



Disability Support Advisory Committee

Meeting

Wednesday 20 April 2011

11:30am

**Marie Hosking Room
Level 7, Building 14
Greenlane Clinical Centre
Greenlane**

*Hei Oranga Tika Mo Te Iti Me Te Rahi
Healthy Communities, Quality Healthcare*



Disability Support Advisory Committee

For discussion with Board

DSAC Meeting Date:	
Feedback By:	
DAP	
RECOMMENDATIONS	
1.	
2.	
NOTING	
1.	
2.	
KPIs	
RECOMMENDATIONS	
1.	
2.	
NOTING	
1.	
2.	
RISKS	
RECOMMENDATIONS	
1.	
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NOTING	
1.	
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KARAKIA AND INTRODUCTIONS

Karakia

E te Kaihanga e te Wahingaro

E mihi ana mo te ha o to koutou oranga

Kia kotahi ai o matou whakaaro i roto i te tu waatea.

Kia U ai matou ki te pono me te tika

I runga i to ingoa tapu

Kia haumie kia huie Taiki eee.

Creator and Spirit of life.

To the ancient realms of the Creator

Thank you for the life we each breathe to help us be of one mind

As we seek to be of service to those in need.

Give us the courage to do what is right and help us to always be aware

Of the need to be fair and transparent in all we do.

We ask this in the name of Creation and the Living Earth.

Well Being to All.

ATTENDANCE AND APOLOGIES

CONFLICTS OF INTEREST

Conflicts of Interest Quick Reference Guide

Under the NZ Public Health and Disability Act Board members must disclose all interests, and the full nature of the interest, as soon as practicable after the relevant facts come to his or her knowledge.

An “interest” can include, but is not limited to:

- Being a party to, or deriving a financial benefit from, a transaction.
- Having a financial interest in another party to a transaction.
- Being a director, member, official, partner or trustee of another party to a transaction or a person who will or may derive a financial benefit from it.
- Being the parent, child, spouse or partner of another person or party who will or may derive a financial benefit from the transaction.
- Being otherwise directly or indirectly interested in the transaction.

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Board member in carrying out duties under the Act then he or she may not be “interested in the transaction”. The Board should generally make this decision, not the individual concerned.

Gifts and offers of hospitality or sponsorship could be perceived as influencing your activities as a Board member and are unlikely to be appropriate in any circumstances.

- When a disclosure is made the Board member concerned must not take part in any deliberation or decision of the Board relating to the transaction, or be included in any quorum or decision, or sign any documents related to the transaction.
- The disclosure must be recorded in the minutes of the next meeting and entered into the interests register.
- The member can take part in deliberations (but not any decision) of the Board in relation to the transaction if the majority of other members of the Board permit the member to do so.
- If this occurs, the minutes of the meeting must record the permission given and the majority’s reasons for doing so, along with what the member said during any deliberation of the Board relating to the transaction concerned.

IMPORTANT

If in doubt – declare.

Ensure the full nature of the interest is disclosed, not just the existence of the interest.

This sheet provides summary information only - refer to clause 36, schedule 3 of the New Zealand Public Health and Disability Act 2000 and the Crown Entities Act 2004 for further information (available at www.legislation.govt.nz) and “Managing Conflicts of Interest – Guidance for Public Entities” (www.oag.govt.nz).

ADHB DSAC INTERESTS REGISTER

NAME OF MEMBER	ORGANISATION	ROLE	FINANCIAL INTEREST	NATURE OF INTEREST	DATE OF LATEST DISCLOSURE
Jo AGNEW (Chair)	1. Senior Lecturer Nursing Auckland University		Salary		21 April 2010
	2. Casual Staff Nurse ADHB		Salary		
Susan BUCKLAND	1. Writing, editing and public relations services	Self-employed	Fees	Writer, editor and public relations services	7 August 2009
	2. Medical Council of NZ	Professional Conduct Committee member	Hourly fee	Lay member of PCC set up to hear complaints brought to Medical Council and to determine outcomes	
	3. Occupational Therapy Board	Professional Conduct Committee member	Hourly fee	Lay member of PCC to assess complaints and determine outcomes	

NAME OF MEMBER	ORGANISATION	ROLE	FINANCIAL INTEREST	NATURE OF INTEREST	DATE OF LATEST DISCLOSURE
Maria HULL-BROWN	1. Employee Mental Health Foundation 2. Member Auckland City Council Disability Issues Advisory Group 3. Board member HOPE Foundation for Research on Ageing 4. Council Member Age Concern Auckland.				13 May 2010
Dairne KIRTON	1. Nil				24 June 2008
Robyn NORTHEY	1. Self employed Contractor 2. Hope Foundation 3. Northern Region Ethics Committee	Project management, service review, planning etc. Board member Member	FEE NIL FEE	SOME CLIENTS ARE CONTRACTORS TO ADHB RESEARCH AND EDUCATION INTO AGING IN NZ, DELIVER SEMINARS AND AWARDS SCHOLARSHIPS	16 DECEMBER 2010
Susan SHERRARD	1. Team Leader for CCS Disability Action 2. Trustee Ripple Trust				18 February 2010
Nanar TAN	1. Nil				16 July 2008

