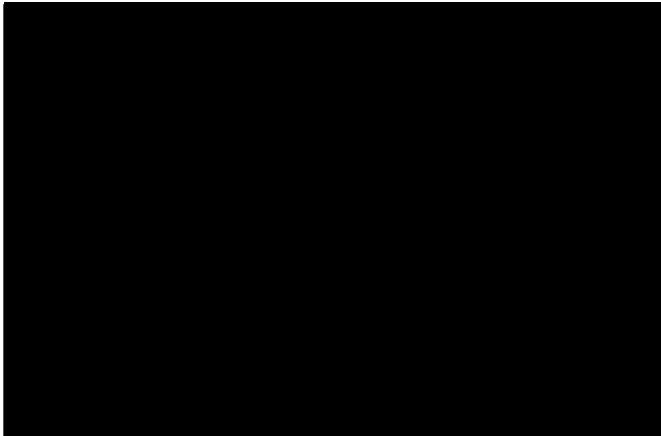


14 April 2020



Re Official Information Request – Disability Services

I refer to your official information request dated 24 January 2020 requesting the following information:

We write to you on behalf of several clients we represent who are participating in Stage two of the Health Inquiry which is currently being heard by the Waitangi Tribunal.

This correspondence is a request for documents under the Official Information Act 1982 (“the Act”). In this correspondence the definition of “official information” contained in Section 2(1) of the Act is adopted.

Therefore, by way of this letter, we request the following information.

We set out ADHB’s response below, which corresponds to the paragraph numbers in your request.

DISABILITY SUPPORT SERVICES

4. What eligibility restrictions for accessing disability support services does Auckland District Health Board (“ADHB”) use?

To be eligible to access publicly funded disability support services in the health and disability system a person must have a disability as defined by the Government's definition of disability:

"A person identified as having an age-related, physical, intellectual, psychiatric, or sensory disability (or a combination of these) that is likely to continue for a minimum of six months, result in a reduction of independent functioning to the extent that ongoing support is required."

DHBs fund:

- long-term support services for people with psychiatric/mental health and addiction needs;
- long-term support services for people with chronic health conditions and ongoing support needs for people under 65;
- health services and disability supports for people with age-related disability needs, including younger people aged 50 to 64 with age-related needs and people with disability aged 65 and over assessed as requiring aged residential care; and
- mainstream health services (e.g. primary, secondary tertiary) for disabled people with health needs.

DHBs do not fund support services for conditions or situations covered by other funders, including those where people:

- have long-term physical, intellectual and sensory disabilities, or a combination of these, and some developmental (e.g. autism spectrum disorder) and neurological conditions that result in permanent disabilities, and are generally aged under 65 years, disability supports for which are funded by the Ministry of Health;
- require environmental support services, which includes equipment and modifications (housing and vehicles), services and support for people with vision and/or hearing impairments, specified specialist assessment and training services, and specified subsidies and supports, for people of all ages, which are funded by the Ministry of Health;
- require services provided under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003, which are funded by the Ministry of Health;
- have a short-term illness or personal health needs;
- require support for less than six months; and
- have impairments caused by accident or injury and are funded under ACC.

5. What is the process that a person in the Auckland region would have to follow in order to access disability support services?

Disability support services for older people and people with chronic health conditions

People who wish to receive these support services must be assessed by the Auckland DHB Needs Assessment Service Coordination (NASC). A referral to the NASC can be from: self; family/whānau; caregivers; health professionals; general practitioner; hospital staff; and specialists.

A standardised assessment tool (interRAI) is used and the information from the assessment determines the person's level of need. The NASC then works with the person and their family/whānau /support person to plan the individual's support needs for as long as they are applicable.

Disability support services for people with psychiatric disabilities

People considered as requiring high level support services (e.g. residential rehabilitation services or high level packages of care) must be assessed by the DHB Mental Health Service Co-ordination team. A referral to the team is from DHB Specialist Mental Health Services. Referrals can also be made from GP, self and family/whānau to the Service Co-ordination team for access to a needs assessment and screening for eligibility. People requiring lower levels of support services can be directly referred to NGO support services by: themselves, family/whānau, caregivers, health professionals, general practitioner, hospital staff, and specialists.

A standardised assessment tool (SNAP/Support Needs Assessment and Plan) is used and the information from the assessment determines the person's level of need, and support plan. For high level support services, the Mental Health Service Coordination team conduct the assessment and for the lower levels of support, the support service will conduct the assessment.

6. How does the ADHB ensure disability support services and primary medical services extend to those living on Waiheke Island and Great Barrier Island?

Disability support services for older people and people with chronic health conditions

Auckland DHB has a contract with Aotea Family Support Group Charitable Trust to provide home support services (household management and personal care) to people over 65 years, younger people (50-64 years) with age related disabilities and people with long term chronic health conditions, on Great Barrier Island.

Auckland DHB has a contract with Royal District Nursing Service NZ to provide home support services to people over 65 years and younger people (50-64 years) with age related disabilities, on Waiheke Island. Auckland DHB has a separate contract with Waiheke Health Trust to provide home support services to people with long term chronic health conditions on the Island.

Disability support services for people with psychiatric disabilities

Auckland DHB has a contract with an NGO (Ember) to deliver one to one mental health support services to people living on Waiheke Island, and a contract with another NGO (Waiheke Island Supported Homes) to provide residential rehabilitation services (10 beds).

There are no mental health support services specifically contracted to deliver on Great Barrier Island.

