

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini



**DISABILITY SERVICES
ADVISORY COMMITTEE
MEETING**

17 March 2006

**AGENDA
AND
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All information contained in these committee papers is subject to change

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AGENDA

FOR THE WEST COAST DISTRICT HEALTH BOARD DISABILITY SERVICES ADVISORY COMMITTEE MEETING TO BE HELD IN THE BOARD ROOM, CORPORATE OFFICE, GREYMOUTH ON FRIDAY 17 MARCH 2006, COMMENCING AT 8.30 AM

The regular DSAC meeting will finish at 9.30am – after that DSAC members will join with CPHAC members for in-equalities training. It is anticipated that the training will take two hours with a finish time of approximately 11.30am

1. Welcome / Apologies / Standing Orders
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KARAKIA

E Te Atua i runga rawa kia tau te rangimarie, te aroha, ki a matou i tenei wa
Manaaki mai, awhina mai, ki te mahitahi matou, i roto, i te wairua o
kotahitanga, mo nga tangata e noho ana, i roto i tenei rohe o Te Tai Poutini
mai i Karamea tae noa atu ki Awarua.

That which is above all else let your peace and love descend on us at this
time so that we may work together in the spirit of oneness on behalf of the
people of the West Coast.

DISABILITY SERVICES ADVISORY COMMITTEE MEMBERS' DISCLOSURES OF INTERESTS

Member	Disclosure of Interest
CHAIR John Vaile WCDHB Member	Member - CCS Westport Branch Director - Vaile Hardware Ltd Wife no longer works for DHB, has unresolved employment issues
DEPUTY CHAIR Mohammed Shahadat <i>WCDHB Member</i>	Principal Partner, Murdoch James and Roper Trustee West Coast Development Trust
Professor Gregor Coster Chairman WCDHB <i>Appointed February 2003</i>	Director – PHARMAC Director - Cornwall Management Limited Director - Cornwall Nominees Limited Chairman - Institute of Rural Health
Elinor Stratford	Manager - Disability Information Service Member - NZCCS Greymouth Branch Chairperson - West Coast Sub branch - Canterbury Neonatal Trust Trustee - Canterbury Neonatal Trust Vice-Chair Victim Support, Greymouth Grey District Councillor Grey District Council appointee to the West Coast PHO Member of Executive Federation of Disability Information Centres
Gloria Hammond	Co-ordinator - New Zealand CCS, West Coast Field Worker / Regional Co-ordinator - CCS West Coast Member – Early Intervention Team Member – Maori Women Welfare League
Maureen Frankpitt	Manager Kowhai Manor and Richard Seddon Hospital
Patrica Nolan	Member – Brain Injury Association Member – Independent Living Centre Committee Member – West Coast Road Safety Committee
Ned Tauwhere	Chairman – Te Runanga O Ngati-Waewae Member – Te Runanga O Ngai Tahu Member – Pounamu Business Development Group

**DRAFT MINUTES OF THE DISABILITY SERVICES
ADVISORY COMMITTEE MEETING HELD
3 FEBRUARY AT 8.50 A.M IN THE BOARDROOM,
CORPORATE OFFICE, GREYMOUTH**

PRESENT John Vaile, Chairman, WCDHB member
Mohammed Shahadat, Deputy Chair, WCDHB member
Elinor Stratford
Maureen Frankpitt
Gloria Hammond
Patrica Nolan
Ned Tauwhere

IN ATTENDANCE Wayne Turp, General Manager Planning & Funding
Bianca Kramer, Minute Secretary

APOLOGIES Gregor Coster, Chair, WCDHB
Kevin Hague, CEO
Gary Coghlan, General Manager Maori Health
Ned Tauwhere – for lateness

1. APOLOGIES, WELCOME

The Chair welcomed everyone to the meeting. The Chair waived standing orders.

2. KARAKIA

General Manager Planning & Funding

3. DISCLOSURES OF INTEREST

There is still one outstanding – will be followed up. Details were provided at the end of the meeting.

Ned Tauwhere

- Add, Chairman, Te Runanga O Ngati-Waewae
- Add, Member, Te Runanga O Ngai Tahu
- Add, Member, Pounamu Business Development Group

4. **AGENDA CHECK**

There following items were added to the agenda

- ACC – travel out of district
- Information about Disability awareness
- Children and Young persons committee
- Reefton travel – x-ray
- Transport

5. **MINUTES OF THE PREVIOUS MEETING HELD 11 NOVEMBER 2005**

- Item 7 – Disability Plan – last sentence amend to read as *'in the next year'*
- Item 8 – Avian Flu – Fifth paragraph amend to read as *'Panicking people'*

Moved: Maureen Frankpitt Seconded: Elinor Stratford

It was RESOLVED that the Minutes of the Disability Services Advisory Committee meeting held 9 December 2005 were a true and accurate record subject to the amendments above.