CONFIRMATION OF MINUTES
- WEDNESDAY 16 FEBRUARY 2011

Disability Support Advisory Committee Minutes

MEETING DETAILS									
Date and Time	11:30 am, Wednesday 16 February 2011								
Venue	Marie Hosking Room, Level 7, Building 14, Greenlane Clinical Centre, Epsom								
2	ATTENDANCE AND APOLOGIES								
	<p>The Chair declared the meeting open 11:35 am and welcomed attendees and there were introductions.</p> <p>Committee Members</p> <table> <tr> <td>Jo Agnew (Chair)</td> <td>Susan Buckland</td> </tr> <tr> <td>Marie Hull-Brown</td> <td>Dairne Kirton</td> </tr> <tr> <td>Robyn Northey</td> <td>Susan Sherrard</td> </tr> <tr> <td>Nanar Tan</td> <td></td> </tr> </table> <p>In Attendance</p> <p>Dr Lester Levy</p> <p>Management in Attendance</p> <p>Garry Smith – Chief Executive Dr Denis Jury – Chief Planning & Funding Officer Lisa Gestro – Manager Planning and Funding Janice Mueller - Director Allied Health Ian Bell – Board Administrator</p> <p>Apologies</p> <p>An apology had been received from Carolyn Simmons Carlsson.</p>	Jo Agnew (Chair)	Susan Buckland	Marie Hull-Brown	Dairne Kirton	Robyn Northey	Susan Sherrard	Nanar Tan	
Jo Agnew (Chair)	Susan Buckland								
Marie Hull-Brown	Dairne Kirton								
Robyn Northey	Susan Sherrard								
Nanar Tan									
	CONFLICTS OF INTEREST								
	There were no notifications of any conflicts of interest for any item on the agenda. Robyn Northey advised that she was still a member of the Northern Regional Ethics Committee.								
4	CONFIRMATION OF MINUTES 18 NOVEMBER 2010								
	<p><u>Moved Susan Sherrard; seconded Susan Buckland</u></p> <p><i>That the minutes of the Disability Support Advisory Committee meeting held on 18 November 2010 be confirmed as a true and correct record.</i></p> <p><u>Carried</u></p> <p>Be.A Accessible was being expanded to support Millie Baragwaneth with the formation of an NGO and trustees being appointed. There was also Cabinet support with the hope that it becomes a significant brand. There would be updates to future meetings.</p>								

5	ACTION POINTS 18 NOVEMBER 2010
	<p>Orientation Programme</p> <p>Changes had been made to the orientation programme to cover disabilities and work was being done on scenarios for workshops on the orientation day. There was also consideration of MOODLE training. A disability coordinator had not been appointed.</p> <p>Work Bridge/Mainstream</p> <p>The mainstream project was making good progress with a meeting with the employment coordinator discussing the types of roles created and what would work well or not. The next step was discussion with services with the aim to recruit some people by 1 July 2011. It would take time to match people to positions. There would be updates.</p>
6	CHAIRMAN'S REPORT
	<p>The Chair advised that she had attended a seminar on Making It Easier To Speak Up but felt that it did not add anything new but was a repetition of previous strategies.</p>
7.1	DAP Report
	<p>There were no exceptions. The interim funding pool was to be devolved to DHBs on 1 July 2011 which would have a significant impact particularly when it became part of population based funding in 2-3 years. This imposed a \$4m risk for the region. ADHB knew who the clients were, there being about 100. How to share this risk across the region was being considered. There would be improved care through the much improved Home Based Support Services.</p> <p>Complaints were firstly taken up with the provider and if not resolved an alternative provider is offered and then, if that was not satisfactory, escalated to Lisa Gestro who in the 18 months had met with two families and the issues had been resolved. Complaints were predominantly in the residential sector in a ratio of 5 to 1. It was noted that Home Based Support Services were a local contract where as the residential was a national contract which would be better at the local/regional level to control.</p> <p>A regional service plan was being developed.</p>
8.1	Presentation from Deaf Aotearoa
	<p>Victoria Skorikova, National Deaf Awareness Coordinator, presented to the Committee with a particular emphasis on sign language as being an official language of New Zealand and the training opportunities through Deaf Aotearoa. Those receiving training included police and now 1,000 people had registered for accessing emergency services, including police, by text. It was noted that there was a high level of deafness with Maori through glue ear. While there was no formal programme in ADHB, level 2 and 3 managers would be encouraged to attend the high level awareness seminar in May.</p>
8.2	Disability Access Review
	<p>Mary Schnakenberg was in attendance. The draft report had gone to the Senior Leadership Team (SLT) and the final report would also go to them to identify actions and prioritisation. Mary advised that there was a huge amount of goodwill and commitment to do the best in the organisation. They had spoken to 38 consumers and 24 general staff, to a total of 78 people. Of importance was access to information, the environment of equipment and buildings and attitude and a review of all communications including letters and website had been requested. Most important was attitude of staff and there had been a recommendation to establish a disability coordinator position. Some staff were doing best practice now and the challenge was to share this across the organisation. The Executive Summary and recommendations would be released.</p>

