

TO Disability Support Advisory Committee
FROM Chief Executive Officer



DATE 22 September 2006

SUBJECT Stocktake of Progress in Implementing
the Principles of the NZ Disability
Strategy

MEMORANDUM

1. Introduction

A stocktake of MidCentral DHB's progress in implementing the principles of the NZ Disability Strategy was completed earlier this year. The results were reported to the Disability Support Advisory Committee in July and it was resolved that:

management develop a work programme, encompassing the findings of the stocktake, in respect of physical and sensory disabilities for the Disability Support Advisory Committee's consideration in October 2006.

2. Work Programme Development

Diversityworks, the firm who did the stocktake for MidCentral DHB, recommended a Disability Strategy Implementation Plan be established. It further recommended that the Plan comprise ten initiatives to be undertaken over the next five years.

Within Diversityworks' report, three other recommendations for improvement were made.

Management has considered all recommendations and suggestions and its deliberations are summarised below:

- 2.1 *Recommendation 1:
Establish a Disability Strategy Implementation Plan including a dedicated position to co-ordinate/manage NZDS implementation within one year*

Management's response:

MidCentral DHB has a Disability Support Advisory Committee which oversees disability issues for the DHB. This Committee has its own work programme.

The management team acts on a divisional basis. Experience to date is it is difficult for one person to work across the whole DHB and make a significant difference, without a team to support them. Roles within a Division have proved more successful as they form part of the divisional team, are supported, and can concentrate on a particular focus, eg purchasing or delivery of care. For example, MidCentral DHB has a Maori

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Health work programme agreed with its Iwi partner, Manawhenua Hauora, each year. Responsibility for its implementation spans the DHB. Maori Health Co-ordinator roles have been established within Divisions of the hospital with a large Maori health focus (Funding, MidCentral Health and Enable). They meet collectively from time to time, and each take responsibility for progressing their part of the Maori Health work programme.

To establish another position and project team to promote and oversee disability issues is seen as unnecessary and a duplication of effort.

Other means of increasing/ensuring a disability focus are:

- Capital expenditure applications, business cases for new/enhanced services, and policy documents to contain a “disability” section, thus ensuring this perspective has been taken into account.
- An annual update on progress in implementing all aspects of the Stocktake could be provided to the Committee, and a suggested reporting template is attached (refer Appendix A).

Management’s Recommended Way Forward

- That the Disability Support Advisory Committee’s work programme for 2006/07 be amended to include action arising from the Disability Stocktake.
- That responsibility for work programme items be assigned to roles throughout the DHB. Reports against progress, both on an individual item and collective basis, be provided to DSAC.
- The CEO and General Managers to be responsible for “championing” disability issues throughout the DHB.
- That major reports contain disability perspective.

2.2 Recommendation 2:

Communicate the results of this stocktake, the work programme, and subsequent implementation successes to the DHB and disabled community within one year

Management’s Response

The stocktake, this report, and DSAC work programme are made available and discussed publicly through the Committee’s meeting. These documents should also be made available on MidCentral DHB’s website, and copies provided to DPA and CCS and any other organisations on request.

Articles outlining the results of the stocktake and the resultant work programme should be included in future issues of “Our Health, Our District” and “MidCentral News”.

Future reports against work programme items could include a communication perspective, ie what internal/external communication has been undertaken regarding the report’s findings.

Following the establishment of a reference/focus group (refer recommendation 7), copies of DSAC reports should be provided to it for information.

Management's Recommended Way Forward

- That the results of the stocktake and proposed implementation plan be disseminated as outlined above.

2.3 *Recommendation 3*

Eliminate inconsistencies between the "short term" (non-residential) DSS provider agreement and "long term" DSS provider agreement within one year

Management's Recommended Way Forward

Contacts are based on national specifications. Management is unaware of any inconsistencies between its DSS contracts. However, this issue requires further investigation. If inconsistencies exist, these should be addressed as appropriate.

Management's Recommended Way Forward

- This item form part of the work programme and be addressed within 2006/07.

2.4 *Recommendation 4*

Develop a communications plan to ensure consistent, role-appropriate knowledge of the NZDS throughout the DHB within one year

Management's Response

The NZ Disability Strategy is very difficult to summarise. It contains 15 objectives and 113 actions. The strategy is difficult to apply to other settings, eg a District Health Board, a hospital, or community provider. This was acknowledged by Diversityworks.

MidCentral DHB's commitment to disability issues and removing barriers which prevent disabled people from participating fully in society is what is relevant to staff, rather than a national strategy. This should be the focus for MidCentral DHB.

