



Disability Strategy and Implementation Plan 2009/10 – 2011/12

Adopted by the Board September 2009

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1 Introduction

1.1 Aim of the plan

The aim of the Northland District Health Board's Disability Strategy Implementation Plan is to:

- set strategic priorities for the three year period 2009/10-2011/12
- guide us in the achievement of a non-disabling culture
- guide us in the provision of services responsive to disabled people, and employment and leadership opportunities for disabled people.

Key values underpinning this plan compel those involved in implementing change to look beyond a strong "disability" reference, by promoting the concept of compassion, effective communication, creating time for essential, quality relationships to be developed with individuals and honouring a quality of life which is the right of all people. Along with other New Zealanders, disabled people aspire to a good life.

Part of the challenge of leading an ordinary life involves making sure services for the general population are accessible to everyone, including disabled people and others with particular needs e.g. parents with young children, older people, and employees.

1.2 What is disability?

Disability is not something individuals have. What individuals have are impairments. They may be physical, sensory, neurological, psychiatric, intellectual or other impairments. Disability is the process which happens when people create barriers by designing a world only for their way of living, taking no account of the impairments other people have.

Our society is built in a way that assumes we can all see signs, read directions, hear announcements, reach buttons, access or reach daily essentials such as food, be safe, have the strength to open heavy doors and have stable moods and perceptions.

The World Health Organisation¹ describes disabilities as "an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations."

Thus disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives.

The International Classification of Functioning, Disability and Health, known more commonly as ICF, is a classification of health and health-related domains. These domains are classified from body, individual and societal perspectives by means of two lists: a list of body functions and structure, and a list of domains of activity and participation. Since an individual's functioning and disability occurs in a context, the ICF also includes a list of environmental factors.

The ICF puts the notions of 'health' and 'disability' in a new light. It acknowledges that every human being can experience a reduction in health and thereby experience some degree of disability. Disability is not something that only happens to a minority of humanity. The ICF

¹ World Health Assembly Resolution 54.21, 54th session 22 May 2001.

thus 'mainstreams' the experience of disability and recognises it as a universal human experience. By shifting the focus from cause to impact it places all health conditions on an equal footing allowing them to be compared using a common metric – the ruler of health and disability. Furthermore ICF takes into account the social aspects of disability and does not see disability only as a 'medical' or 'biological' dysfunction. By including "Contextual Factors", in which environmental factors are listed ICF records the impact of the environment on the person's functioning.

1.3 Why was the plan developed?

Changing attitudes to disability nationally

New Zealand's approach to disability issues and disabled people has changed over the last 20 years. This change presents challenges to what government services are provided, how these services are delivered and, more broadly, to some of society's attitudes towards disabled people.

Driving this change are the raised expectations and aspirations of disabled people themselves. Disabled people expect to participate as full and equal citizens – with the same set of rights, obligations and opportunities that other people have. The New Zealand Disability Strategy(2001)and the ratified United Nations Convention on the Rights of Persons with Disabilities both reflect this.

To realise their aspirations, disabled people need access to the goods, services and facilities that others can access. Some disabled people may also need disability-specific support services to help them to be as independent as possible at each stage of the life cycle. Regardless of the services needed, disabled people need to retain control over their lives, and the decisions that affect them.

Responding to this change is made more challenging by another key driver – demographics. Today around one in six New Zealanders are disabled. With an ageing population, we expect a 60 per cent increase in the number of disabled people over the next 40 years.

New Zealand Disability Strategy

The New Zealand Public Health and Disability Act 2000 (the Act) required the development of a New Zealand Disability Strategy (NZDS).

Following extensive consultation, the NZDS was launched in April 2001 to guide and promote a more inclusive society. It is an intersectoral document with relevance across the whole public sector in New Zealand.

The NZDS acknowledges the special relationship between Maori and the Crown under the Treaty of Waitangi. Central to the Treaty relationship and implementation of Treaty principles is the important role Maori have in developing and implementing disability strategies.

New Zealand Public Health and Disability Act 2000

In the New Zealand's disability sector, there is support for a social model which places disability within its social context and focuses on the relationship between people with impairment and their social environment, and on removing barriers to participation in that environment

This approach is consistent with the description and intent of DHB responsibility in the NZDS. Section 22 (1) of the Act states that "...every DHB has the following objectives:

- a) to promote effective care or support for those in need of personal health services or disability support services;
 - b) to promote the inclusion and participation in society and independence of people with disabilities;
- ...

The Act defines disability support services in Section 6(1) as including "...disability support services includes goods, services and facilities:

- a) provided to people with disabilities for their care or support or to promote their inclusion and participation in society, and independence; or
- b) provided for purposes related or incidental to the care or support of people with disabilities or to the promotion of the inclusion and participation in society, and independence of such people."