	<p>The Chair thanked Mary for a very holistic and total report with the need now to prioritise the recommendations. The first priority should be staff culture through training. There was a question of extending access through general practice and general health services. For older people mobility impaired it was suggested there be more seating to reduce long walks and that they be spoken to rather than those accompanying them.</p> <p><u>Moved Lester Levy; seconded Robyn Northey</u></p> <p><i>That the Disability Support Advisory Committee recommends the Accessibility Report to the Board for adoption in principle and a request to Management to develop an implementation of plan.</i></p> <p><u>Carried</u></p> <p>The report would be discussed at the SLT with a need to prioritise, budget and have timelines for implementation. The progress would be monitored against the plan. The question of wireless internet access for patients to the internet had been raised.</p>
10	GENERAL BUSINESS
	<p>District Annual Plan</p> <p>The draft was going to the CPHAC and Committee members were invited to provide feedback by 7 March 2011.</p>
	NEXT MEETING
	<p>The meeting closed at 1:20pm</p> <p>The next meeting is scheduled for 11:30 am, Wednesday 20 April 2011 Marie Hosking Room Level 7, Building 14, Greenlane Clinical Centre, Epsom</p>
<p>CONFIRMED</p> <p>CHAIR: DATE:</p>	

ACTION POINTS

- WEDNESDAY 16 FEBRUARY 2011

**Disability Support Advisory Committee
Action Points from the Meeting held on Thursday 16 February 2011**

Item	Detail	Designated	Action
	Nil		

CHAIRMAN'S REPORT

DISABILITY SUPPORT PERFORMANCE

7.1 DAP Report

Group Pack Report

Group/Committee: Disability Support Advisory Committee



Goal Level Summary

DAP Projects - total projects: 9

Goal	Number	Started	Current Phase						On Time			On Budget			Expected Outcome			Post Implementation Benefits			
			Plan			Do/Check	Act	Cancelled	Green	Orange	Red	Green	Orange	Red	Green	Orange	Red	Finished	Green	Orange	Red
			Define	Measure	Analyse	Improve	Control														
1 Lift the Health of the people in Auckland City	8	8	2	2	2	0	2	0	7	1	0	8	0	0	8	0	0	0	0	0	0
2 Performance improvement	1	1	1	0	0	0	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0
3 Live within our means	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total #	9	9	3	2	2	0	2	0	8	1	0	9	0	0	9	0	0	0	0	0	0
Total %	100%	100%	33%	22%	22%	0%	22%	0%	89%	11%	0%	100%	0%	0%	100%	0%	0%	0%	0%	0%	0%

Review

No review entered for this committee report

Goal: 1 Lift the Health of the people in Auckland City




High Level Summary - total projects: 8



	Number	Started	Current Phase						On Time			On Budget			Expected Outcome			Post Implementation Benefits			
			Plan			Do/ Check	Act	Cancelled	Green	Orange	Red	Green	Orange	Red	Green	Orange	Red	Finished	Green	Orange	Red
			Define	Measure	Analyse	Improve	Control														
High Level Strategy																					
1.1 Reduce inequalities in health status	2	2	0	1	0	0	1	0	2	0	0	2	0	0	2	0	0	0	0	0	0
1.2a Improve outcomes for children and young people	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.2b Improve outcomes for older people	4	4	2	1	1	0	0	0	4	0	0	4	0	0	4	0	0	0	0	0	
1.2c Improve outcomes for mental health and addictions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.2d Improve outcomes for long term conditions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
1.2e Improve outcomes for Palliative care	2	2	0	0	1	0	1	0	1	1	0	2	0	0	2	0	0	0	0		
Total #	8	8	2	2	2	0	2	0	7	1	0	8	0	0	8	0	0	0	0	0	0
Total %	100%	100%	25%	25%	25%	0%	25%	0%	88%	13%	0%	100%	0%	0%	100%	0%	0%	0%	0%	0%	0%

Objectives

Objective	Objective Owner	Comment
1.1.4 Support disabled people and improve their access to health care and support services	Denis Jury (ADHB)	Disability Responsiveness Audit recommendations currently being reviewed and prioritised for a staged implementation. Regional work underway to manage deolement of the IFP by Jult 2011.

Exceptions

Project	Coverage	Phase	On Time	On Budget	Expected Outcome	Sponsor Review
Palliative Care Redesign	ADHB	Analyse				Delays - clarity around the way forward expected from steering group meeting scheduled for the end of March.

Legend: Red - , Orange - , Green - 

Goal: 2 Performance improvement

High Level Summary - total projects: 1

	Number	Started	Current Phase						On Time			On Budget			Expected Outcome			Post Implementation Benefits			
			Plan			Do/Check	Act	Cancelled	Green	Orange	Red	Green	Orange	Red	Green	Orange	Red	Finished	Green	Orange	Red
			Define	Measure	Analyse	Improve	Control														
High Level Strategy																					
2.1a Efficient and effective Primary health care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1b Improve primary–secondary system efficiency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1c Improve quality of hospital care while improving productivity	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Improve leadership capability	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Improve Clinical Quality and Professional Governance	1	1	1	0	0	0	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0
2.4 Strengthen the health workforce	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Information management	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.6 Planning	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total #	1	1	1	0	0	0	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0
Total %	100%	100%	100%	0%	0%	0%	0%	0%	100%	0%	0%	100%	0%	0%	100%	0%	0%	0%	0%	0%	0%

Objectives

No Objectives have been entered for this committee or group against this goal.

