and community groups to better understand the problems lesbian, gay, bisexual and intersex people face on a daily basis. This is part of a partnership MDHB has formed with the Manawatu Lesbian and Gay Rights Association. Health and Education professionals, and Palmerston North City Council staff attended the session which focused on mental health and how it was impacted by discrimination, violence and stigmatisation. We are looking into potential training programmes for staff as part of our education and development for next year.

Under the Crown Entities Act 2004 (the Act), DHBs are required to be "good employers" and must include in their annual reports, "information on compliance with the obligation to be a good employer including its equal opportunities programme".

The Human Rights Commission reviews and analyses annually, the reporting of good employer obligations by all Crown Entities, including DHBs, across the following seven organisational features:

1. Leadership, accountability and culture
2. Recruitment, selection and induction
3. Employee development, promotion and exit
4. Flexibility and work design
5. Remuneration, recognition and conditions
6. Harassment and bullying prevention
7. Safe and healthy environment.

Annual reports are assessed against criteria developed by EEO staff in the Human Rights Commission. These criteria reflect compliance with legislation and reference to the guidance provided by the EEO Commissioner. The analysis benchmarks only what is actually reported in Annual Reports of Crown Entities to ensure compliance with the Act.

MDHB takes its obligations to be a good employer seriously. The Manager Communications, and Manager Human Resources and Organisational Development (HROD), have worked hard over the past years to ensure we include in our Annual Report all the initiatives we have in place for supporting our staff and improving the work environment for them.

The Commission’s annual good employer review gives Crown Entities an indicator report showing their reporting progress. It is pleasing to report that MDHB has, for the sixth consecutive year, achieved 100 percent compliance and ranks 1 of 93 entities. Forty one other organisations have also ranked 1, including seven other DHBs. The Human Rights Commission made the following comments in their review document:

“The MidCentral District Health Board continues to report well and has again fully met its obligation to report its “good employer” and EEO programme in its annual report. Those Crown Entities that report the best provide a table with each of the ‘seven good employer elements’ listed and initiatives identified against them. They also include a full workplace profile to demonstrate that all EEO groups have been considered.”

The following table shows the 20 DHBs rankings:

DHB	Overall Compliance
MidCentral DHB	100%
Auckland DHB	100%
Hutt Valley DHB	100%
Lakes DHB	100%
Northland DHB	100%
South Canterbury DHB	100%
Whanganui DHB	100%
Waitemata DHB	100%
Hawkes Bay DHB	94%
Bay of Plenty DHB	88%
Counties Manukau DHB	88%
Tairāwhiti DHB	88%
Capital and Coast DHB	88%
Canterbury DHB	88%
Waikato DHB	88%
Wairarapa DHB	88%
Nelson Marlborough DHB	76%
Taranaki DHB	71%
WestCoast DHB	71%
Southern DHB	65%

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. There is also an option for resigning employees to meet with a member of the HROD team to provide feedback in person. Staff are also encouraged to raise any concerns with their manager as they arise so that these concerns can be addressed during their employment and not left until their resignation.

Examples of the positive experiences that people highlighted, and what they enjoyed about their jobs were:

- Giving care to patients – knowing I was helping in the health system doing the best I could. Work environment, my team, working with the organisational wide team, most of whom try very hard to improve/provide a level of service.
- Flexibility of hours available.
- Love my work and everyone is really great to work with. Hopefully I can come back at a later date.
- Clinical work with clients and providing teaching/supervision.

Some less than positive experiences people highlighted were:

- Issues with bullying behaviour in one department were highlighted. (MDHB was aware of this issue and it is being addressed.)
- Staffing levels continue to be cited by a number of people as being too low – this was mainly within nursing in Wards. (Care Capacity Demand Management is assisting in this regard).

The Exit Survey process provides the opportunity for MDHB to address any of these less than positive experiences staff members report. Where the employee gave details of the area in which they worked, the improvements they have suggested or highlighted have in the main already been addressed, or are being addressed.

MDHB has a confidential Employee Assistance Programme (EAP) in place which is well utilised by our employees. This confidential counselling programme is provided by an independent organisation and assists employees who may have problems that are impacting their life at work and/or home. This programme is a good employer initiative, and has been in place since 1994.

There has been an increase in EAP usage within the first six months of this year. EAP are further investigating the reason for this and will advise if there are any major workplace trends or common themes we need to be aware of.

5.0 Education and Development

5.1 Local MDHB Education and Development Initiatives

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.