Disability Support Advisory Committee

Disability support advisory committees were established under section 35 of the New Zealand Public Health and Disability Act 2000. Schedule 4, clause 3 of the Act details the functions of disability support advisory committees:

- (1) The functions of the disability support advisory committee of the board of a DHB are to give the board advice on:
 - (a) the disability support needs of the resident population of the DHB; and
 - (b) priorities for use of the disability support funding provided.
- (2) The aim of a disability support advisory committee's advice must be to ensure that the following promote the inclusion and participation in society, and maximise the independence, of the people with disabilities within the DHB's resident population:
 - (a) the kinds of disability support services the DHB has provided or funded or could provide or fund for those people:
 - (b) all policies the DHB has adopted or could adopt for those people.
- (3) A disability support advisory committee's advice may not be inconsistent with the New Zealand disability strategy.

1.4 How the plan was developed

A Steering Group was established in October 2008, with representatives from the wider health and disability sector and disabled communities (refer Appendix 1, Steering Group Terms of Reference and Membership).

A stock take of current activities was completed to identify Northland DHB's current policy direction and specific activities occurring to promote an inclusive environment.

Consultation occurred to ensure input from service users and those representing disabled people, their family and whanau. Members of the Steering Group supported the consultation process through their contact with wider stakeholder groups and disabled communities.

In addition to the valuable contribution of the Steering Group, Northland DHB received written submissions from the Disabled Persons Assembly Northland, Whangarei District Council's Positive Ageing Advisory Group and Age Concern, Whangarei.

Following this initial consultation process, actions and priorities were identified by the Steering Group and this strategy drawn up in draft form. The initial draft was viewed by DiSAC at its June meeting.

Service users were further consulted on the draft strategy. This process was supported by the development of an 'easy to read' version of this strategy.

The final draft strategy was returned to DiSAC prior to submission to the Board for adoption.

2 Guiding Principles

These principles are critical to the Northland DHB's planning to meet health needs and delivery of services. They are consistent with the approaches identified by the Northland DHB in the development of our various strategies.

2.1 Treaty of Waitangi

The Treaty of Waitangi is considered the founding document of this nation and establishes the unique and special relationship between Maori and the Crown. Northland DHB participates in relationships with Maori that recognise and respect the Treaty of Waitangi principles of partnership, participation and active protection of Maori health interests, in order to improve health outcomes and reduce inequalities for Maori.

For Northland DHB, this means enabling Maori participation in funding, planning and decision making through active partnership with Maori at all levels of the health sector – in governance, operational management and workforce development, in supporting Maori health provider development, including Kaupapa Maori models of service delivery, and in acting to improve the health and wellbeing of Maori while safeguarding Maori cultural concepts and values.

2.2 Whanau Ora

To incorporate the four He Korowai Oranga (Maori Health Strategy) pathways² into service planning and resource allocation decision-making, analysis of service proposals includes an assessment of their contribution to Whanau Ora. They must:

- reduce inequalities in health status for Maori
- increase Maori participation in the delivery and utilisation of health and disability support services
- improve the health status of Maori
- improve independence for Maori with disabilities
- improve opportunities for Maori to participate in wider society as well te ao Maori (the Maori world)
- consider Maori values (as well as value for money) and be culturally appropriate
- increase the level of Maori participation in service planning, implementation and delivery.

2.3 Reducing inequalities

Reducing inequalities is one of the key strategic issues that permeate all of Northland DHB's planning and funding processes, and decisions. It is one of the main thrusts of our prioritisation policy to ensure that funding decisions are consistently driven by the need to reduce inequalities among population groups.

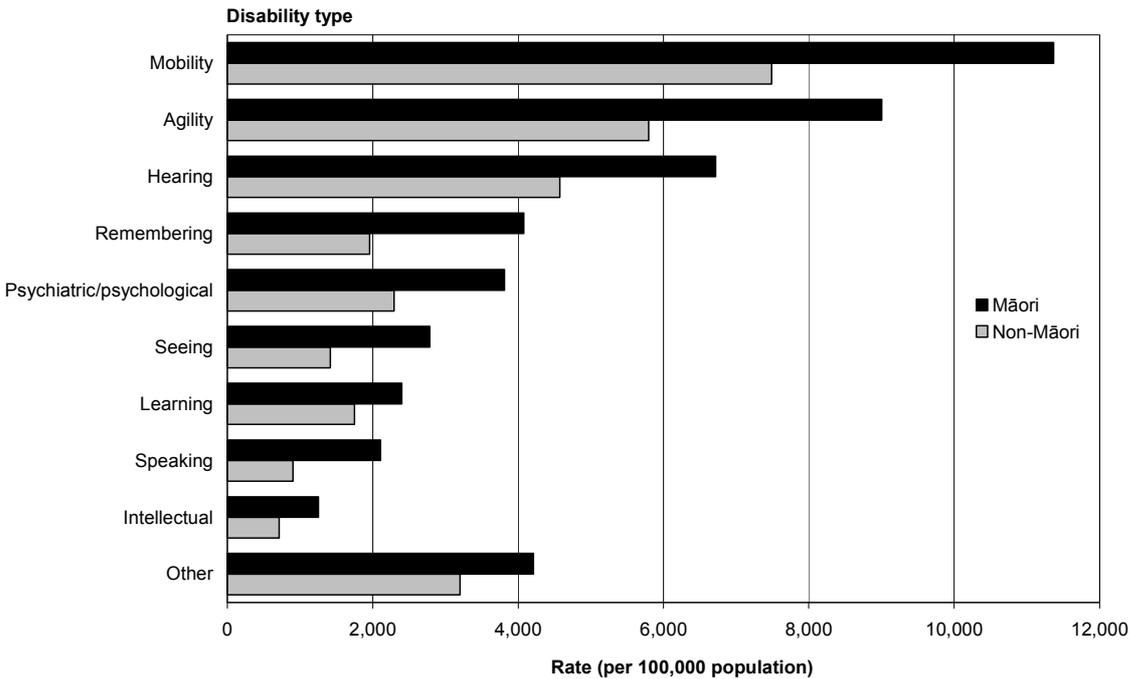
The most common inequalities relate to measures of health and health service usage by Maori. Pacific people also experience inequalities. Other inequalities that may be relevant to particular situations exist between rural and urban, deprived and wealthier populations, age groups, and males and females.