Exceptions

There are no projects that have been marked as an exception

Goal: 3 Live within our means

High Level Summary - total projects: 0

No Projects entered against this goal

PAPERS

8.1 Devolution of Interim Funding Pool Clients

8.2 Accessibility Audit Review - Update

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Disability Support Advisory Committee Briefing Paper

Date	Wednesday 20 April 2011
To	Disability Support Advisory Committee
From	Dr Denis Jury Chief Planning and Funding Officer Greenlane Clinical Centre, Building 13, Level 8 Phone: (09) 630 9943 ext 8071 Email: DenisJ@adhb.govt.nz
Author	Lisa Gestro Planning and Funding Manager Health of Older People, Disability and Palliative Care Greenlane Clinical Centre, Building 13, Level 8 Phone: (09) 630 9943 ext 26097 Email: lgestro@adhb.govt.nz
Functional Group	Planning and Funding
Subject	Devolution of Interim Funding Pool Clients 1 July 2011
<p>Recommendation</p> <p>It is recommended that the Committee</p> <ul style="list-style-type: none"> Notes that funding responsibility for the Long Term Support for people with Chronic Health Conditions under the age of 65 (known as Interim Funding pool clients) will transfer to DHBs from 1 July 2011 Notes the proposed regional implementation plan that identifies the three key work streams comprising the plan are as outlined below 	
<p>Background</p> <p>In October 2006 an interim funding pool was created to fund a service gap for people under the aged of 65 years who have chronic health conditions and require ongoing support. An 'in principle' decision was taken in July 2007 to allocate this funding responsibility to DHBs, subject to DHB capacity and capability. Work has been undertaken since this date to determine how best to effect this transfer of responsibility.</p> <p>On 5 November 2010, the Ministry advised the DHBs that:</p> <ul style="list-style-type: none"> From 1 July 2011, DHBs will assume funding responsibility for the long term support services for people under the age of 65 years who have chronic conditions. Funds will be transferred initially on an expenditure basis and will subsequently be integrated with PDF allocations. The Minister has expressed a preference for a regional approach to the management of the interim funding pool and of the services that it funds in order to: <ul style="list-style-type: none"> Achieve consistency in the operation of the services Mitigate financial risk to smaller DHBS Provide a consistent structure for managing high cost and/or high profile individual situations Encourage a regional approach to service planning. <p>Available service provision with this funding is currently limited to community support packages via Residential Care – YPD providers, Home Based Support Service contract [including advanced personal care], and Respite/ Carer Support allocations.</p>	

As at March 2011 there are 1871 people receiving services from the pool, at a total cost of \$27.155m (excluding funds for Environmental Support Services). In the Northern Region there are 512 people receiving services, as compared to 450 in March 2010.

Update

The Northern Region DHBs accept that devolution will occur on 1 July 2011.

The Northern region DHBs are proposing to put in place appropriate regional arrangements to manage the devolution process and the transition period, but in time envision that this service can be integrated with other similar DHB activity. Hence we will be aiming to minimise the extent to which we put in place additional infrastructure to achieve this.

The DHBs are committed to working regionally to:

- Ensure there is a smooth transition from the Ministry, particularly for existing clients.
- Appropriately manage funding risks across the Northern region.
- Ensure that there is consistency in assessment and access to services, noting that the DHBs will set this alongside similar clients aged over 65 years and will as time progresses integrate service prioritisation in to wider DHB processes.
- Develop appropriate protocols for managing these clients and related service provision on an ongoing basis.

Proposed work plan for devolution of IFP July 1 2011

Following a meeting with the MOH in Wellington on 10 March 10 it is clear there a number of actual/potential challenges to be overcome prior to the devolution of funds in July. Some of this is dependent on work the Ministry will be carrying out, but DHBs have a need for to ensure this happens within the time frame, and to give confidence to Boards that implementation is in control.

The first challenge is to identify a regional vehicle that will manage the sharing of risk across the region to ensure that no DHB is disproportionately burdened by the receipt of the fund. This assumes that either the NDSA or a lead regional DHB need to take the coordination or banker function in this process, for which there are several similar examples such as the regional cancer network.

To date, discussions have centred around the following options, or combination of options:

- Option 1: MOH devolve funds to each of the four DHBs to manage own payment and contract functions with NDSA providing centralised reporting and monitoring roles.
- Option 2: MOH devolves funds to a lead DHB with a back-to-back agreement with NDSA to 'manage' payment and contract functions on behalf of region, with individual DHBs paying providers
- Option 3 MOH devolves funds to a lead DHB that itself manages the regional payment and contract functions on behalf of region.

A further component of the regional work underway is concerned with the management of funds from the initial cost level in July 2011 to the regions PBF share in July 2013, which is 25% less for the region, but disproportionately weighted to burden ADHB as outlined below.