6. **MATTERS ARISING / ACTION AND RESPONSIBILITY LIST**

New member to provide Disclosure of Interest of Minute Secretary

Not received as yet

General Manager Maori Health to arrange possible visit by Roger Jolly to discuss Maori Disability Issues

Not heard as yet. Is there anyone else who could come and talk – follow-up.

The audit carried out at Grey Base and Buller Medical Services – was it compliant with “Barrier Free Audits”

As with previous discussions, it was reiterated that a barrier free audit is a specialist area and if done properly, needs to be carried out by someone with the correct qualifications.

7. **WORK PLAN**

7.1 DAP Implementation Plan.

Ned Tauwhere entered the meeting at 9.01am

This is the second DAP Implementation Plan received and it was noted that there has been progress with a number of items coloured Red and Orange progressing. The General Manager Planning & Funding went through the report page by page identifying areas of specific interest to this committee

Page 10 – Suicide Prevention – it was noted that the number of West Coast suicides has reduced.

Page 12 – Disability & Older People – it was noted that most points were still orange, indicating that things are not happening as fast as we would like, the status has improved though. Work load is a contributing factor.

Page 13 – Disability & Older People – work is underway regarding residential accommodation. There are limited options for care for the elderly on the Coast as the Rest Homes are fully utilised. Allied provide help keeping older people independent in their own homes. Shared accommodation for the elderly, at this stage models of this idea are being investigated. A committee member mentioned that in Australia there are paid co-ordinators to check on the elderly living in these shared environments. The DHB is keen to work in collaboration with other organisations to realise a suitable environment for the elderly in the community.

Page 12 – Disability & Older People – General Manager Planning & Funding informed the committee that the Board had adopted the appropriate recommendations from the study commissioned by Buller District Council for Buller but not for Reefton. The public announcement has been made that Gareth Rees had been appointed as the Interim Manager for Buller Health, he has been seconded from Buller REAP for this period.

Page 22 – Child & Youth Health Services – a committee member asked which community stakeholders were involved in the development of the Youth Health Strategy. There are a number of people involved including Plunket, DNs, Rata te Awhina. The Child & Youth Strategies will be two separate documents, with C&PH completing the Youth Health Strategy. It is hoped the Child Health Strategy will be presented to the Board at their May meeting.

7.2 Dementia Unit Update

The Chair informed the committee that a Business Case has been presented to the MoH and the Board are waiting for this to be approved.

8. GENERAL BUSINESS

8.1 District Annual Plan 06/07

General Manager Planning & Funding reviewed what was discussed at the Board Work Shop held on 20 January.

Strategic Context

Page 6 – Implementing the Health of Older People Strategy by 2010 it was noted that a lot of things outside the DHB range. A number of houses Coast wide have benefited from the pilot scheme, for insulating houses of low income earners

Health of Older People

Page 8 – Implementing the Health of Older People Strategy by 2010 this is on track – further discussion regarding the Abbeyfield initiative and the possibility of something similar being put in place.

8.2 ACC – “Rule Changes hit sick”

A newspaper article was shown to the committee regarding the changes in eligibility for travel assistance. A new policy effective from 1 February has funding for travel out of the district devolved to DHBs for administration.

There has been some adjustment to the criteria for eligibility and boundary changes for districts. In some cases, this means more people will qualify for assistance, as previously this is still only a travel and accommodation assistance scheme. Peter McIntosh, Planning & Funding, is the regional liaison person.

8.3 X-ray Travel for Reefton Residents

Maureen Frankpitt declared a conflict of interest and did not participate in the discussion. Due to the closure of the Reefton Radiology Unit, residents from Reefton and the surrounding areas now have to travel to Greymouth. The unit closed as the long serving radiologist has retired and the equipment is outdated with nobody available with the expertise to operate it. Anyone needing an x-ray will get one, as the Greymouth Radiology department has a radiologist on call 24 hours a day. It was commented on that people would have to cover their own costs of getting to Greymouth, if following the new eligibility criteria for travel. To follow with interest.

8.4 Transport

The Chair had been approach by Greypower. Both DSAC Chair and General Manager Planning & Funding will meet with Greypower in the near future regarding travel concerns.