With regard to education and development, MDHB has an Education and Development Steering Group in place which keeps an overview of the education and development activity underway locally, regionally and nationally. This group meets to determine the education and development initiatives MDHB needs to put in place to ensure employees are competent and safe in their area of practice.

To ensure a transparent, fair and equitable distribution of our education and training budget, we have well established Committees to oversee and approve external education and development for Nursing, Allied Health, Midwifery and

Administration staff. These Committees are working well and the funding available is well utilised by our staff.

As another example of MDHB's commitment to staff education and development, over the past year 595 internal education sessions have been held and were attended by 4972 staff members (staff attend more than one session). While the number of sessions have decreased over the past two years, attendance at the sessions held increased, which may be due to some rationalisation of the number of times sessions are held. Sessions have not been held during those times of the year where previous data showed attendance was low, for example, winter months, and/or when sessions were often cancelled due to poor numbers of bookings.

Last year MDHB launched Ko Awatea, an e-learning platform provided through Counties Manukau. This has been very well received by our staff, with fourteen modules currently available on MDHB's site. These modules have been well utilised by our staff, and 728 staff members completed modules between January and April 2016. Over time it is expected that, where appropriate, a good number of education and development programmes will be delivered online, rather than face to face, or through other avenues such as workbooks. We have also opened the site up to Primary Care and other providers within our district.

The Communication education sessions introduced in 2014 continue to be very well attended. These three communication modules build on each other and can be attended separately or as a series. Due to demand, extra courses are being run during 2016. All MDHB staff are eligible to attend and the sessions are appropriate to all staff. Excellent feedback has been received from those attending these sessions including staff giving examples of how they have put their learnings into practice, both within the workplace and at home.

As a result of feedback received from the Safety Culture Survey, Building Resilience and Managing Stress workshops were put in place and these have also been well attended. Those providing feedback from the sessions say that they will have a different approach to work and home life, continue to work on building their resilience, see more of the positives, and change the way they respond to situations, particularly stressful situations.

Delivering Excellence in Customer Service is another workshop that was well attended and received. The content of this workshop includes what drives the way we think, feel and act, and why an understanding of this is important for great customer service.

The module "Keeping Safe at Work" which was targeted specifically to frontline staff who may deal with aggressive or other challenging behaviours, has also been very well attended.

As part of the HROD improvement programme, a new training and education calendar is in place. Access for staff to the calendar has improved, and the process for booking education sessions has been streamlined. The calendar has many viewing

options and feedback from staff has been positive, particularly in regard to having various ways for searching for a course.

6.0 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 the Occupational Health and Safety Service (OHSS) 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 OHSS team, Infection Prevention and Control or the HROD Department.

Enable New Zealand's Palmerston North facility has significant adaptations to meet the needs of people with disabilities, for example, self opening doors and workspaces set up to accommodate staff with disabilities.

Where a problem is identified, with either the employee or the workplace, that makes it difficult for an employee to continue to fulfil their role within the organisation, staff within OHSS, Infection Prevention and Control, or HROD work with the employee (and their support person/union representative) to address any concerns raised.

6.1 Supporting Health and Safety

The OHSS team is very active in ensuring the needs of employees are met both on appointment and on an ongoing basis during employment and examples of this are outlined below.

As reported to the Committee in 2014, there were concerns expressed with the O'Shea No Lift Patient Handling Programme (No Lift) which was first introduced to MDHB in 2004. No Lift promotes the maximisation of patient independence, by pushing or pulling instead of lifting, by working close to the patient's body, and using a variety of other techniques, all of which aim to help prevent staff injuries. The success of No Lift, along with the staff and organisational commitment to it, had reduced the number of staff hours lost due to patient handling injuries by 97 percent by 2010.

However, over time the number of staff being injured in patient handling incidents had begun to increase and was confirmed by the increase in MDHB's balanced scorecard measures for workplace injuries. Given this, a working party was set up to reinvigorate the No Lift programme, with a goal for a 25 percent reduction in reported employee manual handling incidents, claims and lost time injuries. A number of activities were put in place and the project was completed at the end of

July 2015. The project was very successful, demonstrated by a 47 percent reduction in work related injury claims related to patient handling and a 36 percent reduction in associated lost time injuries.

