PUBLIC

AGENDA

Held on Wednesday 23 September, 2020

Main meeting room, Boulcott's Farm Heritage Golf Club, 33 Military Road, Lower Hutt

Zoom meeting ID: **976 8527 9736**

Time: From 1330 to 1600

3DHB COMBINED DISABILITY SUPPORT ADVISORY COMMITTEE

	ITEM	ACTION	PRESENTER	MIN	TIME
1	**PROCEDURAL BUSINESS**			**15**	**1330**
1.1	Karakia		All members		
1.2	Apologies	**RECORD**	Chair		
1.3	Continuous Disclosure – Interest Register	**ACCEPT**	Chair		
1.4	Confirmation of Draft Minutes	**APPROVE**	Chair		
1.5	Matters Arising	**NOTE**	Chair		
1.6	DRAFT Work plan	**APPROVE**	2DHB Director Strategy, Planning and Performance – Rachel Haggerty		
2	**PRESENTATION**			**30**	**1345**
2.1	Mental Health and Wellbeing Strategy Inc. Mental Health Sub Regional Living Life Well Strategy	**PRESENT**	2DHB Director Strategy, Planning and Performance – Rachel Haggerty		
	AFTERNOON TEA 15 MIN				
3	**ENDORSE**			**20**	**1430**
3.1	Signing the Accessibility Charter	**ENDORSE**	2DHB Director Strategy, Planning and Performance – Rachel Haggerty		
4	**DISCUSSION**			**60**	**1450**
4.1	Summary and Update of activities supported by the Sub-Regional Disability Strategy July 2020 – September 2020	**DISCUSS**	2DHB Director Strategy, Planning and Performance – Rachel Haggerty		
5	**OTHER**			**10**	**1550**
5.1	General Business	**NOTE**	Chair		
	DATE OF NEXT DSAC MEETING: Friday 18 December 2020				

Karakia

Whakataka te hau ki te uru,

Whakataka te hau ki te tonga.

Kia mākinakina ki uta,

Kia mātaratara ki tai.

E hī ake ana te atākura he tio,

he huka, he hauhū

Tīhei mauri ora!

Translation

Cease the winds from the west

Cease the winds from the south

Let the breeze blow over the land

Let the breeze blow over the ocean

Let the red-tipped dawn come with a sharpened air.

A touch of frost, a promise of a glorious day.

3DHB DSAC Interest Register

19 June 2020

Name	Interest
'Ana Coffey (Chair)	• Father, Director of Office for Disabilities • Brother, employee at Pathways, NGO Project Lead Greater Wellington Collaborative • Shareholder, Rolleston Land Developments Ltd
Yvette Grace	• General Manager, Rangitāne Tu Mai Rā Treaty Settlement Trust • Member, Hutt Valley District Health Board • Member, Wairarapa District Health Board • Member, Steering group, Wairarapa Economic Development Strategy • Husband is a Family Violence Intervention Coordinator at Wairarapa District Health Board • Sister-in-law is a Nurse at Hutt Hospital • Sister-in-law is a Private Physiotherapist in Upper Hutt
Dr Tristram Ingham	• Board Member, Health Quality and Safety Commission • Director, Foundation for Equity & Research New Zealand • Director, Miramar Enterprises Limited (Property Investment Company) • Member, Independent Monitoring Mechanism to the United Nations on the United Nations Convention on the Rights of Persons with Disabilities • Chair, Te Ao Mārama Māori Disability Advisory Group • Co-Chair, Wellington City Council Accessibility Advisory Group • Chairperson, Executive Committee Central Region MDA • National Executive Chair, National Council of the Muscular Dystrophy Association • Trustee, Neuromuscular Research Foundation Trust • Professional Member, Royal Society of New Zealand • Member, Disabled Persons Organisation Coalition • Member, Scientific Advisory Board – Asthma Foundation of NZ • Member, 3DHB Sub-Regional Disability Advisory Group • Member, Institute of Directors • Member, Health Research Council College of Experts • Member, European Respiratory Society • Member, Te Ohu Rata o Aotearoa (Māori medical Practitioners Association) • Senior Research Fellow, University of Otago Wellington • Wife is a Research Fellow at University of Otago Wellington • Co-Chair, My Life My Voice Charitable Trust • Member, Capital & Coast District Health Board • Member, DSAC

	• Member, FRAC
Sue Kedgley	• Member, Capital & Coast District Health Board • Member, Consumer New Zealand Board • Stepson works in middle management of Fletcher Steel
John Ryall	• Member, Hutt Union and Community Health Service Board • Member, E tū Union
Naomi Shaw	• Director, Charisma Rentals • Councillor, Hutt City Council • Member, Hutt Valley Sports Awards • Development Officer, Wellington Softball Association • Trustee, Hutt City Communities Facility Trust
Vanessa Simpson	• Director, Kanuka Developments Ltd • Relationship & Development Manager, Wellington Free Ambulance • Member, Kapiti Health Advisory Group
Jill Pettis	• NIL
Ryan Soriano	• Community Coordinator for FOCUS, Disability Support Services at Wairarapa DHB • Member, Board Trustee for Saint Patrick School Board, Masterton • Wife Employed as Senior Caregiver at Lansdowne Park Aged Care Facility
Jill Stringer	• Director, Touchwood Services Limited • Husband employed by Rigg-Zschokke Ltd
Jack Rikihana	•
Sue Emirali	•
Bernadette Jones	•
Marama Eddie	•