General Manager Planning & Funding attended meeting of the Regional Transport Committee where the strategic plan was presented. The General Manager Planning & Funding commented that he was disappointed with the lack of social and health content, the majority of the content focusing on commercial needs. Work needs to be done with the committee in “what health has to do with roads”. **Next agenda**

8.5 Upcoming Events

- The Disability Awareness Training Day will be held on Tuesday 4 May in Hokitika, at the Senior Citizens Rooms. This is the first time this has been held in Hokitika, is hoped that Council, DHB staff etc along with Runanga will participate.
- Super Expo will be held at the Regent Theatre on Tuesday 23 May.

8. NEXT MEETING

Friday, 17 March 2006, 8.30am, Boardroom, Corporate Office Greymouth

9. ATTENDANCE AND ADMINISTRATION FORMS

There being no further business to discuss the meeting concluded at 10.20am

MATTERS ARISING FROM DISABILITY SERVICES ADVISORY COMMITTEE MEETINGS

Item No.	Meeting Date	Action Item	Action Responsibility	Reporting Status
	30 September	New member to provide Disclosure of Interest of Minute Secretary.	New members/ Minute Secretary/	
	30 September	General Manager Maori Health to arrange possible visit by Roger Jolly to discuss Maori Disability Issues	GM Maori Health	Will follow-up, has left message
	9 December	The audit carried out at Grey Base and Buller Medical Services – was it compliant with “Barrier Free Audits”	CEO	

WORK PLAN

Mission Statement: To fund a continuum of quality health services aimed at providing improved health outcomes and maximise the independence of people with disabilities.

Objective	Responsibility	Date	Reporting Frequency	Progress			Comment
				Behind	On Target	Complete	
Progress Reports							
1. District Annual Plan	GM Planning & Funding		Quarterly				Quarterly after 11/11/05
2. Maori Health Plan	GM Maori Health		Quarterly				Chair to set time frame
To develop							
1. Disability Plan / describe disability sector	GM Planning & Funding	June 06					Will be reported on six monthly
2. Advocacy Services	GM Planning & Funding			✓			Clarification being sought
Provide input into							
1. District Strategic Plan	GM Planning & Funding		Annually				July/August
2. District Annual Plan	GM Planning & Funding		Annually				December meeting
3. Statement of Intent	GM Planning & Funding		Annually				December meeting
4. Annual Report	Chief Financial Manager		Annually				July/August
To monitor							
1. West Coast Improved Services for the Elderly (WISE)	GM Planning & Funding						
2. Dementia Unit building	CEO		Each meeting				A standing agenda item
To investigate/scope							

DISABILITY ACTION PLAN

Plan attached

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

Disability Strategic Action Plan
2004-2010

INTRODUCTION

In 2001, the Ministry of Health released the *New Zealand Disability Strategy*. The *NZDS* recognises that we live in a disabling society and has a vision for “a fully inclusive society”. New Zealand will be inclusive when people with impairments can say they live in “a society that highly values our lives and continually enhances our full participation”.

The West Coast District Health Board has developed this plan in response to the *NZDS*. It presents a strategy to assist with the implementation of the *NZDS* on the West Coast. Accordingly, each action point in this Plan has a link to the relevant objective of the *NZDS* and this Plan is deliberately focused around the practicalities of ensuring successful implementation is achieved. This includes having regard for the diversity of residents of, and visitors to, the West Coast. This also requires the DHB to have particular regard for Maori as tangata whenua. Under *te Tiriti o Waitangi* (1840) and the *New Zealand Health and Disability Act* (2000) the West Coast DHB must ensure that Maori achieve equity of outcome, therefore we have included specific initiatives for, or acknowledgement of, Maori to improve outcomes for this priority population group.

It is intended that this Plan be implemented at all levels and by all areas of the District Health Board. This includes its provider and funder arms and organisations that the DHB contracts to provide services. In the development of this Plan, the DHB has gathered a group of health professionals, who will have an ongoing role in implementing and monitoring the implementation of the Plan.

People with disabilities are generally considered to be people who have a physical, intellectual, sensory, psychiatric and/or age-related impairment, which is likely to continue for at least six months and results in a reduction of independent function to the extent that ongoing support is required. During the development of, and consultation on, this Plan, there was some discussion regarding the appropriate use of the term “disability”. Some discussion focused around whether people with, for example, psychiatric conditions have a disability, and the implication that a person who has a disability is un-able. Given the role of this Plan, which is to implement the *NZDS*, the term disability is used in this document as it is used in this national Disability Plan.