Continuing on from the project are a number of activities to assist maintaining the No Lift profile and ensuring staff competency and compliance, these include:

- No Lift training at orientation for staff identified as requiring this training.
- Quarterly update education workshops for trainers, and new “train the trainer workshops” held throughout the year.
- The annual performance process has been updated to include a competency relating to No Lift training (for staff for whom this is relevant) and evidence is required that this has been met. Compliance is monitored by ward/ department trainers.
- A working party has been established to develop a bariatric patient pathway to assist with the management of this group of patients. Work is currently underway to develop policies, procedures and assessment tools and an equipment review.

Injury prevention, early intervention, treatment and advice continues to be provided for clinical and non clinical staff who report discomfort, pain and possible injury related to work practices. OHSS also liaise with staff and their managers to identify rehabilitation and return to work options for individuals who are planning for elective surgery.

Ergonomic workstation assessments are undertaken for staff reporting discomfort in their work environment. Based on the ACC guidelines, recommendations are made to the employee’s manager for modifications to the workplace for any additional equipment deemed necessary.

Staff members identified by their manager as having high use of sick leave are referred (with their consent) to the OHSS team to determine if additional support is required to support their wellness.

The Health and Safety at Work Act 2015 (the Act) came into force in April 2016 and there has been an increased focus and awareness on health and safety across MDHB. A number of opportunities are being provided to give information to staff on health and safety including:

- Updates on the new legislation with 15 minute presentations being offered to departments/wards.
- Initial training for current health and safety representatives from June to ensure MDHB meets the requirements of the Act.
- A new Health and Safety Statement has been signed by CEO and Board Chair which is now displayed at prominent spots across the organisation.
- Training is underway for the new electronic Hazard Risk Management module in MDHB’s Riskman module. This has eliminated the previous paper based system, and means hazards can now be reported, risk assessed and monitored in real time.

OHSS have also developed a specific site on MDHB's intranet which has a rich collection of health and safety information about safe handling, legislation, health and safety committees, injury and rehabilitation management, and personal health and wellness. The service continues to produce a monthly staff newsletter. Topics such as the new health and safety legislation, hazard management, tips on setting up workstations, hearing and vision, health promotion and wellness have been included.

Another development has been the introduction of the electronic programme Chem Watch. This programme provides immediate up to date chemical information for end users and will be particularly important should there be a chemical spill in an area.

7.0 Workplace Environment

In terms of healthy staff initiatives, as part of the Safety Culture Survey and other surveys we have conducted over the past few years, we have continued to implement initiatives that focus on fitness and nutrition, including:

- Two further roll outs of the Next Steppers programme. The programme encourages participants to bike, cycle, swim or dance their way “around New Zealand”. Seven roll outs have been undertaken over the past years 3 – 4 years and over 1000 staff have taken part.
- The web-based wellness initiative referred to as “tracksuit-inc®” continues and is available to all staff and their families. The programme provides the opportunity to participate in a range of health-related activities throughout the year. A range of resources can also be accessed including health articles, discount offers, and competitions with the opportunity to win prizes for those participating in health-related activities.
- MDHB has three loan bikes available for staff use. Anyone who works at Palmerston North Hospital can borrow these bikes, whether it's for a week to get around, or just to go to a meeting. Safety equipment is also available and the bikes continue to be well utilised by our staff.
- Other healthy staff initiatives have been promoted – 33 days of cycling with Sports Manawatu, 333 km biking challenge, and Go-by-bike day.
- MDHB's Staff at MidCentral Advantage Scheme (SMASCH) continues to be developed and well received by staff.

7.1. MDHB's Organisational Culture and Transformational Change Programme

MDHB's ability to be a high performing health system which meets immediate and future demand, relies on having the right people with the right skills, working in the right place. It is critical that we continue to engage our workforce in the transformational change we require, in the development of integrated models of care,

and in breaking down barriers that prevent health professionals from working to the full extent of their scope.

The most significant initiative is the development, led by MDHB's Chief Executive, of MDHB's Strategic Framework for the next five to ten years which includes our vision, purpose, values and strategic imperatives. Following wide discussion with key stakeholders the Strategic Framework has now been finalised.

Our culture is also an important part in transforming and integrating our health system. To meet the needs of our population and fully achieve the strategic direction set, including our vision and values, we need to be able to do things differently, building on the achievements we have made to date. To this end we will be developing and implementing an organisational development strategy with strategies and initiatives covering organisational development and workforce planning. Built into this will be initiatives that address the feedback and key themes that staff raised in the Safety Culture Survey we undertook in 2015, and in other workshops and forums that have been held.