3DHB Disability Services Advisory Committee

24th June 2020, 1:30pm – 4:00pm

Board Room, Level 11, Grace Neill Block, Wellington Hospital

Zoom ID: 982 8318 7898

Members Present		
Ana Coffey	Chair person	CCDHB
Sue Kedgley	Member	CCDHB
Yvette Grace	Member	WrDHB & HVDHB
Tristram Ingham	Member	CCDHB
John Ryall	Member	HVDHB
Naomi Shaw	Member	HVDHB
Vanessa Simpson	Member	CCDHB
Jill Pettis	Member	WrDHB
Ryan Soriano	Member	WrDHB
Jill Stringer	Member	WrDHB
Sue Emirali	Member	Sub Regional Disability Support Advisory Group Representative
Marama Taatu	Member	Chair of Kaunihera Whaikaha
Bernadette Jones	Member	Sub Regional Disability Support Advisory Group Representative
Jack Rikihana	Member	CCDHB Māori Partnership Board

District Health Board Staff Present		
Dale Oliff	Wairarapa District Health Board	Chief Executive Officer
Fionnagh Dougan	Capital & Coast District Health Board / Hutt Valley District Health Board (2DHB)	Chief Executive Officer
Kadeen Williams	Wairarapa District Health Board	Executive Assistant
Sandra Williams	Wairarapa District Health Board	Executive Leader Planning and Performance
Arawhetu Gray	Capital & Coast District Health Board (CCDHB)	Director Māori Health Services
Rachel Haggerty	2DHB	Director Strategy Innovation & Performance
Nicola Holden	2DHB	Director of Office of the Chief Executive
Amber Igasia	2DHB	Board Liaison Officer
Rachel Noble	Wairarapa DHB, Hutt Valley DHB and CCDHB (3DHB)	General Manager Disability Strategy, Innovation and Performance
David Darling	3DHB	Senior Systems Lead
Leo Goldie-Anderson	3DHB	Disability Projects Lead
Michelle Graham	Capital & Coast District Health Board	Disability Education Advisor
Robyn Armour	Hutt Valley District Health Board	Disability Advisor
Stewart Sexton	3DHB	Community Liaison
Shannon Morris	3DHB	New Zealand Sign Language Projects Lead
Marlin Elkington	3DHB	Māori Disability Advisor
Nigel Fairley	3DHB	General Manager Mental Health Addictions and Intellectual Disability Services

Visitors / Guests	

1. Procedural Business

1.1 Karakia A.Gray took the Karakia today

1.2 Apologies As noted above

- The Committee **NOTED** apologies as follows: NIL

1.3 Register of Interest

- The Committee **RESOLVED** to **APPROVE** the register from the previous meeting as true and accurate
- Any updates to be sent through to Board Liaison Officer

1.4 Minutes from previous meeting

- The Committee **RESOLVED** to **APPROVE** the minutes from the previous meeting as a true and accurate record

Moved	A.Coffey	**Seconded**	T.Ingham	**Carried**

1.5 Matters Arising

- First meeting for 2020 round robin introductions and focus is on Disability

1.6 Action List

- No further changes

1.7 Future Meeting Dates

The Committee **NOTED:**

- To be discussed at a later time.

2. Presentation

2.1 3DHB Disability Strategy, Disability Charter and Learnings from Covid-19

The presentation was **NOTED** and **DISCUSSED** by the Committee

- **Noted** A large discussion on lived experiences for some members involved with the meeting.
- **Noted** Inequity and what this means including getting to the meeting; booking interpreters, travel, reading materials, technology, location (with accessibility).
- **Noted** There is no one response fits all due to differences in disabilities, reasons, abilities, reasons etc.
- **Noted** First Māori appointment within the Disability team has been made.
- **Noted** UN CRPD is the basis of requests “rights of person with a disability” there is a lot of good background information. Purpose is to provide guidance, reassurance and support for people with disabilities.
- **Noted** Rights of indigenous persons (US Declarations).
- **Noted** There is very limited research and information available for Māori with Disabilities.
- **Noted** Wai 2575 treaty claim is progressing and there will be some insightful reading items.
- **Noted** A co-designed 3DHB process to improve service offerings.
- **Noted** During the COVID-19 response there has been a number of learnings which need to be addressed for the future of equity in the Health and Disability Services.
- **Noted** Communications during the COVID-19 pandemic were happening fast and appropriate for the different language specifications to be accessible (five languages, website etc.) this was a great opportunity to show what was possible and will improve responses going forwards.
- **Noted** Fitting in with the DHB Structure with Committees, advisory groups, 3DHB Focus groups and the Disability team sits within Strategy, Innovation and Performance.

- **Noted** Drivers for the Disability team are rights of persons with disabilities, equity, better health outcomes, presence, being valued, leadership and ease through the health journey.
- **Noted** Option to provide more training and knowledge to all DHB staff to allow better communication and interaction with our Disability community.
- **Noted** Accessibility Charter, this will be brought back to DSAC for further discussion and developed across central agencies. Further work on how DHBs can address this and implement the Charter for processes and systems for more equity in the Health Care system to be implemented over 5years.
- **Noted** It is the DSAC's place to know the issues and to discuss and provide opportunities for learnings and improvements.