The West Coast DHB acknowledges the full, valuable and productive lives that people with disabilities can live. However, it also accepts that because of the nature of society, some people will experience difficulty accessing health services some or all of the time. Barriers that may be encountered are many and varied, and will affect people differently depending on the nature of their impairment. It is beyond the scope of this Plan to address each specific need of those who have impairments. The aim of this Plan is to ensure that the DHB’s services are as accessible as possible; however we also recognise that no service can ever be one hundred percent accessible for all people. It hopes to ensure that encounters with the health service, whether brief, intermittent or long-term, maintain and build individual’s strength, dignity and sense of value.

There will be some aspects of people’s lives that impact on their ability to achieve health that are beyond the scope of the DHB to resolve. However, the DHB will examine its own role in the wider context, for example as an employer not just a service provider.

The DHB does have a responsibility to advocate for the health of all people and will seek to build relationships with other sectors and providers. There are a wide range of groups on the West Coast providing services for people with disabilities. These groups have a variety of origins and structures – some are larger, national NGOs, others are smaller, independent providers. While this Plan cannot ask any specific obligation of these groups, it is hoped that they recognise the effort of the DHB to improve services for their clients, and the nature in which this Plan has been written. The West Coast is too small for us to not work together to make a difference for our population.

Not a lot is known about the level of disability on the West Coast. For the purposes of developing this Plan, we have drawn extensively from the information contained in the 2001 publication *Disability Counts*. The Plan also addresses information that was reported to us through the processes of consultation leading to the final version of this Plan. *Disability Counts* informs us that one-in-five New Zealander's reported some level of disability in 2001. There is no statistical difference in impairment rates by ethnic group, but Maori are more disabled by their impairments compared to the non-Maori population. Disability rates increase markedly with increasing age. 60% of disabled adults had more than one disability and severity of disability also increased with age. This document contains statistics and information throughout where it has been relevant to address the need that this information describes.

Abbreviations are used frequently throughout this document. A full glossary of these abbreviations can be found at the back of this document.

RAISING AWARENESS

Many comments were received during the consultation regarding the need to raise awareness of disabilities among mainstream health providers. These comments mainly addressed the environment for patients: “Lack of knowledge from health professionals on psychiatric illnesses” and “Staff have no understanding, especially if a client with an intellectual disability is an inpatient...” suggesting that we need to be “treating people with respect and seeing them as people” and providing “training for staff”. The attitudes of people who do not understand the difficulties some people encounter can present barriers for people who have a disability.

The Actions set out in this section aim to raise awareness of the particular difficulties that people with disabilities face in day-to-day life – to improve the level of understanding of patient’s needs and to improve the working environment of the DHB for employees with a disability. Improving levels of awareness of the difficulties for people with disabilities will improve service understanding and flexibility, ultimately making services more accessible for those people.

ACTION	IMPLEMENTATION	# NZDS OBJECTIVE	MEASUREMENT
1. Provide opportunities for employees of the West Coast DHB to participate in disability awareness training. In particular, to increase staff awareness of the DHB’s EEO Procedure, Prevention of Harassment Procedure, Recruitment Selection Procedure and Pre-employment Health Screening Procedure. Also the NZDS and the DHB’s role in implementing the NZDS.	<ul style="list-style-type: none"> ▪ Identify provider of and budget for Disability Awareness Training, and source of funding – HR and P&F ▪ Request that Disability Awareness Training is added to the mandatory training schedule for all staff. Refer to Education Committee – DAG ▪ Repeat survey of Disability Sector in 2007 to see if training has had positive impact – P&F 	1. Encourage and Educate for a non-disabling society 2. Ensure rights for disabled people 6. Foster an aware and responsive public service	<ul style="list-style-type: none"> ▪ Identification of Training provider and funding source by Dec 2004 ▪ Disability Awareness Training added to Mandatory Training Schedule by June 2005 ▪ Number of staff attending Disability Awareness Training each year ▪ Survey repeated in 2007 ▪ Feedback from staff through Training Evaluation Forms
2. Develop / Obtain educational material to raise awareness of, and educate staff and the wider community about, issues relating to specific disabilities.	<ul style="list-style-type: none"> ▪ Web-page developed and maintained – P&F ▪ Providers invited to display information about their service on a dedicated, public notice board – P&F 	1. Encourage and Educate for a non disabling society 2. Ensure rights for disabled people 6. Foster an aware and responsive public service	<ul style="list-style-type: none"> ▪ Web-page is developed by Dec 2004 ▪ Site is reviewed and/or updated every 12 months ▪ Video idea scoped by June 2005