It is important that staff awareness of disability issues is raised. However, there are many professional and legislative compliance requirements of staff and so any new education/development programme should not be unduly onerous. It should complement other programmes, such as training re patients' rights and responsibilities.

Possible means of raising awareness include: orientation programme for new staff, regular items in MidCentral DHB's newsletters (eg quality newsletter, Health and Safety, and MidCentral News), and a "disability awareness week". These should be further explored by the Quality, Human Resource and Communication Units.

Management's Recommended Way Forward

- That the development of a staff awareness strategy form part of the work programme, and be developed by Human Resources, Quality, and Communications Units during 2006/07.

2.5 *Recommendation 5*

Establish, test and review a more robust system for recording and tracking implementation progress within one year

Management's Response

This recommendation arose from reporting against a previous disability facility stocktake. The resultant work programme was spread over several years and reporting, in the latter stages, focused on outstanding items only.

To avoid this situation recurring, reporting against the 2006 stocktake will be referenced back to the stocktake. A summary report against the stocktake will be provided to DSAC each year.

Management's Recommended Way Forward

- DSAC work programme to include annual report regarding progress in implementing stocktake findings.

2.6 *Recommendation 6*

Complete building maintenance/upgrade work, including re-commissioning access audits and responding to recommendations from the Facility Review within three years (Note: the recommendations and priorities are suggested as guidelines and do not certify compliance with the legal provisions for accessibility.)

Management's Response

MidCentral DHB is committed to ensuring its facilities are accessible and has a annual maintenance programme in place to determine improvements. In addition, an access audit was undertaken in 2002 and its findings were progressively implemented over a three year period.

MDHB's buildings comply with the NZ Building Code.

All recommended actions arising from the facility review component of the stocktake will be assessed by Commercial Services and where appropriate incorporated into the maintenance programme. This maintenance work to be completed over the next three years.

(Note: the stocktake identified 27 facility recommendations. These related to Enable Zealand, Palmerston North Hospital, and the new Horowhenua Health Centre. The recommendations were prioritised 1, 2 and 3, with priority one being addressing hazardous situations/complete lack of accessibility. Priority 2 is other non complying items impacting accessibility and usability. Priority 3 recommendations would improve the level of access. All recommendations, together with their priority rating, are listed in the reporting template – Appendix A, section 6.)

Management's Recommended Way Forward

- That a facility work schedule be developed and progressively implemented. This initiative to form part of the work programme.

2.7 *Recommendation 7*

Establish, test and review and engagement plan and partnership opportunities with the disability sector – in particular the disabled community – and internal and external disabled professionals within three years

Management's Response

This is a gap in MidCentral DHB's engagement arrangements. A number of District Management Groups have been established to support the implementation of disease

state and other health priority plans. A District Management Group exists for Elder Health Services.

Enable New Zealand has unsuccessfully attempted to establish Advisory Groups in the past.

One group for the whole DHB would ensure demands on the disability community are co-ordinated and prioritised. Feedback from other groups (such as Maori) is that there are few of them responding to requests from many organisations and individuals. The General Manager, Enable New Zealand could be the key contact person for the Reference/Focus Group, thus ensuring her indepth knowledge of the sector is capitalised upon.

It is considered that a Reference/Focus Group for Disability Issues (covering physical and sensory disabilities) would be beneficial for the DHB, and would complement existing arrangements.

Management's Recommended Way Forward

- That terms of reference for a Reference/Focus Group for Disability Issues be established during 2006/07, with a view to the Group commencing in 2007/08.

2.8 *Recommendation 8*

Prioritise disabled Maori workforce development within three years

MidCentral DHB has a Maori workforce plan. A feature of this plan is the further development of the capacity and capability of local Maori providers.

Within MidCentral DHB's Ageing in MidCentral Strategy, the development of Maori Disability Provider Strategy is proposed, and research into the feasibility of a Maori Health Residential Provider is underway.

It is considered that further initiatives in this area would be a duplication of effort and are not required.

Management's Recommended Way Forward

No further action is recommended.

2.9 *Recommendation 9*

Develop, test and review a robust disability responsiveness-training plan to feed into staff and service development plans within three years

Management's Response

MidCentral DHB has an education and development programme in place. This is reviewed regularly.

It is considered that feedback from the Reference/Focus Group should be included in the annual review of the education and development programme.

There is also potential for complaints which are received through MidCentral DHB's feedback loops to be considered as part of the annual education and development programme review.

The suggestion that local groups such as the Hearing Association be involved the delivery of specific programmes is also worthy of further investigation.