	Northern Region	ADHB
Current Cost Commitment (will be devolved for 1 July start)	12,512,499	4,521,246
PBF share (revenue for 1 July 2013)	9,618,750	2,511,436

The final work stream is concerned with the operational management of the group of clients, which is spread across the region, and contains a mix of adults and high needs children.

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Disability Support Advisory Committee Briefing Paper

Date	Wednesday 20 April 2011
To	Disability Support Advisory Committee
From	Janice Mueller, Director Allied Health, Scientific and Technical
Author	Lisa Gestro Planning and Funding Manager Health of Older People, Disability and Palliative Care
Functional Group	Planning and Funding
Subject	Implementing the findings from the ADHB Accessibility Audit Review -Update
Recommendation	
<p>It is recommended that the Committee:</p> <ul style="list-style-type: none"> • Note the information contained in this update in advance of a more comprehensive report following Senior Leadership Team endorsement over the coming months 	
Background	
<p>In 2007/08 the need for an audit to measure accessibility and service user experiences among the Disabled community became a priority for the ADHB. This objective was deferred a year due to competing priorities but was revisited following the launch of the Step Up Auckland report, which highlighted access as the single biggest issues for disabled people within Auckland City. Discussions began in mid 2009/10 with stakeholders and potential providers to agree the outcome that would be sought from the exercise, and to scope what such an audit might include.</p> <p>A small internal steering group was established in September 2009, and A1 Communications were confirmed as the agency to oversee the review. The process used to undertake the review was broad and encompassing – it involved a planning and design phase, a comprehensive literature review and a series of qualitative research streams including staff focus groups, key informant interviews and questionnaires for those that were not able to engage in person.</p> <p>What resulted is a significant précis of both the positive and negative aspects of our organisation's responsiveness to disability. This report was tabled at DSAC in November 2010, with the resulting action being that a small working group should be established to review the recommendations contained within the report, prioritise the recommendations within agreed DAP and budget constraints and then obtain SLT sign off for a staged implementation.</p>	
The Project Team	
<p>A project team comprising a Nurse Leader, a Service Manager, Allied Health Professional Leaders, Human resources, Facilities Management, Planning and Funding and Communications has been formed, led by the Director of Allied Health, Scientific and Technical, and work has begun in earnest to systematically address each of the recommendations contained within the report.</p> <p>Preliminary work has grouped the recommendations into infrastructure (facilities), staff welfare, support and training (HR), Clinical and policy groups. Initial allocations of groups have been given to steering group members to follow up in terms of any required clarification or consultation that is required. A significant focus of the steering group has been to recommendation number 18, the appointment of a Disability Advisor within ADHB to align to the posts appointed by WDHB and CMDHB, and indeed the</p>	

majority of other DHB's around the country. No landing has been reached on this recommendation as yet given that there are clear budgetary restraints associated with such a post, but further investigation is underway to better inform further discussion on this issue.

Next Steps

The steering group will meet again in May, and a further update will be provided to the next DSAC meeting in line with the committee request that this is a standing item.

Appended is a summary of the recommendations from the Accessibility report.

Recommendations

1. That the ADHB;
 - Creates a patient information group to develop guidelines for letters, forms, pamphlet and handout material for appropriate vocabulary, presentation and format;
 - Enables all departments to send patient information to patients in their specified preferred formats (including emailing or text messaging of appointments);
 - Makes available on its website all its health information pamphlets, including consent forms; and
 - Reviews its website and takes any necessary steps to ensure that it complies with New Zealand Government Standards for Web Accessibility.
2. That the ADHB explores ways of improving access by consumers with disabilities to ADHB departments and staff via the automated telephone system.
3. That the ADHB engages with the deaf community to improve the availability of NZSL interpreters and that it records and reports to government any instances where an NZSL interpreter is not available on time to meet the needs of a deaf patient or families of patients with deaf members.
4. That the ADHB arranges wireless access for patients and visitors across its sites.
5. That the ADHB facilitates awareness-raising among staff with disabilities about available work-related equipment and sources of funding.
6. That the ADHB
 - Increases the availability of its facilities maps and reviews the style and placement of maps as part of a way-finding project; and
 - Establishes standards for way-finding and plans and prioritises upgrades to its existing signage within a defined timeframe.
7. That the ADHB establishes and promulgates a policy concerning accessible car parking for its staff with disabilities.
8. That the ADHB publishes the eligibility criteria and process for obtaining refunds of the cost of car parking in all its communication channels with patients.
9. That the ADHB discusses with Auckland Transport a plan to improve accessible transport to and between the four ADHB sites.
10. That the ADHB, when choosing future fleet cars, considers the extent to which they have to carry equipment and the needs of staff with mobility impairments.
11. That the ADHB advises patients with disabilities to bring with them disability-related personal equipment during hospital stays and that it investigates a cost-effective system for maintaining security for such items.
12. That the ADHB investigates the reported shortage of wheelchairs, purchases sufficient wheelchairs to avoid unnecessary delays in patient service and that the costs of buying replacement wheelchairs are weighed against the costs of increasing their security from theft.
13. That the ADHB
 - Adopts, following discussion with relevant staff, a consistent design of accessible and functional toilets and bathrooms for the wards; and
 - Reviews the location of all accessible toilets for patients and visitors, establishes whether there are sufficient numbers in accordance with best practice guidelines and develops a plan for upgrades to meet current standards.
14. That the ADHB affirms and adopts universal design principles when procuring equipment or designing or renovating its facilities and considers including the services of an accredited Barrier Free Advisor listed on the Barrier Free New Zealand Trust website.
(www.barrierfreenz.org.nz)