² The 4 pathways are: development of whanau, hapu, iwi and Maori communities; Maori participation in the health and disability sector; effective health and disability services; and working across sectors.

2.3.1 Inequalities for Maori

Disability is more prevalent among Maori than non-Maori. A report³ based on 2001 data showed that, after adjusting for age-structure differences, disability prevalence was 24% among Maori and with 17% for non-Maori. Figure 1, copied from the report, shows that Maori have higher age-standardised rates across all types of disability. (Note that the survey did not distinguish disability by cause, so it will include disabilities resulting from long term conditions such as cardiovascular disease which we know develop at earlier ages among Maori.)

Figure 1 Age-standardised rates of different disability types for Maori and non-Maori adults living in households, 2001



With more Maori living with a disability it is essential that the development, delivery and monitoring of Disability Support Services is inclusive of Maori Health perspectives and Maori Health aspirations.

2.3.2 Inequalities related to age

Older people experience difficulties when their problems are seen as an inevitable part of ageing. Faced with this attitude, they may miss the opportunity to remain healthy and independent through rehabilitation, correction of health problems or employment.

In addition to the effects of genetic inheritance, health in later life is determined by a complex interplay of social and economic factors from birth, as well as by gender and ethnicity.⁴ In their discussions on health status, a working group established by the Ministry of Women’s Affairs stressed the need to adopt a wider public health perspective of ageing well, rather than concentrating on the deficits of ill-health and disability.

³ *Living with Disability*. Ministry of Health, 2004. (Further analysis of data from the Statistics NZ 2001 survey *Disability Counts*).

⁴ Ministry of Women’s Affairs, (2002).

2.3.3 Inequalities in the labour market in New Zealand

Access to employment is an important factor affecting the well-being of individuals and their families⁵. The nature and extent of participation in the labour market is a major determinant of living standards, affecting the economic resources available for the purchase of goods and services. Income from paid work influences outcomes in many areas of life, such as housing, education and health. Returns from work can continue into retirement, providing material comfort and financial security. Access to meaningful employment is also an important factor affecting individual identity and self-worth. People without paid work may be at risk of poverty and isolation.

Internationally and in New Zealand, studies have consistently shown that people with disabilities are disadvantaged in the labour market⁶. This is recognised in the United Nations Convention on the Rights of Persons with Disabilities⁷, which came into force on 4 May 2008, and was ratified by New Zealand on 26 September 2008.

Article 27 of the Convention, which is about work and employment states that parties recognize the rights of people with disabilities to work, on an equal basis with others. This includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities.

⁵ Office of Disability Issues 2008, Briefing to Incoming Minister.

⁶ Jensen J, Sathiyandra S, Rochford M, Jones D, Krishan V, McLeod K, 2004. Work participation amongst people with disability: does the type of disability influence the outcome? Ministry of Social Development, Wellington.

⁷ <http://www.un.org/disabilities/default.asp?navid=12&pid=150>

3 Implementing the plan

3.1 What will NDHB do?

Northland DHB's prime focus will be to establish a disability advisory position or function within the organisation. The position will work at an operational level to support the implementation of the strategy, and work closely with DiSAC in monitoring and evaluating the achievement of the strategy's actions. Northland DHB will explore options for funding the position from other organisations.

3.2 Working in partnership

Working with other agencies enables the health sector to better address needs that affect and underlie health status. It can also be a way of reaching the most deprived populations, particularly as they form the client base for agencies such as the Ministry of Social Development (MSD) and Housing NZ. Northland DHB already engages with Whangarei District Council on matters related to disability in general and ageing (described further in 4.6). While attention in the implementation plan is mainly on Northland DHB's own services, we will continue to explore opportunities for interacting with other organisations.

4 Strategic Implementation Plan

The development of the Disability Strategy Implementation Plan is included as a specific action in the District Annual Plan for 2009/10.