	<ul style="list-style-type: none"> ▪ Explore possibility regarding the development of a video or obtaining video from external source – P&F, HR ▪ Includes information regarding Maori Disability Needs – Kaiarahi / General Manager Maori Health (GMMH) 		<ul style="list-style-type: none"> ▪ Any education material includes information about Maori Disability Needs
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RESPONSIVENESS

Proportionately, fewer people with a disability are employed, and this is true for both males and females. There are also fewer people with disabilities who have formal qualifications compared to the rest of the population. Yet many people with a disability are willing and able to work, suggesting that there may be some form of discrimination in working and educational environments. People with disabilities also have higher unmet needs for health services, suggesting that increasing the responsiveness of services could improve access to services.

It is important that people with disabilities are given a chance to become involved in service development and other decision-making. The Actions set out in this section, are designed to improve the ability of the DHB to respond to the needs of employees and patients with disabilities by improving the ability of people with disabilities to participate.

ACTION	IMPLEMENTATION	LINK TO NZDS OBJECTIVES	MEASUREMENT
<p>3. Provide opportunities for <i>staff</i> with disabilities to provide feedback on and raise issues pertaining to their disability and employment, using an annual survey. Reinforce possible utilisation of Accident / Incident forms to identify risk or problem pertaining to a disability.</p>	<ul style="list-style-type: none"> ▪ Develop survey for staff to feedback issues – P&F ▪ Undertake survey of staff, on an annual basis, regarding disability awareness, with opportunity to identify areas needing specific attention – P&F, HR ▪ Staff are able to express their concerns and identify barriers or issues they encounter when necessary through the Accident / Incident forms – H&S 	<ol style="list-style-type: none"> 1. Encourage and educate for a non-disabling society 2. Ensure rights for disabled people 4. Provide opportunities in employment and economic development for disabled people 5. Foster leadership by disabled people 6. Foster an aware and responsive public service 10. Collect and use relevant information about disabled people and disability issues 11. Promote participation of disabled Maori 12. Promote the participation of disabled Pacific peoples 14. Promote participation of disabled women in order to improve their quality of life 	<ul style="list-style-type: none"> ▪ Survey tool developed – Oct 2004 ▪ Annual Survey undertaken – Dec each year from 2004

<p>4. Review the satisfaction form to ensure that it presents an opportunity for <i>patients</i> to provide feedback on and raise issues pertaining to their disability and access to the DHB's services. Ensure form is responsive to issues for Maori patients. Explore the variety of formats that could be used e.g. paper-based – including large print, audio-cassette, Braille...</p>	<ul style="list-style-type: none"> ▪ Review the current satisfaction forms and suggest changes if necessary – Disability Action Group (DAG) ▪ Explore formats for satisfaction feedback tools to be available in - DAG 	<ol style="list-style-type: none"> 1. Encourage and educate for a non-disabling society 2. Ensure rights for disabled people 5. Foster leadership by disabled people 6. Foster an aware and responsive public service 10. Collect and use relevant information about disabled people and disability issues 11. Promote participation of disabled Maori 12. Promote the participation of disabled Pacific peoples 14. Promote participation of disabled women in order to improve their quality of life 	<ul style="list-style-type: none"> ▪ Review satisfaction forms by Dec 2004 ▪ Options for feedback tools are explored by June 2005
<p>5. During consultation on any matter, and especially policy and facility development, the West Coast DHB ensures that consultation takes place with the disability sector. This ensures that people with disabilities are provided with an opportunity to have input to the strategic direction of local health services and that the DHB is aware of the needs of, and issues facing, people with disabilities.</p>	<ul style="list-style-type: none"> ▪ Meetings are held with people who have disabilities and groups who represent and advocate for people with disabilities – P&F ▪ Opportunity to have input can be made available as requested in a variety of formats e.g. public meetings, interviews, paper-based, audio, large print... - P&F ▪ Maori community is consulted with specifically – MMH 	<ol style="list-style-type: none"> 5. Foster leadership by disabled people 10. Collect and use relevant information about disabled people and disability issues 11. Promote participation of disabled Maori 12. Promote participation of disabled Pacific peoples 14. Promote participation of disabled women in order to improve their quality of life 15. Value families, whanau and people providing ongoing support 	<ul style="list-style-type: none"> ▪ Opportunities for people with disabilities to have input <i>whenever</i> the DHB undertakes consultation ▪ Opportunities for Maori with disabilities to have input <i>whenever</i> the DHB undertakes consultation
<p>6. Undertake a Health Needs Assessment that seeks to identify the needs of people</p>	<ul style="list-style-type: none"> ▪ Conduct Health and Disability Needs Assessment – P&F ▪ Conduct Maori H&DNA – P&F, 	<ol style="list-style-type: none"> 10. Collect and use relevant information about people with disabilities and disability issues. 	<ul style="list-style-type: none"> ▪ Health & Disability Needs Assessment completed by December 2004