Our General Manager, People and Culture (Janine Hearn) has commenced and Janine will be leading the development of the organisational development strategy. This is a key focus area in our Annual Plan for 2016/17 and will form the basis of reporting for the coming year.

8.0 Conclusion

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.

With regard to education and development, the organisation has programmes in place and supports staff to attend both internal and external education so they are competent and safe in their area of practice.

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.

Our key area of focus for 2016/17 will be the development of our People and Culture Strategy which will support the transformation organisation change required within MidCentral to achieve a high performing health system in line with MDHB's strategic framework.



Anne Amoore

Manager

Human Resources and Organisational Development

**TO DISABILITY SUPPORT ADVISORY
COMMITTEE**



**FROM Jeff Small
GROUP MANAGER
COMMERCIAL SUPPORT SERVICES**

DATE 27.05.2016

MEMORANDUM

**SUBJECT DISABILITY FACILITY STOCKTAKE
UPDATE**

1. PURPOSE

The purpose of this paper is to update the Committee on the Disability Facility Stocktake of buildings.

2. SUMMARY

The stocktake relates to 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.

In the past twelve months this has included the Ambulatory Care Service re-configuration and up-grade in relation to access/egress and appropriate public counter height.

3. RECOMMENDATION

It is recommended that this report be received.

4. BACKGROUND/UP-DATE

a) Master Health Services Plan/Re-development of PNH

The planning involved in this major Project will ensure Palmerston North Hospital meets all current Building Code Compliance requirements, disability access, egress and internal needs etc

b) The status of the outstanding work from the original Disability Facility Review is summarised as follows:

Clinical Services/Ward Blocks

- Extend Handrail past bottom of stairs
- Contrast colour strip on nosing of stairs
- End of handrails turned down 100mm
- Lower height of public service counters

These Projects involve substantial works throughout the buildings and if not addressed in the interim, will be scheduled under the re-development of Palmerston North Hospital.

Meantime some areas have already been addressed whilst others will be as and when an opportunity arises during specific major maintenance/refurbishment works of an area or department eg. Ambulatory Care Re-Configuration and Up-grade Project where by access/egress doors and appropriate counter access facilities etc were addressed, and previously the Hospital Administration building and Board Offices.

c) Leased Buildings

Building leased to accommodate MDHB services, staff and patients/visitors are required to meet Compliance requirements of disability access, egress etc. Management were involved with the Manawatu Community Trust in the planning of their new Feilding IFHC in which MidCentral Out-Patient services are accommodated.

d) General

All buildings hold current Warrant Of Fitness's, renewed annually. Issues arising from Facility Review's Accreditation and Access Audits or Legislation changes are automatically programmed for remedial action under Maintenance or CAPEX Programmes.



Jeff Small
GROUP MANAGER
COMMERCIAL SUPPORT SERVICES

TO Disability Support Advisory
Committee

FROM Senior Portfolio Manager
Health of Older People & Palliative
Care

DATE 23 May 2016



Memorandum

SUBJECT NZ DISABILITY STRATEGY: CONTRACTS UPDATE

1 PURPOSE

To provide members with an annual update on activity within the local disability service contracts. This is for information only.

2 SUMMARY

All contracted provider service agreements continue to include a section on disability considerations covering requirements contained within the New Zealand Disability Strategy and the Operational Policy Framework for District Health Boards.

Previous reported initiatives and associated clauses for contracts around disability issues are now considered business as usual and there are no new considerations for the 2016/17 year.

A number of integrated partnerships continue to work together to shape communities towards a more inclusive society. Projects such as dementia friendly communities and safe city accreditation programmes are actively co-designing with consumers to find better ways to support disabled people and older people generally.

3 RECOMMENDATION

It is recommended:

that this report be received

Jo Smith
Senior Portfolio Manager
Health of Older People & Palliative Care
Strategy, Planning & Performance

4 INTRODUCTION

With the devolution of Disability Support Services contract management to DHBs in October 2003, the then DHBNZ (now DHB Shared Services) developed a national process for ensuring all contracts address disability support issues. 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.

Disability Sector Standards continue to be audited through the routine certification and surveillance audits of contracted providers undertaken by designated audit agencies (DAAs) on behalf of HealthCert (a licensing division of the Ministry of Health) and MidCentral DHB.

More recently moves occurred to ensure Home and Community Support Services become certified to the new Home and Community Sector Standards which improve on previous standards for those who use community funded services.

All contracted provider service agreements include a section on disability considerations covering requirements contained within the New Zealand Disability Strategy and any specific fit-out requirements for physical facilities.