The Steering Group has adopted the priority framework highlighted in the NZDS for publicly funded agencies and service providers. This has guided the development of the six priorities on which the sections in the Implementation Plan are based

- 4.1: Accessibility and affordability
- 4.2: Staff attitudes and disability awareness training
- 4.3: Employment practices
- 4.4: Quality of communicating information which is appropriate for disabled people
- 4.5: Foster leadership which is Inclusive for disabled people
- 4.6: Long term support systems centred on the individual

Following adoption of the Disability Strategy Implementation Plan by the NDHB Board, the priority actions will be agreed by the Steering Group and phased to ensure the key actions are achievable within available resources and that the plan is sustainable.

4.1 Accessibility and affordability

Strategic objectives

Ensure government agencies, publicly funded services and publicly accountable bodies (such as District Health Boards) are aware of and responsive to disabled people.

Promote opportunities for disabled people to participate in their communities, have access to health and disability services in a way that takes into account the needs and targets of populations such as Maori whanau and Pacific people.

Maori and Pacific peoples receive an equitable level of resource that is delivered in a culturally appropriate manner.

Provide an accessible journey for disabled people to services within physical environments where Northland DHB provides services.

Promote a non-disabling culture within the Northland District Health Board for service users, whanau, staff, contractors and volunteers.

Promote the inclusion of disabled people in leadership roles.

Objectives within the NZ Disability Strategy

6, 11, 12, 14.

Current activities

Disability sector representatives appointed onto NDHB Statutory Committees.

Kaunihera at governance level.

Membership on Whangarei District Council's Positive Ageing Advisory Group (PAAG).

Northland DHB/ MAPO partnership.

Access to Takawaenga services.

Three-year planning cycle based on a comprehensive health needs assessment of Northland's resident population.

Development of training for cultural competency.

Northland Regional Council's Total Mobility Service Scheme supports disabled people to access services.

Northland DHB policy direction and funding for reducing inequalities and achieving positive health outcomes for Maori.

General practice disability awareness supported through the allocation of SIA⁸ funding.

Developing restorative/ strengths models of health care delivery in, for example, Mental Health and Health of Older People Services.

NGO initiatives to improve accessibility and affordability for disabled people funded by a range of providers and government agencies (such as Ministry of Health, Housing New Zealand) in partnership with Northland DHB.

⁸ Services to Improve Access, a fund available to PHOs to reduce inequalities among those populations that are known to have the worst health status.

Priority needs identified

Recognise peoples' changing expectations around the nature of disability support services. This should be paramount.

Continue to identify and develop Disability Support Services ensuring equitable access across Northland.

Ensure disabled people have the same rights of citizenship as non-disabled people.

Secure dedicated resource(s) for Northland DHB to address the NZDS.

Work in partnership with the Northland Intersectoral Forum (NIF), Northland Regional Council and Whangarei District Council to address transport issues.

Identify appropriate disability support pathways between primary, secondary and community based services.

Qualified "barrier free" auditor(s)/auditing in Northland.

Assess disabled peoples' experience of NDHB services (for example, parking rules need to be enforced and abuse of disability parking is an ongoing issue).

Actions	Agencies and services involved	Measures/ milestones	Resources required
<p>1 Assess through surveys and audits the accessibility of NDHB facilities for compliance with access requirements, adopting the Building Act NZS 4121:2001, the Building Code.</p> <p>2 Conduct barrier-free audits incrementally by priority/functional departments and implementing recommendations when reasonable</p> <p>3 Ensure best practice barrier free component is a priority in the design and development of any new Northland DHB buildings or contracted services.</p> <p>4 Develop action plans to deal with issues of non-compliance with access requirements.</p>	<p>CFO/ GM Corporate Services</p> <p>Estate Services, Procurement Services</p> <p>Quality Resource Unit</p> <p>Community agencies and groups</p>	<p>Communities of interest can identify and report barriers to access.</p> <p>Resources support barrier free initiatives for new buildings and existing Northland DHB buildings.</p> <p>Meet achievable targets (buildings built after 2007 meet NZS 4121, 2001).</p> <p>Service planning: results in service delivery that is accessible, reliable and provided in ordinary settings.</p> <p>Coordination of public and other funding to meet community needs.</p>	<p>Existing</p>
<p>5 Seek collaborative intersectoral solutions to reducing multiple barriers faced by Northlands disabled residents:</p> <ul style="list-style-type: none"> • physical 	<p>Service Development, Funding and Planning.</p> <p>NDHB Provider</p>	<p>Joint policy and planning that reduces barriers to work and employability; access to disability and health services and effective intersectoral</p>	<p>Existing, enhancement</p>

Actions	Agencies and services involved	Measures/ milestones	Resources required
<ul style="list-style-type: none"> • environmental • attitudinal • cultural • experience of service users 	Services. DiSAC	discharge planning. Joint assistance and work initiatives and innovation consistent with national and regional policy and programme direction.	
6 Assess attitudes of staff by surveying disabled patients' experiences and provide staff training to address the outcomes of the assessments to be implemented incrementally by functional departments.	NDHB Quality and Risk Management Team	Dedicated disability resource(s) secured and priorities set to ensure the implementation of the Northland DHB Disability Strategy Implementation Plan is sustainable.	New
7 Adequately fund or seek other resource to employ or contract a disabilities coordinator/ advisor / disability advice function.	Service Development, Funding and Planning Community Agencies		

4.2 Staff attitudes and disability awareness training

Strategic objectives

Encourage the emergence of a non-disabling community that respects and highly values the lives of disabled people and supports inclusive communities.