<p>with disabilities on the West Coast. This <i>may</i> be done in conjunction with other South Island DHBs and as part of the mandatory 3-yearly HNA, and <i>must</i> be done in consultation with the disability sector. Maori disability needs must be specifically identified, possibly as a part of a broader Maori HNA.</p>	<p>MMH</p>	<p>11. Promote participation of disabled Maori 12. Promote participation of disabled Pacific peoples 14. Promote participation of disabled women in order to improve their quality of life 15. Value families, whanau and people providing ongoing support</p>	<ul style="list-style-type: none"> ▪ Maori H&DNA by December 2004
<p>7. Establish a database of disability sector organisations. Explore options for the development and maintenance of this database.</p>	<ul style="list-style-type: none"> ▪ Means of developing this database explored – P&F ▪ Database developed and maintained – P&F to coordinate 	<p>10. Collect and use relevant information about people with disabilities and disability issues.</p>	<ul style="list-style-type: none"> ▪ Database established by December 2004
<p>8. Utilise opportunities for closer collaboration with intersectoral groups to raise awareness, identify and address issues and advocate for people with disabilities e.g. Regional Intersectoral Fora, work with Councils, education (schools, Polytechnic)</p>	<ul style="list-style-type: none"> ▪ DHB participates in Regional Intersectoral Fora – CEO, Senior Managers ▪ DHB participates in or seeks to receive feedback during consultation on West Coast and broader disability issues – P&F ▪ Invite and encourage Councils and Education providers to attend the Disability Network Meetings coordinated by the local Disability Information Centre – CEO ▪ West Coast DHB staff training is available to external health providers 	<p>1. Encourage and educate for a non-disabling society 2. Ensure rights for disabled people 3. Provide the best education for disabled people 4. Provide opportunities in employment and economic development for disabled people 6. Foster an aware and responsive public service 8. Support quality living in the community for disabled people 9. Support lifestyle choices, recreation and culture for disabled people 10. Collect and use relevant information about disabled people and disability issues</p>	<ul style="list-style-type: none"> ▪ Councils and education providers are invited to and attend Disability Network Meetings – by March 2004 ▪ Disability Awareness Training is attended by DHB staff in conjunction with a wide range of other providers and organisations – each year ▪ DHB makes submissions / attends public meetings on the Plans or Strategies of West Coast organisations, including Councils, Polytechnic etc – as required

		11. Promote participation of disabled Maori 12. Promote participation of disabled Pacific peoples 13. Enable disabled children and youth to lead full and active lives 14. Promote participation of disabled women in order to improve their quality of life	
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BUILD SECTOR CAPACITY

Communication and coordination were frequently mentioned during consultation as being important areas to improve upon. Indeed, 60% of disabled people have more than 1 disability¹, highlighting the importance for agencies and health professionals to be working together. Additionally, about one person in 7 with a disability has some unmet need for a health service. Building the sector's capacity will enhance the ability of the sector to respond to and meet the needs of people with disabilities.

ACTION	IMPLEMENTATION	LINK TO NZDS OBEJECTIVES	MEASUREMENT
<p>9. Staff of the provider arm should build relationships with the disability sector and ensure that, where appropriate, patients are referred to the relevant community support group.</p>	<ul style="list-style-type: none"> ▪ A range of DHB staff should attend monthly Disability Network Meetings ▪ Raise awareness of the availability of the DIS '0800' phone number within DHB funded providers – especially in outlying areas – P&F ▪ Encourage DHB funded providers to attend monthly Disability Network Meetings – P&F 	<ol style="list-style-type: none"> 1. Ensure rights for disabled people 3. Provide the best education for disabled people 5. Foster leadership by disabled people 6. Foster an aware and responsive public service 7. Create long-term support systems centred on the individual 8. Support quality living in the community for disabled people 9. Support lifestyle choices, recreation and culture for disabled people 11. Promote participation of disabled Maori 12. Promote participation of disabled Pacific peoples 14. Promote participation of disabled women in order to improve their quality of life 	<ul style="list-style-type: none"> ▪ Number and type of staff of the provider arm attending monthly Disability Network Meetings – each year ▪ Appropriate referrals from CHC to community support groups (including Maori providers) ▪ Information available within hospitals about the DIS 0800 number – by June 2004