15. That the ADHB considers how best to collect disability-related information from consumers who wish to give it and how best to provide such information to ADHB staff as needed.
16. That the ADHB commissions modules of disability awareness training for inclusion in MOODLE and systematically ensures all ADHB staff receives such training every one to two years.
17. That the ADHB reviews the accessibility of content in MOODLE modules and makes adjustments to comply with online accessibility standards if required.
18. That the ADHB appoints a disability liaison officer to have oversight of disability awareness training for all ADHB staff and to provide disability related support to ADHB staff with disabilities

FOR INFORMATION

- 9.1 Information Paper – DAP Reporting**
- 9.2 Report to the UN on Implementation of UN Convention of Rights**
- 9.3 Information Paper – Launch of the Be. Accessible Campaign**

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Disability Support Advisory Committee Paper



Date	Wednesday 20 April 2011
To	Disability Support Advisory Committee
From	Denis Jury Chief Planning and Funding Officer
Author	Lisa Gestro Planning and Funding Manager lgestro@adhb.govt.nz
Functional Group	Planning and Funding
Subject	Information Paper - DAP Reporting

Background

Since the Management Information Portal was put in place in 2008, Group reports have been generated each month for the purpose of keeping Board Committees updated on relevant projects.

The group reports however are a very high level summary of the projects which are deemed to be relevant to the business of the DSAC committee, so what follows is a list of projects which sit behind the monthly summary report as presented, for member's reference and information.

Goal One: Lift the Health of the people in Auckland City

Disability Responsiveness Audit - Project Description:

ADHB, under the guidance and direction of the DSAC has commissioned work in this financial year to gauge our responsiveness to people with a disability, both as a provider of services and large employer.

'Edenising' Aged Residential Care - Project Description:

ADHB intends to extend the restorative model of care, which has now been implemented in community services into Aged Residential care.

Home Based Support Casemix - Project Description:

Develop and agree a set of casemix business rules to support the categorisation, purchase and reporting of community services for older people in line with the new enhanced model of care

Interim Funding Pool - Project Description:

ADHB needs to ensure that there is equitable access given to this important client group in advance of the funding being devolved to DHB's. Secondly, it must ensure that there is a robust and acceptable methodology for devolution of the fund, which fairly distributes the burden of cost according to access.

Improving access to primary care for palliative care clients - Project Description:

Continue to expand the existing programme which commenced in 09/10 with ProCare to at least two other PHO's. This programme provides a series of additional interventions for patients who are palliative from funded after hour's visits to advance care planning and extended consultations.

Implementation of InteRAI - Project Description:

InteRAI is a single comprehensive assessment tool which is being rolled out nationally across all aged care specialist, community and residential care providers. Roll out of home based support

providers is being undertaken as part of the move to Enhanced Home Based care in central Auckland.

Implementation of the Liverpool care Pathway End of Life plan - Project Description:

The Liverpool Care Pathway, as the endorsed tool of choice by ADHB for documentation of final days of a patient journey for a palliative client is being rolled out across Mercy Hospice, ACH and Private Hospital facilities. This is the final aspect of the overall project and is subject to the evaluation of work to date.

Palliative Care Equipment - Project Description:

Increase timeliness and availability of equipment for palliative clients to make place of death possible for a greater number of palliative care clients Work with the two current providers to align the current process to ensure correct accountability and eliminate current confusion for clients

Palliative Care Redesign - Project Description:

Redesign the current Palliative care delivery model across ACH, Mercy Hospice and A+ Links to reflect recommendations and objectives of the ADHB Palliative Care Strategy.

Align Enhanced Home Based Support services with Better, Sooner, More Convenient - Project Description:

Following the successful implementation of the enhanced home based support model for older people, we now need to work with primary care to ensure that there is congruence on the delivery of the BSMC objectives for this significant client group by continuing to liaise with Primary care planning and funding as well as work streams where there are overlaps such as the regional after hours project.

Reduce Complaints from Residential Care - Project Description:

Work with providers, families, other regulators and advocacy groups to try and get quality concerns resolved at the organisational level prior to them being escalated to the DHB Develop framework in conjunction with the residential care sector to try and welcome constructive feedback and make themselves more open to communication with families.