Uphold and promote the value of disabled people.

Engage representatives of disabled groups/ dedicated resource to promote disability awareness such as Deaf Aotearoa New Zealand – Tangata Turi, The Royal New Zealand Foundation of the Blind.

Encourage and educate all relevant staff, contractors and volunteers in disability awareness.

Support lifestyle choices for disabled people within their communities of choice.

Objectives within the NZ Disability Strategy

1, 2, 5, 7, 9.

Current activities

Generic orientation and training within dedicated Northland DHB programmes OO orientation programme, NDHB Management Development Programme, various training modules described as “holistic”.

Northland DHB EEO Policy.

Whangarei District Council’s Settlement Support Coordinator works in partnership with Northland DHB to promote staff awareness.

Priority needs identified

A more specific focus on disability awareness and dedicated training resource.

Strengthen links within NDHB EEO Policy.

Secure dedicated resource(s) for Northland DHB to address the NZDS.

Actions	Agencies and services involved	Measures/ milestones	Resources required
1 Increase the overall understanding and knowledge of the NZDS’s disability issues among Northland DHB’s employees and Board members through 100% training attendance by 2010.	CEO CMG/ SMG Service managers Learning Centre NDHB Communication Team	Annual surveys and audits ensure disabled people receive health and disability services that are appropriate and meet their needs. All new employees, contractors, volunteers and Board members are receiving disability awareness training as part of their orientation or induction training by	New
2 Include a disability issues training component in staff, contractor and volunteer	State Sector Commission mainstream programme		

Actions	Agencies and services involved	Measures/ milestones	Resources required
orientation and Board induction training process.	Disability groups	January 2010.	
3 Provide up to date information, training, and continuing education for staff who deal with employment issues (recruitment, HR, managers, occupational health) in order to increase their awareness and understanding of the needs of disabled people and broader workforce initiatives.	a/a	Benefit measured through audit and reduction in related complaints. Measure the number and percentage of HR, recruitment, service managers and occupational health staff who have received disability awareness training.	New
4 Provide up to date information, training, and continuing education for staff who deal with the public (clinical and first contact staff) in order to increase their awareness and understanding of the needs of disabled people and application to their practice and interactions with disabled people.	a/a	80% clinical, recruitment, HR, service managers, and first contact staff receive disability competency training by June 2011 with provision for updates. Disability and advisory groups engaged to promote staff awareness. Sustainable training options in place.	New
5 Development of a regular disability column in <i>Prescribe</i> promoting community issues in communications to staff	NDHB Communications Team	A regular disability column is included in staff communications.	Existing
6 Adequately fund or seek other resource to employ or contract a disabilities coordinator/ advisor/ disability advice function.	Service Development, Funding and Planning	Dedicated disability resource(s) secured and priorities set to ensure the implementation of the Northland DHB Disability Strategy Implementation Plan is sustainable.	New
7 Formalise links across sector vocational therapists and rehabilitation coordinators.	NDHB Provider Services	NDHB's organisational culture supports self disclosure where this is essential for a positive transition into employment.	Enhancement
8 Continue to apply appropriate weighting to experience of disability when appointing statutory advisory committees.	NDHB DiSAC	A representative DiSAC Committee	Existing

4.3 Employment practices

Strategic objectives

Provide opportunities in employment and economic development for disabled people.

Adopt an intersectoral approach.

Enable disabled people to work in the open labour market (in accordance with human rights principles) and maintain an adequate income.

Objectives within the NZ Disability Strategy

3, 4, 7, 8.

Current activities

Generic EEO Policy.

Workforce development partnerships with MSD/ Enterprising Communities.

Northland Intersectoral Forum (NIF)/ intersectoral workforce forum 24/11/08.

Priority needs identified

Initiate disability awareness to prevent a disabling environment which can affect self disclosure, equal opportunities in employment and appropriate disability support.

Support policy development that recognises employment as a positive intervention in Northland.

Support Northland DHB's mature workforce.

Address barriers to employment for Northland residents such as mental illness.

Collect primary or secondary care data relating to disability (Census data is predominantly "mainstream").