¹ *Disability Counts, 2001*

<p>10. Planning and Funding Staff of the District Health Board should develop an understanding of, and relationship with, the disability sector – including with the Disability Services Advisory Committee (DSAC)</p>	<ul style="list-style-type: none"> ▪ Planning and Funding representatives should endeavour to attend the monthly Disability Network Meetings – P&F ▪ Planning and Funding staff should support the work and attend the meetings of DSAC as appropriate – P&F 	<p>6. Foster an aware and responsive public service</p>	<ul style="list-style-type: none"> ▪ Planning and Funding staff and/or the CEO attend Disability Network Meetings – ongoing ▪ Planning and Funding staff attend DSAC meetings - ongoing
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PREVENTING DISABILITIES AND OPTIMISING FUNCTION

74% of adult disabilities can be described as being caused by disease or illness (especially for women), or accident or injury (especially males and Maori). 36% of child disabilities were caused by disease or illness, accident or injury. This suggests that a significant proportion of these disabilities may be preventable.

A disability is defined as “a physical, sensory, psychiatric, intellectual or age-related impairment that is likely to continue for at least six months and results in a reduction of independent function to the extent that ongoing support is required”.

ACTION	IMPLEMENTATION	LINK TO NZDS OBJECTIVES	MEASUREMENT
11. Prevention: Foster a safe workplace through the maintenance of existing programmes and especially: the provision of manual handling training and equipment as required and promote safety	<ul style="list-style-type: none"> ▪ Support the ongoing work of the H&S Advisor – HR 		<ul style="list-style-type: none"> ▪ Attendance at mandatory Manual Handling Training Sessions – each year ▪ Utilisation of Accident / Incident Register – each year
12. Explore opportunities to liaise with ACC and CPH to promote safety in the home and on the road. Support the ongoing work of both organisations and Public Health Nurses (PHN's) in promoting health and preventing disability.	<ul style="list-style-type: none"> ▪ Investigate opportunities for closer liaison with CPH and ACC regarding safety – P&F ▪ Support the ongoing work of PHN's, ACC and CPH 		<ul style="list-style-type: none"> ▪ Possibilities for closer liaison explored by December 2004 ▪ PHN's, ACC, CPH are supported - ongoing
13. Optimising Function: Maintenance of existing support available and return to work / re-ease programmes	<ul style="list-style-type: none"> ▪ Support the ongoing work of existing programmes and networks 	4. Provide opportunities in employment and economic development for disabled people 15. Value families, whanau and people providing ongoing support	<ul style="list-style-type: none"> ▪ Programmes are supported – ongoing ▪ Return to work programmes available for all staff as required – ongoing

ACCESS

In the 2001 Statistics NZ Disability Survey, 86% of adults with disabilities have seen a GP in the last 12 months and 88% of children. 76% of adults had seen a pharmacist in the last 12 months and 31% had been to a dentist. 71% of children with disabilities had been to a dentist or dental therapist in the last 12 months. However, the survey identified a number of groups with significant unmet need for a health service², which notably included the 15-44 years age group (24%), Maori (23%), people with psychiatric or psychological disabilities (31%) and people with severe limitations (22%). People with sensory disabilities had the greatest unmet need for special equipment (25%).

ACTION	IMPLEMENTATION	LINK TO NZDS OBJECTIVES	MEASUREMENT
14. Undertake a specific review of physical access to all DHB services and make recommendations to improve physical access to services where necessary to ensure maximum usability.	<ul style="list-style-type: none"> ▪ Review undertaken in consultation with the disability sector - DAG ▪ Implementation of recommendations to maximise access to services in line with the Barrier Free Trust Standards - EMT 	2. Ensure rights for disabled people 6. Foster an aware and responsive public service 7. Create long-term support systems centred on the individual	<ul style="list-style-type: none"> ▪ Disability Sector consulted with during review process ▪ Review completed by December 2004 ▪ Implementation of recommendations underway by March 2005
15. Undertake a review of access to DHB services with regard for people with all types of disability in order to reduce non-physical-barriers to services – possible link with Action 15.	<ul style="list-style-type: none"> ▪ Review undertaken in consultation with the disability sector - DAG ▪ Make recommendations to Board based on outcome of review - DAG 	2. Ensure rights for disabled people 6. Foster an aware and responsive public service 7. Create long-term support systems centred on the individual	<ul style="list-style-type: none"> ▪ Disability Sector consulted during process ▪ Review completed by December 2004 ▪ Recommendations received by June 2005 ▪ Implementation of recommendations by December 2005

² Unmet need for at least one type of health service – *Disability Counts*, 2001.