5 HEALTH AND DISABILITY CRITERIA

5.1 Procurement of Health and Disability Services

MidCentral DHB periodically re-tenders health and disability service contracts. Re-tendering may be undertaken for several reasons, including but not limited to improving patient access and/or quality of services, ensuring cost effective and efficient service provision, or aligning to new or reconfigured service requirements.

Pursuant to clause 25 of the New Zealand Public Health and Disability Act 2000, MidCentral DHB may enter into, negotiate, amend and terminate service agreements/contracts for the provision of services, or on terms needed in order to deliver the services required by statute or contract with the Crown.

Such procurement processes are undertaken in line with the Office of the Auditor General's guidelines and best practice, and may result in a change in provider arrangements.

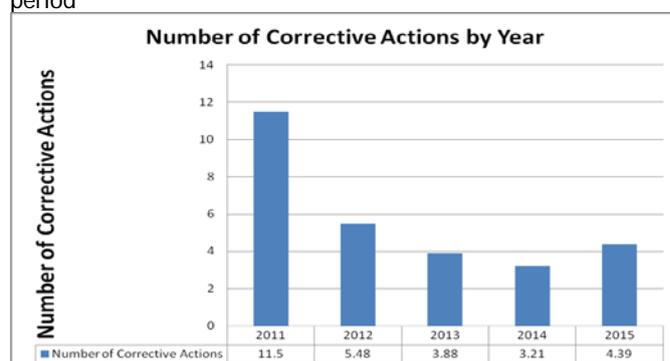
In 2016/17 MidCentral DHB intends to review the way it contracts for services with a view to improving their efficiency and effectiveness. This includes reviewing low value contracts and considering opportunities for high trust contracts where the emphasis is on achieving defined outcomes rather than performing prescribed activities. As a result of these processes, there may be changes to contracts that impact on providers and services.

5.2 Aged Residential Care Certification/Audits

Through the contracting and reporting/auditing process, aged residential care providers have reported fewer concerns over the last two year period and there are significantly fewer reported corrective actions arising from the auditing process across the various contracts. The number of corrective actions had significantly reduced over the 2011 to 2014 period with a slight increase in the last calendar year (see graph 1).

The increase seen in 2015 principally results from the number of corrective actions in one facility audited in that year, which has impacted on the overall result. The issues arising from this facility's audit have been addressed through the standard process and all actions are now closed out. Generally, all the indicators illustrate that the majority of facilities are providing exceptional care and services.

Graph 1. Average Number of Corrective Actions Resulting from Aged Residential Care Audits over five year period



5.2 Supporting people with disabilities

As a local example of a disability awareness issue being driven forward, MidCentral DHB had previously fostered the Prevention of Elder Abuse and Neglect guidelines for disability support services. This work was scaled across the district by the various Age Concern organisations and has become business as usual.

This past year, cognitive stimulation therapy for those with dementia and cognitive impairment is being implemented at day centre and residential facilities as a focus on engagement and quality of living.

Another local example is on the subject of falls prevention and management in older people and the potential impacts for disability, including significant costs, when older people experience falls. Age residential care (ARC) facilities have fostered a falls awareness programme off the back of the MidCentral Health "Falls Aware Ward". The programme is largely successful with continued evidence of quality improvement, data collection/benchmarking and staff engagement. There are also ARC representatives on MidCentral's cross-sector Falls Action Group, who actively participate in the planning and delivery of the falls prevention programme.

Nationally, there are a number of initiatives across organisations and services to better the lives of New Zealanders who live with disabilities including aspects of integration between aged care, PHOs and St John Ambulance as one example. Locally, discrete pieces of work across the sector continue via the clinical network groups. For example, in the 2015/16 year clauses were implemented to support advance care planning for those with significant disabilities particularly with sensory, neurological, dementias and physical impairments.

The new Enable NZ demonstration smart home concept - “Easie Living” - has seen a number of visitors from the aged care sector visit, seeking out information on new technologies and aids to support those with disabilities including those associated with aging and dementia.