ACTIONS	• Load reports into the resource centre; Tangati wha, UN Conventions on rights of persons with Disability, Team presentation and Accessibility Charter, Living Life Well • Include link "Ripeka Video Story"

3. Discussion

3.1 Update on New MoH Funding within MHAIDs

The report was taken as **READ**, **NOTED** and **DISCUSSED** by the Committee:

- **Noted** highlight the level of resources available as there is not enough resource available but it is still better than previous years.
- **Noted** Primary care is able to provide more front line assistance for mental Health needs.
- **Noted** The priority has been to strengthen what we have.
- **Noted** Porirua does have resources available to work with current workloads within the current system and community.
- **Noted** Tu Ora Compass are the funders for Wellington. The service that Nigel Fairley leads is a 3DHB service and there are current leadership model changes which will be led by CCDHB CEO.
- **Noted** Health improvement practitioners, two roles being established, based on a model in Auckland.
- **Noted** Wairarapa DHB FTE is increasing and further information can be provided off-line.

Moved	A.Coffey	**Seconded**	J. Rikihana	**Carried**
ACTION	Greater Wellington Region Collaborative (GWRC) name to be reissued due to confusion with other names			

General Business

- Meetings are usually held quarterly and would be helpful to have another meeting in the next two months.
- Proposed next meeting to be held in September, Wednesday.
- Updates from the November meeting to be raised and brought forward for approval/discussion and progressed.
- DSAC to review and work to the work plan from the November 2019 meeting.

ACTION	Extra administration discussion and work to be completed to address work plan, schedules and resources. Meeting etiquette to be developed for ensuring all members are incorporated.

Meeting Closed: 4:18pm

CONFIRMED that these minutes constitute a true and accurate record dated

SCHEDULE OF ACTION POINTS – DISABILITY SERVICES ADVISORY COMMITTEE (DSAC)

AP No:	Topic:	Action:	Responsible:	How Dealt With:	Delivery Date:
DSAC Public Meeting 24 June 2020					
2.1	**3DHB Disability Strategy, Disability Charter and Learnings from COVID-19**	1. Load reports into the resource centre; Tangati wha, UN Conventions on rights of persons with Disability, Team presentation and Accessibility Charter, Living Life Well 2. Include link "Ripeka Video Story"	Board Secretary	Email sent, documents loaded on Diligent and links to external docs in email. Video linked below. https://vimeo.com/171010427	Closed
3.1	**Update on New MOH Funding within MHAIDs**	1. Greater Wellington Region Collaborative (GWRC) name to be reissued due to confusion with other names	REQUIRED	Needs to be assigned to appropriate person.	Open
4	**General Business**	1. Extra administration discussion and work to be completed to address work plan, schedules and resources meeting etiquette to be developed for ensuring all members are incorporated	Board Secretary	Work plan on Sep agenda. Meeting etiquette in progress of development.	Open

DSAC Work Plan

Year	2020	2020	2020	2020	2021	2021	2021	2021	2021	2021	2021	2021	2021	2021	2021	2021
Month	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
DATE	**23**	**No Meeting**	**No Meeting**	**18**	**No Meeting**	**No Meeting**	**31**	**No Meeting**	**No Meeting**	**30**	**No Meeting**	**No Meeting**	**29**	**No Meeting**	**24**	**No Meeting**
Regular Reporting																
				Sub Regional Disability Strategy 2017 - 2022 Update						Sub Regional Disability Strategy 2017 - 2022 Update					Sub Regional Disability Strategy 2017 - 2022 Update	
	Sub Regional Living Life Well - a strategy for mental health and addiction 2019 - 2025						Sub Regional Living Life Well - a strategy for mental health and addiction 2019 - 2025						Sub Regional Living Life Well - a strategy for mental health and addiction 2019 - 2025			
Strategy, Planning and Performance Reporting																
				3DHB Disability Integrated Performance						3DHB Disability Integrated Performance					3DHB Disability Integrated Performance	
	3DHB Mental Health and Addictions Integrated Performance						3DHB Mental Health and Addictions Integrated Performance						3DHB Mental Health and Addictions Integrated Performance			

DSAC Information – Public

September 2020

Signing the Accessibility Charter

Action Required

Disability Support Advisory Committee endorse, for Board approval:

(a) The signing of the Accessibility Charter.

Disability Support Advisory Committee note:

(b) The Accessibility Charter and the approach to implementation being a targeted approach tackling specific areas that have a wider scope of impact and will be affordable.