Management's Recommended Way Forward

- That the annual review of the education and development programme take into account a disability perspective, and this be outlined in the annual report provided to the Disability Support Advisory Committee.

2.10 Recommendation 10

Adopt an affirmative action employment policy for disabled people within three years

Management's Response

The adoption of an affirmative action employment policy for disabled people, is not considered appropriate. Rather, an EEO philosophy, and skills-based employment process is promoted, together with support for staff members with a disability. MidCentral DHB needs to define EEO in terms of how it will apply the NZ Disability Strategy. It also need to consider its communication/marketing of MDHB as an employer of disabled people, both for current and prospective staff.

Links with Workbridge and other organisations could be investigated.

Management's Recommended Way Forward

- That EEO be defined by MidCentral DHB as to how it applies to the NZ Disability Strategy, and, means of communication/marketing the DHB as an employer of choice for disabled people be explored.

2.11 Recommendation 11

Establish a leadership initiative for disabled people within five years

Management's Response

Diversityworks considered the questioned to be answered by MidCentral DHB was, “are we in the business of fostering the leadership of disabled people and, if so, how proactive should we be in this role”. Diversityworks went on to say, “There are philosophical arguments both for (MidCentral DHB has a statutory responsibility to implement the NZDS as a whole) and pragmatic arguments against (disability is only one of many strategic priorities). Our suggestions in this regard are for the DHB to determine what leadership means and to make a clear and well-justified decision about its stance in this area. Should a decision be made that MidCentral DHB initiate a leadership initiative for disabled people, a model such as the magnet nursing leadership programme, identifying attributes of strong disabled leadership and outcomes for disabled service users, may be considered”.

MidCentral DHB has 10 health priority areas at the current time. It also has recently developed a Workforce Plan, and Information Systems Strategic Plan, and an Asset Plan. Implementation of these is the current focus.

Within the Workforce Plan, recruitment and retention is a priority. There are numerous other activities, including participation in national and regional workforce initiatives.

It is considered that disability leadership is not a priority issue at this time.

Management's Recommended Way Forward

- No further action.

- 2.12 *Suggestion 1*
That a self-audit tool be used to measure progress in implementing the principles of the NZ Disability Strategy

Management's Response

A self-audit tool would be very useful. As reported to the Committee previously, the draft tool provided by Diversityworks is a good starting point but requires further development. In its current form, it is subjective and lacks robust measures.

The input of the proposed Reference/Focus Group would be beneficial to the development of a self-audit tool.

Management's Recommended Way Forward

- That the development of a self-audit tool be reviewed in one year's time, and the views of the proposed Reference/Focus Group be sought.

- 2.13 *Suggestion 2*
That a centralised budget be established for NZ Disability Strategy implementation, with spending monitored and evaluated against clear quality outcomes. A "virtual" budget with money tagged from other budget sources could be used.

Management's Response

MidCentral DHB's accountability and budget structure is based on services and divisions.

Many of the initiatives noted above will be funded from the general operating budget of the Team Leader(s) concerned. For example, communication, commercial services, and HR initiatives.

It is considered that the benefits of establishing a central pool are outweighed by the cost involved in establishing and operating such a pool. The funding involved is not significant, with the exception of the maintenance work. This work will be costed within the maintenance programme and reporting to the Committee can identify the budgeted and actual cost of work.

Management's Recommended Way Forward

- No further action.

- 2.14 *Suggestion 3*
That a disability consultant vet language used in MidCentral DHB's DAP in reference to disabled people.

Management's Response

The District Annual Plan is considered by the Disability Support Advisory Committee. Any other processes would be duplication.

Engagement of a consultant is not considered a priority for funding within the current environment of financial restraint.

During the 2006/07 DAP development process, initiatives and sections relating to disability issues were highlighted for the Committee's ease of reference. This practice will continue.

Management's Recommended Way Forward

- Continuation of current DAP processes.

3. Summary

MidCentral DHB's disability work programme can be strengthened through inclusion of initiatives arising out of the 2006 disability stocktake. These initiatives build upon the work programme's current areas of focus (see below) with additional work identified for each area:

- human resource employment practices
- staff development education
- customer feedback re services
- facilities
- communication
- contractual requirements of contracted providers in respect of disability issues

A further area of focus would be added being Engagement with the Disability Sector.

In order to maintain momentum, it is proposed that the Board's Disability Support Advisory Committee continue to be the overseeing body for disability issues, and that each General and Group Manager be responsible for championing disability issues at an operational level.