Other local initiatives to better support those with disabilities and work towards a more inclusive New Zealand of disabled and older people include:

- The ‘Accelerate 25’ innovation project looking at affordable aging and innovative service design concepts in the Horowhenua in conjunction with MidCentral DHB, Massey University and district council partners
- Dementia friendly community workshops using co-design principles
- MidCentral DHB contracted with 35 aged care providers for an integrated medicines management system. These systems are considered to improve quality and coordination of medicines utilisation at the ARRC facility, community pharmacy and general practice levels, by linking all three providers to one common medication record
- The continuation of paid family carer policies and third party contract support for Individualised Funding Support where people have specific requirements
- Engagement in the Palmerston North Safe City Accreditation Programme which considers a range of aspects to better supporting the community’s people, and will be particularly valuable in supporting older and vulnerable people
- The Horowhenua District Council Older Person’s Network group and Wellbeing Network and the recent release of their Positive Ageing Action Plan and Youth Action Plan 2016/19, and
- District Groups through the clinical networks have been instrumental in problem solving access issues for those with disability support needs.

Service improvement opportunities continue to be raised as consumers are better empowered to bring their voice to the table and share their aspirations and goals for progress.

TO Disability Support Advisory Committee
FROM Manager, Administration & Communications



DATE 26 May 2016

SUBJECT Annual Communications Update

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

Over the past 12 months, enhancements have been made to our digital platform, enabling us to deliver information electronically as well in the traditional print mediums.

A map of Palmerston North Hospital campus was developed displaying disability features, such as disabled access, disability toilets, low-counter reception areas, etc.

Ongoing work continued to raise awareness, both internally and externally, of disability matters, and to provide information for people with a disability. A key focus for 2015/16 was the elderly population, with features on falls awareness, dehydration and enduring powers of attorney.

3. Recommendation

It is recommended that:

that this report be received.

4. Background

The DHB endeavours to provide information in various mediums to make it accessible to a wide range of people. It also uses different forms of communication to obtain feedback from users of its services and the public.

In terms of accessibility, MDHB strives to ensure all information is in plain language, and the content and means of communication is targeted to the intended audience.

Wherever possible, information is available in multiple mediums.

As a provider of hospital and associated services, MidCentral Health uses a large number of forms. These are managed by a Forms Committee and its processes ensure that as new forms are established and old ones reviewed consideration is given regarding the need for “large print” versions to be provided.

Policies remain in place, and are reviewed regularly, regarding communication and consultation. The former includes Style Standards for MDHB's communication.

The Communications Unit works closely with Patient Safety & Clinical Effectiveness, and the Human Resource & Organisation Development units to promote disability awareness among staff.

As noted above, significant work continues to increase our on-line and other tele-communication functionality so that it better meets the growing needs of disabled and other communities.

5. Enhancements and Key Activities in 2015-16

5.1.1 Website & Digital Enhancements

- In conjunction with Disability Support Advisory Group's feedback, improvements were made to the internet site online forms to allow easier access and improved form tagging for onscreen readers.
- Palmerston North Hospital campus is progressively becoming a wireless environment and the Communications Unit is assisting the IT unit with this. A number of small projects involving wireless devices have been supported including devices used for staff and patients in public areas like Ambulatory Care and the Emergency Department. iPads are being used for education/training of staff and allowing staff to work with patients/clients to access health education information and advice within the department. Some examples are links to smoke free information, healthy eating and exercise. In areas with children, iPads are being used to educate as well as provide a distraction while medical treatment is administered. As wifi rolls-out to further locations, more devices will be made available.
- Improvements to the online training calendar for staff have implemented to allow for improved sorting & filtering of courses. Communications has worked with HR to support the roll-out of Ko Awatea Learn online education/training module so access is available 24/7 both from inside and outside of the MDHB network.

- The Communications Unit has supported the roll-out of the first mobile device app on behalf of MidCentral DHB services – Babble Talk for neonate content. Further apps for the next financial year are planned.
- We have moved to an electronic system for development and distribution of agendas for Board and committee meetings. The system has been trialled over the past year and as from 1 July 2016 we will no longer issue hard copy agendas for board members. Use of electronic agendas for committee members will be by personal choice.

We are using MDHB's SharedNet site for this system, which enables us to have a lot more information available on-line for members in addition to the meeting documentation. The governance SharedNet site provides contact details, governance policies and guidelines, terms of reference, etc. To date feedback has been largely positive. Ongoing training is being provided to members to support the change.