Strategic Alignment	3DHB Disability Strategy
Author	Rachel Noble, General Manager disability, Strategy and Innovation
Endorsed by	Rachel Haggerty, Director - Strategy, Innovation and Performance Sandra Williams, Executive Leader – Planning and Performance
Presented by	Rachel Haggerty, Director, Strategy Innovation and Performance
Purpose	An update on the status of the introduction of the Accessibility Charter to health services operated by the DHBs and their subsidiaries. Seeking DSAC endorsement for Boards to adopt and sign the Accessibility Charter.
Contributors	3DHB Disability Team
Consultation	2DHB Executive Leadership Team, CCDHB and HVDHB

Executive Summary

1. The Accessibility Charter was launched in 2018. It is endorsed by public service Chief Executives' who are committed to the provision of accessible information and online tools to progress the development of equitable public services for disabled people by removing barriers.
2. The Accessibility Charter outlines best practice to support people to be independently engaged with the health and disability sector by having greater control over what occurs for them.
3. The Accessibility Charter has a direct correlation with the intent and purpose of the Sub-Regional Disability Strategy 2017-2022.
4. The signing of the Accessibility Charter endorses the authentic commitment to the objectives of the accessibility Charter by the DHBs. It is a requirement that the Chief Executive, and Communications and IT managers sign the Accessibility Charter, giving employees the mandate to work towards an accessible environment for both people using health services, and employees.
5. Having endorsement of DSAC, will signal to all stakeholders that the DHBs are committed to addressing inequities across the service framework. The DHBs will be seen as a leader in the sector.
6. Central agencies are expected to report on progress with the Ministry of Social Development every six months. Within the DHBs we recommend six monthly reports are presented to the Sub

Regional Disability Advisory Group (SRDAG) and the Disability Support Services Committee (DSAC) against an agreed annual plan.

7. It is recommended that DSAC endorse, for Board approval, the adoption of the Accessibility Charter.

Strategic Considerations

Service	Services become more accessible to people with disabilities over the next five years. This includes communications, technology and physical environments/
People	The Disability education programme for workforce is critical to the success of the Accessibility Charter.
Financial	The financial implications will be managed by an annual investment plan and be integrated in to the facilities, technology and service development plans across the organisation.
Governance	The signing of the Accessibility Charter will strengthen the Disability Strategy implementation.

Engagement/Consultation

Patient/Family	Not applicable
Clinician/Staff	Not applicable
Community	Developed and discussed with the Subregional Disability Advisory Group including the Kaunihera Whaikaha and the Fono.

Attachment/s

1. The Accessibility Charter

1. BACKGROUND

The Accessibility Charter was launched in 2018. It is endorsed by public service Chief Executives' who are committed to the provision of accessible information and online tools to progress the development of equitable public services for disabled people by removing barriers.

The purpose of the accessibility Charter is to:
- improve access to information provided by government agencies to people who experience barriers in accessing information
- provide affected people with a consistent experience when accessing information
- meet NZ's international obligation under the United Nations Convention on the Rights of Persons with Disabilities

The Accessibility Charter outlines best practice to support people to be independently engage with the health and disability sector by having greater control over what occurs for them. The charter embodies the principles of self-determination which include, being person-centred, easy to use, equitable access to services, relational and strengths focused. These principles are key in developing and governing behaviour of health services now and into the future.

The Accessibility Charter has a direct correlation with the intent and purpose of the Sub-Regional Disability Strategy 2017-2022. Both the Accessibility Charter and the Sub-Regional Disability Strategy are aligned to the principles of the United Nations Convention on the Rights of Persons with Disabilities, which is endorsed by Government.

2. INTENT

Accessibility can be defined as the "ability to access" the functionality, and possible benefit, of health services, and in relation to the Accessibility Charter it is applied to describe the degree to which DHBs services, workforce and environment is accessible by as many people as possible.

The concept of accessible design ensures both "direct access" (i.e. unassisted) and "indirect access" meaning compatibility with a person's assistive technology (e.g. computer screen readers). Accessibility is strongly related to universal design which is the process of creating services that are usable by people with disabilities who have access and functional needs, across all services and areas of health, this also means creating environments that encourage and engage people with disabilities as employees. This is about making all aspects of the DHB health service accessible to all people, whether they have a disability or not.

Accessibility is often used to focus on people with disabilities and their right of access to health services, often through use of assistive technology. Another dimension of accessibility is the ability to access information and services by minimising the barriers of distance and cost, as well as the usability of the health service. This is where our initiatives are aiming toward, providing universal access to health services which ensures equitable engagement at every point of the system by all, including not only physical access but access to the same tools, services, and facilities which are in place and developing into the future.

Additionally the Accessibility Charter emphasises the need for employers to better integrate and retain the workforce who identify as having a disability. The DHB's need to have in place policies to provide "reasonable accommodation" for employees with disabilities and apply a non-prejudicial employment framework, however, many do not.

3. PROGRESS TO DATE

In February 2019, the Accessibility Charter was first raised with the Board and the, then, Chief Executive for consideration and approval. This was to progress the development of a strategy allowing for endorsement of the Charter and its intent to ensure health services were equitable and accessible for

all. This process was previously agreed by the Sub Regional Disability Advisory group when they met in January.

The Board were advised that endorsement of the Accessibility Charter required authentic commitment from the DHB (primarily the CEO, and the executive directors of both the Information Communication and Technology (ICT) and Communication teams) to the principles of best-practice “accessibility” when establishing policy and practice expectations across the DHB.

All areas of the DHB will be affected, as accessibility of information requires improvement at all points of our work across the whole region. This includes signage, guides, literature, all web content, strategies, policies and information publically or internally available.