Actions	Agencies and services involved	Measures/ milestones	Resources required
<p>1 Provide employment opportunities for disabled people:</p> <p>Capture statistics on disabled employees within NDHB, identifying and resolving potential barriers.</p> <p>Review all employment policies and procedures to ensure they</p>	<p>DiSAC</p> <p>CEO</p> <p>CMG/ SMG</p> <p>Service Managers</p> <p>Human Resources</p> <p>Occupational Health Service</p>	<p>The number of disabled people employed reflects the percentage of disabled people in the general working age population.</p> <p>Appropriate work environments and conditions reduce barriers for employees with disabilities.</p> <p>Learning opportunities are available and accessible to</p>	<p>Existing, enhancement</p>

Actions	Agencies and services involved	Measures/ milestones	Resources required
<p>maximise employment opportunities for disabled people.</p> <p>Make learning and development courses and training opportunities accessible for all staff.</p> <p>Advertise widely and in a range of formats when recruiting.</p> <p>2 Support multimedia interaction at employment interviews.</p>		<p>all staff and contractors.</p> <p>Northland DHB remains an inclusive EEO employer.</p> <p>Pathways developed for disabled employees needing support.</p> <p>Usage of flexible employment options and supportive HR policies such as “job carving” which aligns a person’s abilities with job tasks and functions to make employment more sustainable.</p>	

4.4 Quality of communicating information which is appropriate for disabled people

Strategic objectives

Improve the quality of relevant disability information collected, analysed and used, including regular surveys of activity limitation.

Uphold the rights of disabled people.

Objectives within the NZ Disability Strategy

2, 10.

Current activities

Language barriers accommodated through access to Interpreter Services.

Only one sign language interpreter in Whangarei.

Priority needs identified

Develop support services for people with sensory related disability, who have no immediate whanau or carer support such as sign language.

Awareness of literacy support needs as well as disability support needs.

Address non-standardised/ discriminatory tools being used in clinical settings which indicate patients' disability.

Actions	Agencies and services involved	Measures/ milestones	Resources required
<p>1 Ensure that people who cannot use usual formats such as written letters or telephones can send and receive confidential information to/from NDHB in a timely manner by 2011.</p> <p>2 Improve the accessibility of verbal information by staff, and public information produced by NDHB through publication in alternative formats (audio, plain language, large print, pictorial etc) and accessible electronic</p>	<p>NDHB Communication Team</p> <p>NDHB Quality and Risk Management Team</p> <p>Service managers</p> <p>All staff and contractors</p>	<p>NDHB signage, intranet, internet and communication upgrades responsive and inclusive for all service users.</p> <p>Production and availability of information in alternative formats increased through to 2012.</p>	<p>Existing, enhancement</p>

Actions	Agencies and services involved	Measures/ milestones	Resources required
facilities by 2011.			
3 Ensure that the complaints procedure is accessible.	NDHB Quality and Risk Management team	All staff trained to be able to inform disabled people of access to support people and advocacy services.	Existing
4 Increase NDHB provision of Braille, large print, audio, and assistive hearing systems, and improve access to NZ Sign Language interpreters.	a/a	Written and verbal communication in all service and clinical areas and the content of disability support plans upholds the rights and dignity of disabled people. Review access to Language Line and NZ Relay for those with hearing impairment.	Enhancement
5 Ensure intranet, internet, and signage upgrades incorporate accessibility features and guidelines.	IT Governance Group	Guidance on best practice sought from the Royal New Zealand Foundation of the Blind.	
6 Implement accessible communications and branding policy style for all publications.	NDHB Communications team	All Communication is effective, accessible and non-discriminatory.	Enhancement
7 Standardise signage and communication in all service and clinical areas which identify specific disability to ensure non-discriminatory practice.	NDHB Corporate/Property Services		
8 Adopt practices used by other DHBs such as flip charts to communicate to staff how they would like to be treated and overcome literacy barriers.	NDHB Provider Services		

4.5 Foster leadership which is inclusive for disabled people

Strategic objectives

Acknowledge the experience of disability as a form of specialised knowledge and strengthen the leadership of disabled people.

Promote the inclusion of disabled people in leadership roles.

Ensure that government agencies, publicly funded services and publicly accountable bodies (such as territorial authorities) are aware of and responsive to disabled people.

Objectives within the NZ Disability Strategy

4, 5, 6, 13.

Current activities

Appropriate weighting applied to experience and leadership in disability when appointing the DiSAC statutory advisory committee.

Priority needs identified

Ensure governance mechanisms are inclusive.

Continue to foster leadership by disabled people (that is, active ownership not passive engagement).

Actions	Agencies and services involved	Measures/ milestones	Resources required
1 Adequately fund or seek other resource to employ or contract a disabilities coordinator/ advisor/ disability advice function.	Service Development, Funding and Planning	Dedicated disability resource(s) secured and priorities set to ensure the implementation of the Northland DHB Disability Strategy Implementation Plan is sustainable.	New
2 Champion GM sponsor to ensure disability advisor/ coordinator/ disability awareness function has the appropriate status within the organisation.	CMG/SMG		
3 Apply weighting to the experience of having a disability to the appointment process of the statutory advisory committee.			

4.6 Long term support systems centred on the individual

Strategic objectives

Enable disabled people, their family and whanau to work in the open labour market (in accordance with human rights principles) and maintain an adequate income; and/or engage in meaningful activity.