- Since we have taken ownership of the Palmerston North Hospital Facebook page, generated by the public, we have seen a considerable growth in likes from 600 to 1440. Along with the MidCentral District Health Board Facebook page and our Instagram account these sites are used to promote different services, keep our followers up to date with what is happening within our region and promote public health messages

The addresses for these pages are:

<https://www.facebook.com/MidCentralDHB>

<https://www.facebook.com/PalmerstonNorthHospital>

<https://instagram.com/midcentraldhb/>

- We continue to use LinkedIn for promoting vacancies and Twitter for vacancies and health messages.
- The Communications Unit continues to audit the content on its internet site to ensure that all the disability requirements for the website are met along with other general requirements. This process is ongoing and will continue to ensure all content is up-to-date, relevant and meets all the necessary requirements for accessibility.

The Unit is working with the services involved to both correct the areas on non-compliance and to educate staff.

5.1.2 Resources

- A disability-friendly map of Palmerston North Hospital buildings and grounds was completed and published on the website. It is believed to be one of the first District Health Board's to publish such a map to enhance access for people with disabilities. The one-stop-map shows the location of 40 mobility car parks; ramp and lift access to buildings; disability toilets, low counters for people in wheelchairs; hearing loops; Braille on lifts; 19 taxi cab spots for easy pick-up and drop-off of patients, and many more features.

Previously the hospital had a number of maps with some disability features on each. This meant people with disabilities have had to check all of the maps to see things,

like where are the closest mobility car parks; does the building have steps or ramp or lift access; where can a taxi drop a patient off and pick them up from; and does the building they go to have wheelchair access to counters, and disability toilets.

- The Unit is currently working with Customer Relations to re-develop and refresh the current *Tell Us What You Think* feedback form. Alongside this, we are creating a visual poster with the aim to educate patients and visitors on the different ways to place feedback direct to the organisation before connecting with external parties. These methods are staying the same and include: Email, written, phone, online as well as highlighting the importance of talking to staff about any issues first. These materials will be in place during the new financial year.

Initial work is underway to look at SMS/Text for the public to provide feedback. The Communications Unit is working with the Quality and Service Improvement team to provide the service in the next financial year.

- The Communication Unit continues to support the development of a compendium of information for patients at Palmerston North Hospital. This is a nursing/quality led initiative and provides patients with information about the ward environment, bedside (shift) handovers where nurses handover care information at the end of a shift to the incoming nurse and how patients can participate, discharge planning, feedback options, and who makes up the care team. The compendiums also include a map of the ward layout and these feature disability facilities. The compendiums have been rolled out in Wards 24 and 26 and the trial was very successful. Work is now underway to implement it in all wards.

A generic version of the compendium is available online, excluding the map. In time, it is anticipated all compendiums (including maps) will be available online.

5.1.3 Publications & Awareness

- We continue to publish articles in the staff magazine, MidCentral News, aimed at increasing staff awareness around disability matters. Over the last 12 months we have featured:
 - Mapping out an accessible hospital – new disability-friendly hospital map
 - An article about using size 12 font in letters and other documents for the elderly or those with disabilities.
 - Reaching out into the community - Changing how we help older people live well with frailty.
 - Disability map launched, making people' with disabilities' journeys easier at Palmerston North Hospital
 - Turbo buggy whizzes into action – helping children with mobility difficulties learn what it's like to control and electric mobility device.
 - EASIE Living Centre in Palmerston North being readied for opening in Palmerston North
 - Palmerston North Mayor Grant Smith opens EASIE Living Centre
- More editions of MidCentral DHB's "Let's Talk About Health" were published. In addition to being featured in local newspapers, they are provided on our website and distributed via general practices, pharmacies and rest homes, to physiotherapists, dentists, chiropractors, osteopaths and other specialist clinics in the community,

and community groups. Hard and soft copies are provided, enabling wider distribution through community group's networks. Folders have been provided to these groups for use in their waiting rooms.

"Let's Talk About Health" features have been issued since July last year:

- Keep up the fluids as you aged – Don't risk dehydration
- Who speaks for you when you can't?
- It is all too much?
- Keep your eyes on falls

Horowhenua District Council has published three LTAH columns in its four seasonal Elderberries publications in the past year. They are available for people aged 50 years and over who live in the HDC district. They are available on-line or in hard copies in Levin, Foxton, Shannon and Tokomaru from various pick-up points.

LTAH issues published in Elderberries were:

- Keep your eyes on falls (Winter 2015 issue);
- Is it all too much? (Autumn 2016); and
- Who speaks for you when you can't (Spring 2015).

It also published a media release and photo of Palmerston North Mayor Grant Smith at the opening of the EASIE Living Centre in the Autumn 2016 issue.