To date the following initiatives demonstrate some of the ways the 3DHB Disability Team are already advancing the work of the Accessibility Charter:

- Advising the Children’s Hospital
- Website Audit by Intopia to take place late September/early October
- Accessibility Advice given to the design of the relocated Hutt DHB Community and Rehabilitation Services which are now being built with accessible toilets and an accessible kitchen
- Three members of the Disability Team completed the Introduction to Digital Accessibility course at Victoria University
- Development of a guide for hiring managers around the recruitment of people with disabilities
- Established a NZSL filming studio
- Currently being trained and advised on doing Easy Read, Audio and Large Print format translations correctly
- New Disability page on the website will have information presented in all formats as a model for other pages
- Developing a business case for an Accessible Documents Unit
- Promoting accessibility of CBACs and hospitals during the COVID
- Inclusion of accessibility questions in the Telehealth survey
- Reviewed the My Health Passport, developed additional versions
- Input into inclusive development principles for the National Bowel Screening program

3.1 Where we are now

Signing the Accessibility Charter indicates that the DHB has made a commitment to working progressively over the next 5 years to ensure all information intended for the public is accessible to everyone and that everyone can interact with services in a way that meets the individual need to promote their independence and dignity.

This includes meeting the government's web accessibility and usability standards, ensuring information is available in a range of accessible formats, compliance with accessibility standards, responding positively when people make staff aware of instances of inaccessibility and adopting a flexible approach to interacting with the public and actively championing accessibility within the leadership team.

3.2 Planning into the future

There are multiple ways the DHBs could approach the implementation of the Accessibility Charter keeping in mind the need to:

- include but not be limited to the built environments and Information Communications Technology (ICT),
- ensure an accessibility lens is attached to all DHB activities both internally and externally,

- developmental activities include an genuine co-design process involving representatives from relevant stakeholder circles,
- development of practice principles to be applied in activities intended to entrench the Accessibility Charter in BAU.

In our environment of financial constraint, we need to implement financial rigour in all activities, ensuring value for the community and the health system. The resourcing of the Accessibility Charter will be based on a pragmatic plan to ensure that available resourcing is used effectively and the opportunities for gain are maximised.

There are two options identified for implementing the Accessibility Charter. This paper recommends Option Two: a targeted programme.

Option 1: Mapping Project/Gap Analysis

Audit the current environment to identify the health information being produced, the physical environment and the all communications interactions to identify the information that is required by people using all CCDHB services.

This would include referrals, treatment plans, medication, therapy regimes and any other information that is intended for public consumption; and all of our facilities and service environments. It is worth noting that the physical environment of each hospital was audited a few years ago by an external agency. This led to single initiatives to address a small number of issues however most remain unaddressed.

This approach can create a very large work programme. This can result in affordability challenges and slow progress.

Option 2: Targeted Programme

A targeted programme would focus on priority area, ensuring accessibility in key areas. It is proposed that we approach developmental activities by “area”, not health service, this would see a plan put in place over an agreed period (e.g. 5 years) for addressing key barriers DHB wide for example to ensure:

- all reception desks are accessible and enable effective engagement
- bathrooms are accessible and useable
- entrances are accessible and useable
- all direct patient communications are available in appropriate formats.

In addition, when new services, facilities, or technology are being developed the Accessibility Charter is taken in to account. A plan would be created each year to ensure progress on an annual basis.

Accessibility Charter

Our organisation is committed to working progressively over the next five years towards ensuring that all information intended for the public is accessible to everyone and that everyone can interact with our services in a way that meets their individual needs and promotes their independence and dignity.

Accessibility is a high priority for all our work.

This means:

- meeting the New Zealand Government Web Accessibility Standard and the Web Usability Standard, as already agreed, by 1 July 2017
- ensuring that our forms, correspondence, pamphlets, brochures and other means of interacting with the public are available in a range of accessible formats including electronic, New Zealand Sign Language, Easy Read, braille, large print, audio, captioned and audio described videos, transcripts, and tools such as the Telephone Information Service
- having compliance with accessibility standards and requirements as a high priority deliverable from vendors we deal with
- responding positively when our customers draw our attention to instances of inaccessibility in our information and processes and working to resolve the situation
- adopting a flexible approach to interacting with the public where an individual may not otherwise be able to carry out their business with full independence and dignity.

Our organisation will continue to actively champion accessibility within our leadership teams so that providing accessible information to the public is considered business as usual.

Chief Executive

Manager Communications

Manager IT

Date ____________________

New Zealand Government

DSAC Information – Public

September 2020

Summary and Update of activities supported by the Sub-Regional Disability Strategy July 2020 – September 2020

Action Required

Disability Support Advisory Committee note:

(a) Progress in key activities related to the implementation of the Disability Strategy implementation.

Strategic Alignment	3DHB Disability Strategy
Author	Rachel Noble, General Manager disability, Strategy and Innovation
Endorsed by	Rachel Haggerty, Director, Strategy, Innovation and Performance
Presented by	Rachel Haggerty, Director, Strategy Innovation and Performance
Purpose	This paper provides an update on the status of the 3DHB Disability Strategy 2017 – 2022 and highlights from the work programme for the Disability Team.
Contributors	The 3DHB Disability Team
Consultation	N/A

Executive Summary

1. The Disability Strategy and Performance team are driving a comprehensive work programme to improve the health service experience and health outcomes for people with disabilities. This work programme is supported by the Subregional Disability Advisory Committee, the Kaunihera Whaikaha and a Fono.
2. The Disability team has developed expert skills in supporting accessible documents, NZ Sign Language and facility assessment for access for disability.
3. The report reports against three key areas: leadership, inclusion & support and access. Strong progress is being made against the strategy with wide organisation and health sector engagement.