Goal Two: Performance Improvement:

Project One: Disability Complaints - Project Description:

Develop an agreed process for the management of complaints, specifically for people with disability and agree the correct reporting mechanism through to the DSAC

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Disability Support Advisory Committee Briefing Paper

Date	Wednesday 20 April 2011
To	Disability Support Advisory Committee
From	Denis Jury Chief Planning and Funding Officer
Author	Lisa Gestro Planning and Funding Manager, Health of Older people
Functional Group	Planning and Funding
Subject	Report to the UN on implementation of the UN Convention of Rights for Persons with a Disability – FOR INFORMATION

Recommendation

It is recommended that the Committee;

- **Notes** that New Zealand's first report on implementing the UN convention on the Rights of Persons with Disabilities was submitted to the UN in March 2011.
- The full report is available by accessing the following link
<http://www.odj.govt.nz/documents/convention/first-report-on-implementation/index.html>

Overview

Where we stand:

- 1 New Zealand's vision of full participation and improved wellbeing for disabled people of all ages has developed over several decades. The process began in the 1970s with a paradigm shift from exclusion and care outside mainstream society to a social model of disability, with inclusion and mainstreaming as the default option, and supplementary support services for disabled people as required.
- 2 The adoption of a national Disability Strategy has further advanced this vision: Since 2000, New Zealand law has required a national Disability Strategy, under which the Minister for Disability Issues is required to report to Parliament annually on progress made. The Disability Strategy, which includes initiatives across government, is reviewed on an ongoing basis.
- 3 New Zealand's vision is reflected in its support for the Convention: The principles given effect in the Disability Strategy provided the basis for New Zealand's role in the development of the United Nations Convention on the Rights of Persons with Disabilities (the Convention). The shift in approach undertaken since the 1970s enabled New Zealand to ratify the Convention in September 2008.
- 4 The legislative framework is sound and comprehensive: The rights of disabled people are provided for in New Zealand's general human rights law, the New Zealand Bill of Rights Act 1990, in its specialised non-discrimination law, the Human Rights Act 1993, and in specific recognition in legislation governing health, education and other social services. Before ratifying the Convention, New Zealand reviewed its law for consistency with the Convention and made necessary amendments.

Engagement with disabled people

- 5 Disabled people are essential partners: Partnerships between government, disabled people and their families, and the disability sector along with robust means of communication underpin New Zealand's continued commitment to its broad vision and to the Convention:

- 5.1 Disabled people were members of the New Zealand delegation for the negotiation of the Convention;
- 5.2 As part of its engagement with the negotiations, the Government established a standing disability sector reference group. The reference group has continued as a key means of consultation and currently comprises 74 representatives of disabled people, family members, disability advocates and disability service providers;
- 5.3 In both the negotiation and the ratification of the Convention, the Government sought wider input from disability organisations and providers, including the perspectives of children and their advocates.

Our challenges

- 6 Disabled people are still disadvantaged: While there have been, and continue to be, improvements, many disabled people experience poorer outcomes in health, education, employment and elsewhere. The degree of relative disadvantage is still greater for women and for Māori and Pacific people.
- 7 Disabled people still experience social discrimination and practical barriers: While the Government has taken many steps to strengthen the standing of disabled people, constraints remain in the attitudes of some people, who see disabled people as less than equal. There are also physical and environmental barriers: for example, New Zealand's small population and geographic diversity means that some services are concentrated in main centres and are not readily accessible in more remote areas.
- 8 Data about disabled people is still limited: While a range of data is collected, more is needed. As one response, the forthcoming national census is to be followed by an improved survey of disabled people to gather more detailed and more specific data.
- 9 Support for disabled people can better reflect different cultural contexts: Across New Zealand's increasingly diverse community, attitudes to disabled people and to appropriate means of support can vary between different cultural groups. The Government includes requirements of cultural sensitivity when contracting for support services and is encouraging the development of indigenous providers and providers using indigenous cultural frameworks. Indigenous provision is still in its early stages.

Going forward

- 10 There is leadership at the highest level: Disabled New Zealanders have an advocate in the Minister for Disability Issues, supported by a Ministerial Committee on Disability Issues and an Office for Disability Issues.
- 11 The Government has set priorities for addressing the challenges that we face: An independent implementation review found government agencies have undertaken a significant level of activity to implement the Disability Strategy but more is needed to produce real improvements in outcomes for disabled people. Rather than each agency having their own action plan and focus, having a single combined action plan and priorities was recommended.
- 12 Realising the rightful place of disabled people in New Zealand society is an ongoing and multi-generational goal. The New Zealand Government is developing a Disability Action Plan and is taking concrete actions around three current priorities:
 - 12.1 Accessible New Zealand – including enhanced community acceptance and improved access to transport and to information;
 - 12.2 Enabling disability supports – allowing disabled people autonomy, wherever possible, and providing support as early as possible;
 - 12.3 Contributing as citizens – better ensuring that disabled people can achieve in education and in paid work and can fully experience access to justice and all other rights as members of the community.

Preparation of this report

- 13 In keeping with its engagement with disabled people, the Government consulted widely in preparing this report:
 - 13.1 The report and the proposed consultation process were both considered from the outset by the

standing disability sector reference group;

13.2 A draft was circulated for comment both within the disability sector and across the community as a whole, and consultation procedures also included eight formal meetings, an online discussion forum, an invitation to provide written submissions and a separate survey for young disabled people and their families. Several of the consultation meetings were targeted at particular groups, including Māori and Pacific peoples. Several hundred people and groups took up one or more of these opportunities.