- Media releases around disability issues continued to be issued:
 - Disability-friendly hospital map soon to be available
 - Whanganui and MidCentral DHBs' health needs assessment released
 - Refurbishment of disability equipment benefits clients
 - Enable New Zealand staff member awarded the 2015 AAPNZ Administrative professional Award
 - Physios combatting effects of inactivity
 - Turbos present Whizz bug to child development service
 - Enable New Zealand supports the International Day of Persons with Disabilities
 - Enable New Zealand providing wheelchair seating clinics on the East Coast
 - New Zealand's first EASIE Living Centre opened in Palmerston North
 - 'Conversations that Count' Day, this Saturday
 - Enable New Zealand wins national Hearing Aid Management Service contract
- Communications plans are developed to support projects, incidents and events. The Communication Unit supports services with this planning, and ensures that all forms of communication are used. An example was the Strategic Framework development. Information was available online, in hard copy, via email, noticeboards and meetings. Feedback was sought and provided via these mediums, as well as online surveys. A suggestion box for staff was put in place. Again, this can be accessed physically, on line, or by the internal mail system.
- The Communications Unit is supporting the maternity service communicate with all stakeholders. The aim is to both ensure interactive communication about the implementation of review findings, and to put in place enduring communication channels.

5.1.5 *Enable New Zealand*

- The EASIE living centre was opened in February this year and we have been supporting them with ideas for their Facebook page as well as providing general support around the use of Facebook
- The EASIE Living Centre was opened this year in February by Mayor Grant Smith. The Communications Unit has provided the EASIE living centre with assistance regarding taking photos of the official opening along with other events such as the Minister's visit and the Labour Party's Health and Wellbeing Caucus visit. These photos are then shared on Facebook. The Communication Unit also support the EASIE living centre by providing support with their Facebook page and helping write Media Releases promoting their invaluable services.
- Enable New Zealand produces their quarterly newsletter *Kia Maro*. This is designed in-house by the Communications Unit with all content supplied by Enable New Zealand. This is normally a 10-12 page newsletter which contains information about events coming up, promoting the EASIE living centre and other services as well as stories from people living with a disability who access help from Enable New Zealand
- The Enable New Zealand Year in Review 2014-2015 was a 12 page document co-ordinated, designed and printed by the Communications Team. Content for example contained the year's achievements, service and equipment modifications, client stories, the path ahead and corporate profiles.
- The Communications Unit also supports Enable New Zealand to promote the work they do helping the disabled community through media releases, general communications support including support with use of Facebook and designing and updating brochures. Brochures produced have been "Ministry of Health Funded Housing Modifications", "Children's Spectacle Subsidy", "Tell Us About Your Housing Modifications", and "Tell Us About Your Outreach Experience"

6. **Looking Ahead**

It is planned to further develop apps for mobile devices in conjunction with the upgrade of the MidCentral DHB internet site in the next financial year. The next app to be investigated and developed will be a Palmerston North Hospital site app that will use a mixture of content from within the app, maps and content provided by the MDHB internet site.

The Communications Unit is investigating the use of national health education/promotion material provided by Health Navigator, in conjunction with health services portal HealthPoint. Health Navigator is being used by a number of other DHBs and means each DHB can connect into the education/promotion content both electronically and printed rather than developing their own versions. HealthPoint provides a portal site detailing health services/organisations that each DHB provides. Both used in conjunction means the MidCentral DHB population will have a consistent, easy to access, correct and up-to-date information source for all health topics and the services that provide them. Each provider meets NZ Government web standards and disability guidelines.

Due to the age of the current website content management system, planning has started to upgrade the MidCentral DHB internet site. Options include those provided by All of Government (AoG) that are provided by the Common Web Platform (CWP). These solutions meet New Zealand Government web standards and disability guidelines and allow for better engagement with Maori and other communities using approved translation services. The new site will be more adaptive for mobile technology (tablets and phones) and allow for better engagement using standard web content and apps across all users including those with disability/accessibility issues.

WebPAS will make our patient administration system much easier and more accessible. Ensuring that information about the system is clearly communicated to all staff, and any benefits for the disability community are identified, will be an important part of the system's roll out. The Communications Unit will continue to support this project with general communication to all stakeholders across primary, secondary and tertiary services. This will allow for improved patient portals allowing better engagement securely with the public including those with disability/accessibility issues.

As the Master Health Service Plan project moves forward, work around campus and facility signage will be required, as well as ensuring the infrastructure supports future communication technology.

Jill Matthews
Manager
Administration & Communication