Strategic Considerations

Service	Developing improved service access for people with disabilities.
People	Educating and developing healthcare workforce skills to better serve people with disabilities.
Financial	No implications.
Governance	Supported by the Subregional Disability Advisory Committee.

1. BACKGROUND

The Disability Strategy and Performance team supports 3DHB initiatives to provide accessible and inclusive healthcare services to disabled people and their whānau by identifying and addressing inequalities within the DHBs.

The team provides advice across the 3DHBs on policies, strategies and initiatives. It also promotes quality accessible services, reasonable accommodation measures, co-design while also raising awareness through a range of education initiatives. The team also promotes accountability through data and monitoring initiatives.

The key areas of activity are outlined against the Sub-Regional Disability Strategy 2017 – 2022 and includes our response to the recommendations from the Sub Regional Disability Forum.

2. FOCUS AREA ONE: LEADERSHIP

Sub-Regional Disability Advisory Group

Sub Regional Disability Advisory Group (SRDAG) meets regularly and has recently focused on a response to the Health and Disability Review, particularly Chapter 8 Disability Te Huatanga.

Two long standing members of SRDAG, Margare Forsyth and Ruth Carter, have announced their intention to resign. Margaret has been a member since SRDAG was formed and attended a number of DSAC meetings. She is a strong advocate for the wellbeing of people in the Porirua district. Ruth is also a long standing member who waved the flag for the Wairarapa and older persons. Their experience and contributions as committee members has been invaluable.

Disability Team

The work of the Disability team has expanded exponentially, with more people across the DHBs seeking our input to understand applying the concepts of accessible and inclusive healthcare services. With the launch of the My Health Passport and the pending launch of the e-learning modules there are many opportunities of improvement ahead.

The team continues to be guided by the UN Convention on the Rights of People with Disabilities, Equity and Better Health Outcomes. Engagement with the disability community and disability leadership is pivotal in understanding the importance of visibility and the vital role health plays in citizenship for disabled people. As an inclusive and accessible environment is built, it means all people will feel safe and comfortable.

Regional Forums

Every second year the Sub Regional Disability Advisory Group host regional forums with members of the disability community. Due to COVID-19, the three localities (Kapiti, Wairarapa and Hutt Valley) forums did not take place in the last financial year and so will occur this year.

The outcome is expected to help drive the Disability Strategy Team work programme for the 2020/2021 year. It has been agreed a Hui will be held with Kaunihera Whaikaha and a Fono to focus on capturing information that will inform the development of the new Sub Regional Disability Strategy in the 2021-2022 year. It is intended to have a clear focus on equity for Māori and Pacific people with disabilities.

The key focus for these forums will be to build a co-design ethos for any development taking place around health care services within those communities to ensure disabled voices are included.

Using information and technology to support the disability strategy

Data

Poor data is limiting our ability to effectively measure health service delivery to disabled people. Currently, the Disability team is reliant on administrative processes for the collection of disability

data from third parties. This does not capture a clear picture about disabled people as the data is subjective and not controlled by the community.

Telehealth

In response to COVID-19, Telehealth became a significant tool for facilitating access to Health Services. A survey undertaken in relation to the effectiveness of telehealth through the level 3 and 4 lockdown period, found that 47% of people identified as having a disability. This confirms that disabled people are present across health services and are largely an unseen demographic.

Future focus

The 3DHB Disability team is developing a work programme to establish a comprehensive national database using information technology and other tools. The development of a data framework for disabled people is new across the country. The scoping of this work includes engaging across the sector:

- Engaging with the Ministry of Health (MOH) who are embarking on disability mapping. The MOH project is primarily focused on people that are currently engaged with and who access disability services through the MOH Disability Support Services Directorate (DSS). There are approximately 36,000 people recorded on the national data base Socrates, and this is a specific data base used by MOH and the NASC services for people aged 0 to 65.
- Working across DHB's to collaborate on how we create more visibility and integration of disability in planning and commissioning of services.
- Working with representatives from the Health Quality & Safety Commission to include the Washington Group Short Set questions, as well as an additional disability question, in the National Patient Experience Surveys.

Contract Clause and Reporting Requirements

The team are supporting the implementation of the disability equity clause within all provider agreements. The clause specifically addresses the inequities that disabled people experienced as service users, or as employees of the organisations.

This clause is:

You will demonstrate to the DHB how your organisation has incorporated the updated sub regional disability strategy (Enabling Partnerships: Collaboration for Effective Access to Health Services) into your strategic and service planning, and current services.

The Disability team has developed a reporting template to influence and support the development of provider responses when providing services to disabled people. The template includes the four Focus areas outlined in the 3DHB Strategy being Leadership, Inclusion and Support, Access and Health.

Currently, work is underway with contract managers to establish links with providers in determining specific goals and raise awareness of what it means to create an accessible and inclusive rights based environment. Providers contacted so far have demonstrated an openness to engage.

3. FOCUS AREA TWO: INCLUSION AND SUPPORT

Alerts

A review of the Disability Alerts system took place last year with the intention of identifying ways to improve the system's functionality for all stakeholders, the disabled community when they access healthcare services, 3DHB staff and healthcare providers. As well as improve the collection of data to inform 3DHB strategy and policy going forward.