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Disability Support Advisory Committee Paper

Date	Wednesday 20 April 2011
To	Disability Support Advisory Committee
From	Denis Jury Chief Planning and Funding Officer
Author	Lisa Gestro Planning and Funding Manager lgestro@adhb.govt.nz
Functional Group	Planning and Funding
Subject	Information Paper - Launch of the Be. Accessible Campaign

Information on the launch of the Be. Institute on the 6th of May is attached for information



Be. Institute Launch Event ***“Be. in the spotlight”***

Date: Friday, 6th May 2011

Time: 6pm drinks for 7pm start

Venue: Auckland Museum

Dress: Glamorous & Authentic

Background:

At this event, the Be. Institute will mark the arrival of New Zealand’s first nationwide accessibility programme, Be. Accessible and its sister programme Be. Leadership.

The Be. Institute is a social enterprise with a vision to inspire and enable a 100% accessible society for us all. According to the Be. Institute, “accessibility” is about making possible the personal, social and physical inclusion of all people in society. *“If we get the world right for disabled people, we get it right for all people”* says Minnie Baragwanath, Chief Executive, Be. Institute.

For the past ten years, Minnie has worked in the disability sector advising to the former Auckland City Council. Her collaborative insight and open leadership style has brought together Auckland Council, AUT and ADHB as founding partners to help launch this new enterprise.

The Be. Institute has now developed a partnership with the Ministry of Social Development to lead the way in creating accessibility for the whole of New Zealand. Trustees John Allen (CEO, MFAT) and Mark Bagshaw are among the team that have been created to bring this remarkable social change campaign to fruition.

Event Information

The Be. Institute is delighted to be hosting Minister Tariana Turia, Minister Rodney Hyde and other very special guests on this important occasion.

A number of event partners will be working with the Be. Institute to make this night possible including Auckland Museum who have kindly waived the venue fee.

Be. Institute

PO Box 5614, Wellesley Street, Auckland 1141, New Zealand

p 09 921 9999 xtn 6886 e info@beaccessible.org.nz

www.beaccessible.org.nz



The two programmes that will be launched at this event are: (1) Be. Accessible and (2) Be. Leadership.

About Be. Accessible

Be. Accessible is a brand, an accreditation framework for accessibility and a communications campaign with the vision to enrich the lives of all New Zealanders by inspiring and enabling a 100% accessible society.

Our mission is to move all New Zealanders to:

- Improve the accessibility of the built-environment,
- Create better access to information,
- Support the inclusion of disabled persons in employment and community and
- Change attitudes and behaviours in society.

About Be. Leadership

The Be. Leadership programme is New Zealand's first leadership programme of its kind dedicated to developing disabled leaders of the future.

The programme invites 20 emerging leaders to participate in a twelve-month journey where they will be challenged, inspired and supported in becoming the best leader they can possibly be. By raising expectations of themselves, they will in turn raise the hopes and dreams of the communities they serve.

Contact

For general information please contact the Be. Institute office:

Be. Institute

Phone 09-921-9999 xtn 6886

Email info@beaccessible.org.nz

For specific event related information please contact Be. Campaign Manager:

Qiuqing Wong

Borderless

Phone 09-302-3103 Mobile 021-620-348

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Be. Institute

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10

CONFIRM

10.1 Action Points for next DSAC Meeting

10.2 DSAC Feedback to Board

Use Forms at beginning of Meeting Pack

11

GENERAL BUSINESS

12

APPENDICES

No Appendices

Disability Support Advisory Committee Agenda

MEETING DETAILS		
Time and Date	11:30 a.m. – 1:30 p.m. Wednesday 20 April 2011	
Venue	Marie Hosking Room, Level 7, Building 14, Greenlane Clinical Centre	
Members	Jo Agnew (Chair), Susan Buckland, Marie Hull-Brown, Dairne Kirton, Robyn Northey, Susan Sherrard, Nanar Tan.	
In Attendance		
Apologies		
In Attendance	Garry Smith, Dr Denis Jury, Janice Mueller, Lisa Gestro, Carolyn Simmons Carlsson, Ian Bell.	
	Item	Page No
1 5m to 11:35 am	Karakia	001
2 5m to 11:40 am	Attendance and Apologies	005
3 5m to 11:45 am	Conflicts of Interest	007
4 5m to 11:50 am	Confirmation of Minutes - Wednesday 16 February 2011	013
5 5m to 11:55 am	Action Points - Wednesday 16 February 2011	019
6 10m to 12:05 am	Chairman's Report	023
7 10m to 12:15 am	Improvement Activities 7.1 DAP Projects Report	025
8 20m to 12:35 am	Papers 8.1 Devolution of Interim Funding Pool Clients 8.2 Accessibility Audit Review - Update	031
9 15m to 13:05 am	For Information 9.1 Information paper – DAP Reporting 9.2 Report to the UN on implementation of UN Convention of Rights 9.3 Information paper – Launch of the Be. Accessible Campaign	043
10 10m to 13:20 pm	Confirm 10.1 Action Points for next DSAC Meeting 10.2 DSAC Feedback to Board	061
11 10m to 13:30 pm	General Business	063
12 13:30 pm	Appendices There are no appendices	065
NEXT MEETING		
Date and Time:	11:30am, Wednesday 15 June 2011	
Venue:	Marie Hosking Room, Level 7, Building 14, Greenlane Clinical Centre	