<p>16. Develop a tool to monitor access to DHB services (physical and non-physical).</p>	<ul style="list-style-type: none"> ▪ Tool developed (possibly using Accreditation Audit) which monitors progress towards compliance with NZS 4121³ and the NZDS – OT, Q&R 	<p>2. Ensure rights for disabled people 6. Foster an aware and responsive public service</p>	<ul style="list-style-type: none"> ▪ Tool developed by June 2006
<p>17. Undertake audit of Provider Arm using the monitoring tool developed in 13 above.</p>	<ul style="list-style-type: none"> ▪ Audit completed – OT, Q&R 	<p>2. Ensure rights for disabled people 6. Foster an aware and responsive public service 7. Create long-term support systems centred on the individual</p>	<ul style="list-style-type: none"> ▪ First audit completed by December 2006 ▪ Ongoing audits every 24 - months

³ Building standards

GLOSSARY

ACC	Accident Compensation Corporation: The Accident Compensation Corporation (ACC) administers New Zealand's accident compensation scheme, which provides personal injury cover for all New Zealand citizens, residents and temporary visitors to New Zealand. In return people do not have the right to sue for personal injury, other than for exemplary damages.
CEO	Chief Executive Officer: The Chief Executive oversees the operation of the general managers and reports on the company's performance to the Board and external agencies
CHC	Coast Health Care: The provider arm of the DHB
CPH	Community and Public Health: The West Coast's public health unit
DAG	Disability Action Group: an internal reference group who are responsible for monitoring and some implementation of this Action Plan
DHB	District Health Board: Responsible for providing or buying Government funded health care services for the population of a specific geographical area. There are 21 DHBs in New Zealand and they have existed since 1 January 2001 when the New Zealand Public Health and Disability Act 2000 came into force.
DIS	Disability Information Service: A free, community service with accurate and up-to-date information on a wide range of disability and related health issues.
DSAC	Disability Services Advisory Committee: One of four statutory committees with the following roles - Provide the West Coast District Health Board with advice on the disability support needs of the resident WCDHB population; priorities for use of the disability support funding provided; and to set priorities for the use of health funding provided.
EEO	Equal Employment Opportunity:
EMT	Executive Management Team: A team of senior managers within the DHB, includes CEO, General Managers of Planning and Funding, Mental Health, Operations, Finance, Maori Health and the Director of Nursing and General Manager of Primary Care Services
GMMH	General Manager Maori Health
GP	General Practitioner or Family Doctor
H&DNA	Health and Disability Needs Assessment: A process of determining the health and disability needs of a defined community and how well these needs are met by health and disability services.
H&S	Health and Safety Officer:
HNA	Health Needs Assessment: A process of determining the health needs of a defined community and how well these needs are met by health services

HR	Human Resources: Provides advice on the following – Health & Safety, Workforce Planning, EEO, Remuneration, and Employee Assistance Programme (EAP)
NZDS	New Zealand Disability Strategy: A strategic document produced by the Ministry of Health which presents a long-term plan for changing New Zealand from a disabling to an inclusive service.
NZS	New Zealand Standard: Credible and widely accepted specifications that can be used in contract agreements and, as means of compliance with regulations. Standards “help to shape your day, make it easier, more comfortable and prosperous, safer and simply more convenient”.
OT	Occupational Therapy: Helps people of all ages with physical, emotional, social and developmental disabilities. Provides specialised assistance to learn skills to enable people to lead independent and satisfying lives.
P&F	Planning and Funding: The purpose of the Planning and Funding group is to a) Develop and implement plans for the procurement of Health and Disability services for the people of the West Coast, b) Monitor performance of providers against funding agreements; manage external relationships, and c) Ensure the District Health Board complies with all relevant legislation.
PHN's	Public Health Nurses: Carry out health education, health promotion, health assessment and disease prevention activities in schools and the community.
Q&R	Quality and Risk Manager
RIF	Regional Intersectoral Fora: Established by Te Puni Kokiri to develop a collaborative working arrangement between government departments that have an interest in promoting Maori outcomes. On the West Coast, RIF has been in operation for approximately 3 years and focuses primarily on education.
WCDHB	West Coast District Health Board: One of 21 DHBs, serves the population from Karamea to Jacksons Bay.