In partnership/ leadership roles, ensure other government agencies, publicly funded services and publicly accountable bodies (such as territorial authorities) are aware of and responsive to disabled people.

Service users can access simple, seamless and equitable services across age groups, geographical areas, cause of impairment, type of impairment and funders.

Services are age-appropriate and enhance consumer choice.

Acknowledge and support the roles, responsibilities and issues facing family, whanau and those who support disabled people.

Construct a quality assessment and service delivery system that is centred on disabled people, ensures their participation in assessment, and service delivery has invisible borders and is easy to access.

Provide opportunities for disabled people to have their own homes and lives in the community.

Objectives within the NZ Disability Strategy

4, 5, 6, 15.

Current activities

Northland DHB DiSAC.

Northland DHB has a dedicated staff Occupational Health team focusing on employment risk, injury prevention, staff recovery and rehabilitation.

Carer Support Guidelines reviewed regionally acknowledging the role, responsibility to/of whanau and those who support disabled people.

NDHB services exploring new service delivery models for supported living options in the community and dedicated respite care services.

Client management systems and data collection development is occurring but with systemic gaps.

Disability groups and community action across Northland.

Health and disability initiatives in related sectors such as Housing, MSD.

Links to Whangarei District Council Disability Advisory Group.

Whangarei District Council Positive Ageing Strategy and membership on Positive Ageing Advisory Group (PAAG).

Priority needs identified

Population data relating to disability is not included within current demographic profiles.

Disability awareness at the point of access in primary and secondary services.

Maintain links with other key sectors (such as MSD/Work and Income, and education) as a priority.

Disabled youth transition services.

Integrate patient/ client data, both internal and external.

Continued quality improvement in assessment, service coordination, information and carer input.

Reach those in rural communities.

Action	Agencies and services involved	Measures/ milestones	Resources required
1 Involve disabled people and carers in decisions that affect them.	Service Development Funding and Planning NDHB Provider services NASC ⁹ MSD ACC Whangarei District Council	Service user consultation policy and processes revised to include disabled people and their family and whanau, across all ages.	Existing
2 Review the National Carers Strategy 2008 and adopt appropriate recommendations within available resources.	Service Development, Funding and Planning	Recommendations reviewed and prioritised	Existing
3 Reduce barriers to services by focusing on individuals' impairment and positive recovery, not diagnostic impairment.	NDHB Provider Services NASC	Long term planning and monitoring for disability support services based on best practice/ standardised assessment and goal setting (InterRAI Target Tool) and exchange of information.	Existing
4 Simplify assessment services and allocation of flexible goal-oriented or self-determined and culturally appropriate	a/a	a/a	Existing

⁹ Needs Assessment and Service Coordination. An organisation contracted by the Ministry of Health or DHB to: (a) determine a person's eligibility and need for publicly-funded disability support services (needs assessment); (b) allocate services which are then delivered by third party providers (service coordination).

Action	Agencies and services involved	Measures/ milestones	Resources required
support services.			
<p>5 Service development for children and young people includes a focus on disabled children and young people and their carers/ whanau.</p> <p>6 Formalise links across sector vocational therapists, rehabilitation coordinators, grief and loss counselling services, translation services.</p>	<p>NDHB Provider Services</p> <p>Government and Community Agencies</p>	<p>Youth transition into the community or employment assisted by Northland DHB Allied Health Services.</p> <p>Increased access to antenatal services across Northland, and parenting support services.</p>	Enhancement
7 Continue to work across funders and other agencies to expand supported independent living options.	<p>Service Development, Funding and Planning</p> <p>NDHB Provider Services</p> <p>NGOs</p> <p>Government and Community Agencies</p>	Options for service navigation explored.	Enhancement
8 Adequately fund or seek other resource to employ or contract a disabilities coordinator/ advisor / disability advice function.	Service Development, Funding and Planning	Dedicated disability resource(s) secured and priorities set to ensure the implementation of the Northland DHB Disability Strategy Implementation Plan is sustainable.	New

Appendix 1: Developing a Northland DHB Disability Strategy Implementation Plan

Terms of Reference

The New Zealand Public Health and Disability Act 2000 required the development of a New Zealand Disability Strategy (NZDS).

Following extensive consultation, the NZDS was launched in April 2001 to guide and promote a more inclusive society. It is an intersectoral document with relevance across the whole public sector in New Zealand.

The NZDS acknowledges the special relationship between Maori and the Crown under the Treaty of Waitangi. Central to the Treaty relationship and implementation of Treaty principles is the important role Maori have in developing and implementing disability strategies.