There was conversation on whether the disability alert needs to be attached to the NHI number in order to be functional across all health databases including ambulance services, primary, secondary and tertiary services. This was also recognised the Health and Disability System Review. This work is now being progressed.

Mental Health, Addiction & Intellectual Services

The Mental Health Addiction & Intellectual Services are going through a period of change. We are engaging in the process to ensure the process recognises:

1. Mental health services are to be accessible
2. The experience of being disabled adds an additional dimension

To enable us to contribute effectively to the MHAIDS initiatives we commissioned Imagine Better[1] to undertake a small scale study on mental health services for disabled people. The purpose of this research is to inform the development of a proposal to inform mental health and addiction service development.

Supported Decision Making/Rights Based Training

Actively challenging and dismantling overt, unconscious and systemic discrimination is key to implementing a rights-based approach to disability and improving equity in healthcare.

The Disability Strategy team is proposing to use the *World of Difference* framework to develop and deliver a comprehensive, organisation-wide education programme to shift attitudes, reduce discrimination and effect sustainable, inclusive behaviour at all levels of the DHB.

The World of Difference programme was established by the Department of Psychological Medicine at the University of Otago in Wellington. It is a range of service user-led training programmes aimed at ending discrimination and promoting recovery, inclusion, and respect for the human rights of people who experience mental distress. These programmes have been developed based on recently published World Health Organization Quality Rights Initiative training tools, and the latest evidence-based literature pertaining to countering service provider prejudice and discrimination.

World of Difference is funded to mentor eight organisations in developing, adapting and delivering their own bespoke version of the programme, and the CCDHB is fortunate enough to be one of these eight in 2020. This mentoring opportunity will end on December 31 2020.

With strong support inside the CCDHB for this programme to go ahead and guidance from the *World of Difference* mentor Jess Senior, the Disability Strategy team is very motivated by this opportunity to create a version of the programme that represents our diverse community and supports our workforce to be more knowledgeable, empathetic and confident, ultimately contributing to a broader organisational culture shift.

To date, the World of Difference materials have been created into modules which allow for a broader disability lens and are better suited to the DHB environment. A series of four co-design hui (Wairarapa, Hutt Valley, Porirua/Kapiti and Wellington) are planned. These hui will bring DHB staff members, disabled people and key community representatives together to expand the content of the programme to include disabled, Māori and Pacific perspectives as well as those of people with mental distress. Data and feedback collection will occur at all stages of development and delivery trials to monitor the programme, continue improvement, and build a base of supportive evidence for its effectiveness and wider use throughout the DHB as an integral part of staff training.

[1] www.imaginebetter.org.nz

MY HEALTH PASSPORT

The My Health Passport is purposed for people being able to more independently engage with the health and disability sector by having greater control over what occurs for them. The principles of self-determination include, being person-centred, easy to use, equitable access to services, relational and strengths focused. These principles are key in developing and governing behaviour of health services now and into the future.

Through a co-design process led by disabled people, the second generation of the Health Passport has been created, now called "My Health Passport." The versions available expanded to include not only English, but Large Print, Easy Read, and an express version.

My Health Passport had a soft launch 03 August 2020, invited guests attended an afternoon tea at Pataka. Speakers from the DHB's and HDC addressed the audience and discussed the My Health Passport, its usability and potential to influence positive engagement with health services, and other services where a person may choose to apply it for assisting with their access and functional needs.

Tuesday 22 September 2020, will be the launch across the 3 DHBs of the region. This date has been specifically agreed as it is during Disability Pride week, a national initiative to raise awareness of disabled citizens who experience marginalisation.

Launch activities include having mobile stands at each DHB that will rotate around various services, in at points in the community. Posters will be used to raise awareness and the profile of the My Health Passport across health services, with FAQs available for teams to use at team meetings. Additionally, social media coverage across the 3 DHB campuses, this includes information to be released through Daily Dose, Facebook, Intranets, and websites.

HDC is very eager to support any awareness activities, as they too recognise that the My Health Passport reduces barriers and makes health services more inclusive so that people who experience marginalisation currently can start to access equitable health care. HDC are supportive and encouraging the future development of an electronic version of the My Health Passport.

4. FOCUS AREA THREE: ACCESS

Accessibility Charter: Accessible Documents Service Unit

A proposal is being developed to demonstrate making information accessible to disabled people in ways that promote their independence and dignity. Alternate formats include Plain Language, Easy Read, NZ Sign Language, Braille, Audio, and Large Print.

Through the exercise of developing different versions of the prototype letters, it became clear that having solutions outside the DHB was going to be problematic as timeliness and urgency were key examples for why an internal solution needs to be considered.

To advance the disability teams' ability to develop information in different formats we have developed internal skills across the team:

- Plain Language: one person in the team has expertise in this area
- NZSL: setup a studio for filming translations
- Easy Read: we will receive training from an international expert on October 1
- Braille: we are still seeking advice in this area, it is likely we will contract a provider
- Audio: this is currently being arranged
- Large Print and Documents: Tom Scott from Blind and Low Vision NZ will provide training in October

Developments in accessible documents include:

- The team is working with Communications to develop a page on the website for accessible information only so they are easily accessed by the community.