Diversityworks found that MidCentral DHB exhibited a commitment to the principles of the NZ Disability Strategy at all levels of the organisation.

"A genuine desire to accommodate disabled clients and employees was shown and the stocktake found definite successes and examples of best practice. It is important to communicate these to staff and the community more consistently, to build a clear message of progress, success and commitment to the Strategy and its outcomes. Raising the profile of services that are responsive to the needs of disabled people and easy to access will encourage greater participation. All contracted providers are growing in their responsiveness, in particular for the inclusion of disabled Maori, and a general focus on service accessibility and awareness raising across the region will have important ripple effects.

"MidCentral DHB is to be congratulated on its achievements to date, despite limited guidance from Government and exigent resource and funding priorities. We would encourage MidCentral DHB to continue to develop a clear implementation strategy, including exploring opportunities for partnership and leadership development with the disabled community. Enable New Zealand stands out as a potential model for partnership with disabled people, and being an aware, appropriate workplace for disabled professionals."

We want to build on these successes and believe the proposed additions to the Committee's work programme will ensure this occurs.

A copy of the proposed additions to the Committee's work programme is attached for members' consideration – refer Appendix B.

4. Recommendation

It is recommended:

that implementation of the 2006 Disability Stocktake occur through the Disability Support Advisory Committee's work programme, and that this programme be amended accordingly;

that management's proposed approach to all Stocktake recommendations, as outlined in its report of 22 September 2006, be approved.

Murray Georgel
Chief Executive Officer

2006 Disability Stocktake: Implementation Reporting Template						
No.	2006 Stocktake Recommendations	Proposed Action	Fully Achieved	Partially Achieved	Not Achieved	Comment
1	Establish a Disability Strategy Implementation Plan including a dedicated position to co-ordinate/manage NZDS implementation within one year	Work programme agreed with DSAC				
		Reporting requirements for major reports include “disability perspective”				
		Annual report against 2006 Stocktake implementation				
2	Communicate the results of this stocktake, the work programme, and subsequent implementation successes to the DHB and disabled community within one year	Stocktake results and resultant work programme published on web site, provided to key stakeholders, and summarised in MDHB newsletters.				
		Reports against stocktake items include “communication perspective”				
		DSAC reports provided to Reference/Focus Group for its information				
3	Eliminate inconsistencies between the “short term” (non-residential) DSS provider agreement and “long term” DSS provider agreement within one year	Inconsistencies investigated and addressed				
4	Develop a communications plan to ensure consistent, role-appropriate knowledge of the NZDS throughout the DHB within one year	Staff awareness strategy developed and implemented				
5	Establish, test and review a more robust system for recording and tracking implementation progress within one year	Annual report against stocktake provided as per 1 above.				
6	Complete building maintenance/upgrade					

<p>work, including re-commissioning access audits and responding to recommendations from the Facility Review (refer Appendix A) within three years*</p> <ul style="list-style-type: none"> • Enable NZ 	<p>Ensure that handrails extend 300mm plus the depth of a tread past the bottom of the stairs. (Priority 1)</p>				
	<p>Ensure that the ends of handrails are turned down 100mm, or returned fully. (Priority 1)</p>				
	<p>Increase the contrast on the nosings of the stairs. For the stairs to the server room, consider using yellow nosings to contrast with the dark blue carpet. For the stairs to the storage area, consider using black to contrast with the light natural wood colour of the steps. (Priority 2)</p>				
	<p>Round the nosing of the steps to the storage area. (Priority 2)</p>				
	<p>Ensure that handrails are round with a dimension of 32mm to 50mm. (Priority 2)</p>				
	<p>Ensure that the new reception counter has at least one accessible area with a maximum height of 775mm above the floor, and a minimum depth clearance of 675mm. (Priority 2)</p>				
	<p>Provide Braille signage on each door, indicating what the door is. Current informational signage exists, but only for sighted people. If installing Braille signage, make sure the signs are located in a consistent manner so they can be found easily. (Priority 3)</p>				