In the New Zealand's disability sector, there is support for a social model which places disability within its social context and focuses on the relationship between people with impairment and their social environment, and on removing barriers to participation in that environment

This approach is consistent with the description and intent of DHB responsibility in the NZDS. Section 22 (1) of the Act states that "every DHB has the following objectives:

- c) to promote effective care or support for those in need of personal health services or disability support services;
- d) to promote the inclusion and participation in society and independence of people with disabilities;"

The Act defines disability support services in clause 6 Interpretation as:

"disability support services includes goods, services and facilities –

provided to people with disabilities for their care or support or to promote their inclusion and participation in society, and independence; or

provided for purposes related or incidental to the care or support of people with disabilities or to the promotion of the inclusion and participation in society, and independence of such people."

Disability Support Advisory Committees (DiSAC) were established by District Health Boards under section 35 of the New Zealand Public Health and Disability Act 2000. Schedule 4, section 3 of the Act details the functions of Disability Support Advisory Committees

- (1) The functions of the disability support advisory committee of the board of a DHB are to give the board advice on:
 - (a) the disability support needs of the resident population of the DHB
 - (b) priorities for use of the disability support funding provided.
- (2) The aim of a disability support advisory committee's advice must be to ensure that the following promote the inclusion and participation in society, and maximise the independence, of the people with disabilities within the DHB's resident population:
 - (a) the kinds of disability support services the DHB has provided or funded or could provide or fund for those people

- (b) all policies the DHB has adopted or could adopt for those people.
- (3) A disability support advisory committee's advice may not be inconsistent with the New Zealand disability strategy.

Historically, discussion within Northland DHB's DiSAC has predominantly focused on services relating to the District Health Board's funding responsibility.

Since the devolution of Health of Older People Services funding, October 2003, DHBs are responsible for funding services for those over 65 years of age, and those 50-64 years who are "close in age and interest", and the Ministry of Health is responsible for funding services for those under 65 years of age.

People with a psychiatric disability were included in the 1994 definition of disability, but responsibility for funding services for this group was devolved to DHBs in 2001 and 2003.

DiSAC currently operates under terms of reference ratified by the Board in March 2005.

It is timely that Northland DHB considers disability services and priorities relating to Northland's resident population and mechanisms to implement and receive advice from the DiSAC committee.

Priorities highlighted in the NZDS for publicly funded agencies/service providers include, but not limited to:

- accessibility, affordability
- staff attitudes/disability awareness training
- employment practices
- quality of communicating information which is appropriate for disabled people
- foster leadership by disabled people
- long term support systems centred on the individual

Consultation will occur to identify the priorities specific for the people of Northland, ensuring the needs of specific groups/disability are inclusive.

District Annual Plan

This plan will be included as a specific action in the District Annual Plan 2009/2010.

Membership of Steering Group

Organisation / provider	Name and title
Northland DHB, Service Development and Funding	Lyn Rostern, Population Health Strategist (Project Leader)
Northland DHB, Service Development and Funding	Susanne Scanlen, Portfolio Manager Disability Support Services, Health of Older People and Palliative Care
Northland DHB Secondary Services	Marion McCauley, Manager Community Rehabilitation
Northland DHB Kaunihera Council of Elders	Whaea Bella Hutchinson, Madam Chair

Organisation / provider	Name and title
Te Tai Tokerau MAPO	Marjorie Phillips, Portfolio Manager Disability Support Services, Health of Older People and Palliative Care
Ngati Hine Health Trust	Janice Gardner, General Manager Community Services
Age Concern Whangarei	Beryl Wilkinson, President
Ministry of Social Development, Work and Income	Ken Rostern, Northland Regional Disability Advisor
Ministry of Education, Special Education	Rose Cameron
Northable	Noel Matthews, General Manager
Northland Disabled Persons Assembly	Jenni Claris, Consumer Representative
Tiaho Trust	Jonnie Wilkinson, Manager
Whangarei District Council	Kim Silby, Disability Advisor

Roles of the Steering Group

Set work programme.

Agree on framework, terms of reference for the disability community.

DHB team will lead stocktake, and steering group will represent the disability communities.

Accountability

The group will report, through the Population Health Strategist-General, to the GM Service Development and Funding and Maori Health, Northland DHB, with two monthly reports to DiSAC through to the Board.

The role of the Steering Group through their membership is to ensure communication back to the groups they represent, and also ensure their views are represented..

Steering Group meeting processes

Meetings will take place in Whangarei. The Population Health Strategist will convene the meetings and administrative support will be provided by the DHB. The work programme will determine meeting frequency, but there will be at least monthly.

Communication processes

Group communication will be by email. A list to be provided.

Activity

Activities will include:

- scoping the task(reference to WDHB plan)

- consultation
- writing the draft plan
- agreeing the content and priorities
- approval and authorisation
- presentation to DiSAC
- Northland DHB Disability Strategy embedded in the 2009/2010 DAP.

Outcomes

- 1 The Disability Implementation Plan will be embedded in the 2009/2010 DAP, and priority actions identified
- 2 Northland DHB plans to become an inclusive organisation, setting a positive direction.

Timeframe

Commencement September 2008.

Completion by February 2009.

Appendix 2: NZ Disability Strategy Objectives

- 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.
- 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.
- 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.
- 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.
- 15 Value families, whanau and people providing ongoing support.