CCDHB is on track to be the first to offer Bowel Cancer Screening information in accessible formats including: The My Health Passport is available in Easy Read, Large Print with information sheets also available in NZSL.

New Zealand Sign Language (NZSL) Access

Through our relationship with the Regional Public Health Service and with the CCDHB Communications team we have progressed the following NZSL resources:

a) Two Public Health Alerts were translated into NZSL and shared with the Deaf Community. The NZSL information was placed on all three DHB Facebook pages. We will continue to refine the process.

b) Agreement with the Regional Public Health and the Deaf Taskforce to translate public information into NZSL: Drinking water, hand hygiene, housing/well homes, immunisation, nutrition, skin infections. The last item was a specific request from the Porirua based Public Health team. There is a view that the translation of the five/six videos will be part of a proposal to the RPH Communications team to evaluate how to incorporate NZSL information on their website etc. This is an important step towards implementing the Accessible Charter and meeting the expectations of the Ministry of Health for ensuring public information is accessible.

c) Assisted in the development of a proposal for CCDHB to employ a NZSL Interpreter on site which will lead to savings for the DHB. The HVDHB and WrDHB Deaf community is smaller so we are at this stage not certain if we will need to take the same approach there. We have ensured their iPad is functioning and updated information at all 3DHBs about booking NZSL interpreters.

d) A series of NZSL videos about Coronavirus have been made for the Deaf community

e) The ED department has asked for specific NZSL resources which will start being developed when the studio is fully functioning.

f) Resources will be developed for the Deaf community to promote health literacy in the community.

g) MOH is expecting a report 2020/21, quarter 4 on the number of key public health information messages, public health alerts and warnings issued by DHB each year and the number of these translated into New Zealand Sign Language, having a functional studio will support the performance of the DHB in this area.

Built environment

There have been a series of building assessments conducted by the Disability team:

- We have engaged actively with the Children's Hospital project specifically around the internal environment to ensure it is useable and accessible particularly around signage, visual presentations. We are planning a user experience workshop so members of the community can give direct feedback to ensure the hospital will be a welcoming environment for all children including children with a range of impairments.

- Te Herenga Tangata at Hutt Hospital with the relocation of the team ensuring that the building is accessible, the relocation & refurbishment of the Urology and Renal departments by assessing plans for accessibility.

- The Puketiro Centre has asked for advice on accessibility options for their accessible toilet in the reception area and we now have an invitation to look at accessible options in the Focus Needs Assessment Service Coordination (NASC) service for the Wairarapa DHB.

Website Audit

Access to information on the website is an important part of the relationship between the consumer and the health service provider. We have contracted Intopia, as recommended by the Principle Advisor on Digital Accessibility, to undertake an audit on the CCDHB website beginning September 23. The findings from this audit can then be applied to the Hutt Valley and Wairarapa DHB websites.

Transport

Forum after Forum transport issues are raised by the community. We also receive emails from individuals from time to time. While we fully acknowledge that it is not always within the DHB scope to provide solutions, in many cases we can put pressure other agencies and community organisations by presenting the facts and some solutions. As opportunities are now presenting themselves through the Lets Get Wellington Moving project as well as the Wellington Regional Growth Framework, we commissioned a report to look into Disabled people's experiences of using passenger transport to access 3DHB healthcare services.

The report details findings highlighting the ways transport acts as a barrier or enabler to and from 3DHB healthcare settings covering all aspects including scheduling and arriving at appointments as well as planning, boarding, exiting and travelling.

The findings note both enabling factors and the barriers experienced within the Healthcare System and the Transport system. It also acknowledges the high personal cost disabled people experience travelling on public transport, which is not only financial, as disabled people often bear the heavy burden of both emotional and physical labour to attend their DHB appointments.

A co-design workshop will take place on September 17 to identify strategies and recommendations to improve people's ability to access healthcare services.

5. Focus Area Four: Health

Education

Education programmes continue to be delivered by the Disability Responsiveness Educators. Existing presentation material has been updated over the past eight months to reflect current best practice. This work is on-going as new material is being developed and existing material reviewed and revised as required.

Educational programmes have been delivered across the DHBs providing core disability responsiveness information and learning opportunities for new staff and nursing students. Currently a number of programmes are being delivered across the three DHBs.

Core disability responsive education comprises of an initial e-learning programme of three modules that all staff must complete. This programme will ensure that all staff have foundational knowledge about disability, the rights based approach, the importance of attitude and how to make reasonable accommodations. Currently, the new version of this e-learning programme is in the final review stage before going 'live'.

In response to feedback from nursing staff we are introducing a new way to provide ongoing educational opportunities using very short clips from disabled people sharing their experiences with some structured questions to encourage reflections to highlight effective practice.

Bowel Cancer

The Disability Strategy Team has the exciting opportunity to design an accessible public health campaign. CCDHB is preparing to launch the Bowel Screening Program in our region and are determined to make the campaign and screening process as inclusive as possible. The Disability Team are working alongside the Bowel Screening project team to prioritise accessible communication, community outreach, clear pathways for support, and robust monitoring of the outcomes for the Disability Community. Our intention is to lead the way and set a good example of building accessibility into healthcare initiatives.

Our understanding is that the Wairarapa DHB already has a good screening process in place so the intention is to supplement their existing programme with resources relevant to the disability community.