<ul style="list-style-type: none"> Horowhenua new facility 	<p>The wall behind the outside door should not be solid glass. We recommend either a solid half wall with a glass upper section, or the use of opaque glass “blocks”. (Priority 1)</p>				
	<p>Do not label the ensuite toilet facilities in the ward as “accessible”. (Priority 2)</p>				
	<p>Mount paper and soap dispensers in accessible toilet facilities at a height between 900mm and 1200mm, ideally 1000mm, and no closer than 450mm from corner. (Priority 2)</p>				
	<p>Ensure that solid horizontal visibility strips of at least 20mm width and high visible contrast are placed on the glass sliding doors. (Priority 2)</p>				
	<p>Mount a horizontal grab bar on the inside of the swinging door to the accessible toilet facility, to make it easier for a wheelchair user to close the door during entry, rather than having to manoeuvre back and forth to shut the door. (Priority 3)</p>				
<ul style="list-style-type: none"> MidCentral Block B 	<p>Place a high contrast colour strip on the nosing of the stairs that do not currently have high contrast. (Priority 1)</p>				
	<p>Ensure that the ends of handrails are turned down 100mm, or returned fully. (Priority 1)</p>				
	<p>Replace the horizontal visibility marking on the sliding door to the main entrance with a solid strip of a more contrasting colour than the existing grey. (Priority 2)</p>				
	<p>Adjust the sensor to activate the A&E door from a shallower approach. (Priority 2)</p>				

Ensure that all accessible areas are kept clear of clutter and available for service to people who use wheelchairs. (Priority 2)				
Where possible, modify the public service counters to provide a lower, accessible area. (Priority 2)				
Where double swing doors do not have at least one panel that is wide enough (760mm), replace the doors so at least one of the two panels provides a clear opening width of at least 760mm. (Priority 2)				
Ensure all informational signs are appropriately located on toilet facilities. (Priority 2)				
Improve directional signage, in particular to accessible toilet facilities. (Priority 2)				
If the “non-bed” lifts are replaced, and it is possible to do so, use a lift with a larger internal dimension. (Priority 2)				
Maintain light bulbs, and ensure that the bulbs selected provide enough light. (Priority 2)				
Add increased contrast indicator signs beside each call button in lifts. (Priority 2)				
Install a hearing loop in lecture hall, and publicise its availability through proper signage. (Priority 2)				
Review and replace signs appropriately, as is currently being done. Ensure that signs are easy to read, properly located and provide sufficient information. (Priority 2)				

		Ensure that handrails extend 300mm plus the depth of a tread past the bottom of the stairs.				
7	Establish, test and review and engagement plan and partnership opportunities with the disability sector – in particular the disabled community – and internal and external disabled professionals within three years	Terms of reference for reference/focus group established				
		Reference/focus group appointed				
8	Prioritise disabled Maori workforce development within three years	No further action. To be progressed through Maori Health and Disability Strategies as per DAP.				
9	Develop, test and review a robust disability responsiveness-training plan to feed into staff and service development plans within three years					
10	Adopt an affirmative action employment policy for disabled people within three years					
11	Establish a leadership initiative for disabled people within five years	No further action. Not to be progressed.				
12	That a self-audit tool be used to measure progress in implementing the principles of the NZ Disability Strategy	Need for audit tool and approach to be reviewed, including input from Reference/Focus Group.				
13	That a centralised budget be established for NZ Disability Strategy implementation, with spending monitored and evaluated against clear quality outcomes. A “virtual” budget with money tagged from other budget sources could be used.	No further action. Centralised budget not to be established.				
14	That a disability consultant vet language used in MidCentral DHB’s DAP in reference to disabled people.	To be undertaken by DSAC as part of DAP development process.				

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

ID	Task Name	2007														
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
61	DISABILITY STOCKTAKE 2006															
62																
63	Leadership															
64	Additions to DSAC work programme re stocktake approved															
65	Reporting requirements for business cases, major capex, and service changes incorporate a disability perspective															
66	Annual update summarising progress against stocktake															
67																
68	Awareness of MDHB's Disability Work Programme															
69	Confirmation that stocktake findings & work programme disseminated to internal and external stakeholders															
70																
71	DSS Contracts															
72	Inconsistencies between DSS long term and short term (residential) agreements: clarification of issue and means of addressing same															
73																
74	Staff Awareness, Development & Education															
75	Staff awareness strategy															
76	Annual staff development/education review to include disability perspective (inc feedback via complaint process), and potential for disability groups to provide same															
77																
78	Facilities															
79	Facilities work schedule addressing 2006 stocktake findings															
80	Annual update on facilities work schedule (link to current rpting arrangement)															
81																
82	Engagement with Disability Sector															
83	Draft terms of reference for Reference/Focus Group															
84	Reference/Focus Group Membership and meeting arrangement															
85																
86	Ongoing Monitoring/Evaluation of Progress															
87	Review requirement for self-audit tool, including Reference/Focus Group views on same and potential approach															

M Georgel

M Georgel

J Matthews

S Simpson-Smith

A Amoore

A Amoore, P Mat

J Small

J Small

H Browning

H Browning