Primary medical services

Aotea Health provides primary, community, after hours and emergency medical services for the residents on, and visitors to, Great Barrier Island. Aotea Health is affiliated with Auckland PHO. Auckland DHB provides funding to Auckland PHO to support the provision of these services on Great Barrier Island. Rural funding for workforce retention, rural bonus, after hours and access for those under 14 years is provided by Auckland DHB through Auckland PHO. Other services such as Venesection, Point of Care Testing, and access to Ferinject infusions are funded by Auckland DHB. Additionally, in 2018, Auckland DHB funded the upgrade of the x-ray equipment on Great Barrier Island to a digital platform and through Auckland DHB Radiology, trained nurses to take limited x-rays.

Waiheke Health Trust and Piritahi Hauora Trust provide primary, after-hours and emergency medical services for Waiheke Island residents and visitors to Waiheke Island. In addition, Waiheke Health Trust provides community health services to eligible residents on Waiheke island. Both organisations are affiliated with Auckland PHO. Rural funding for workforce retention, rural bonus, after hours and access for those under 14 years is provided by Auckland DHB through Auckland PHO. Other services such as Venesection, Point of Care Testing, and access to Ferinject infusion are funded by Auckland DHB. In addition, Auckland DHB currently supports the Waiheke Health Trust by reporting on films taken at their community radiology service. This service provides x-rays only.

7. How does the Auckland District Health Board ensure people with disabilities living on Waiheke Island and Great Barrier Island can access appropriate transport services to get to and from general health services, health and disability services, specialist appointments and other relevant appointments?

The Ministry of Health National Travel Assistance (NTA) scheme provides financial support to eligible people who need to travel long distances or travel frequently for specialist treatment. This includes people with disabilities. People who live on Waiheke Island and Great Barrier Island are eligible for this support. The Auckland DHB NTA Coordinator assists in facilitating access to the NTA process between Auckland DHB residents and the Ministry of Health.

a. How much of Auckland DHB disability support service funding is allocated to providing transport to specialist appointments alone, and what percentage of that amount relates to transport for those living on Waiheke Island and Great Barrier Island?

Auckland DHB NTA funding is not a set allocated budget, and as above, is not solely disability support service funding. NTA funding is demand-driven based on the support required by eligible people who need to travel long distances or travel frequently for specialist treatment, including those living on Waiheke Island and Great Barrier Island. The total amount of NTA expenditure for Auckland DHB for the 2018 calendar year was \$1,825,349, including Waiheke Island and Great Barrier Island. Of this expenditure \$207,813 was identified as relating to people living on Great Barrier Island; however we are not able to identify a specific amount related to people living on Waiheke Island.

b. What proportion, and include a figure if possible, of your disability support service funding is allocated to providing transport for GP visits for persons with disabilities in your region?

Auckland DHB does not fund transport for GP visits.

c. What proportion, and include a figure if possible, of your disability support service funding is allocated to providing transport for GP visits for persons with disabilities in:

- i. Waiheke Island; and
- ii. Great Barrier Island.

As above Auckland DHB does not fund transport for GP visits.

d. How many persons with disabilities do you have in your region?

The number of people with disabilities in metro Auckland (Auckland, Counties Manukau and Waitematā DHBs combined) can be estimated by applying the proportion of people with disabilities from the 2013 Disability Survey to population estimates for 2020-2021. This equates to 325,000 people with disabilities in metro Auckland.

e. How many of those persons are Māori?

The number of Māori with disabilities in metro Auckland can be estimated by applying Māori disability rates from the 2013 Disability Survey to the Māori population estimates for 2020-21. This equates to 52,000 Māori with disabilities in metro Auckland.

f. What type of disabilities are present in your region?

Below are the estimated numbers for types of disability in the metro Auckland population derived by uplifting numbers from the 2013 Disability Survey and applying to the metro Auckland population estimates for 2020-2021. The numbers sum to more than the total because a person may have more than one disability.

Disability type	Estimated number
Hearing	113,000
Seeing	50,000
Mobility	164,000
Agility	84,000
Intellectual	31,000
Psychiatric/psychological	72,000
Speaking	37,000
Learning	62,000
Memory	48,000
Total	325,000

g. Do you provide a shuttle bus for persons with disabilities in your region to access specialist treatment, appointments or access emergency services?

We do not provide a shuttle bus for persons with disabilities in our region.

h. What involvement have you had with the Ministry of Transport and Regional Councils, Total Mobility Scheme, if any.

The Total Mobility Scheme is administered by CCS Disability Action in the Auckland Region. Auckland DHB is not involved in this Scheme.

ADHB BOARD AND COMMITTEES

- 8. Have any of your board members experienced any type of disability, or have a family member who has lived experience with disability?**

Auckland DHB declines to provide this information under s 18(g) of the Official Information Act on the grounds that the information requested is not held by Auckland DHB.

- 9. Do any of your Disability Support Advisory Committee members have a lived experience of disability?**

Yes, there are members of the Auckland Region Disability Support Advisory Committee who have lived experience of disability.

- 10. What engagement has the DHB had with local iwi, hapu and whanau in relation to the development of disability related support, strategies and policy?**

The development of the metro-Auckland Disability Strategy Implementation Plan 2016-2026 involved consultation with disabled Māori. This was facilitated with Te Roopu Waiora Trust. Te Roopu Waiora is a kaupapa Māori Organisation founded and governed by whānau with physical, sensory and intellectual disabilities.

- 11. What are your standards for consultation with the local community in relation to disability support, strategies and policies?**

Auckland DHB's Engagement Strategy provides a strategic and interlinked direction for community engagement and patient experience work. This strategy is aligned with the Ministry of Health's Guide to Community Engagement with People with Disabilities, as well as being localised in consultation with our community partners.

COMMUNITY COMMUNICATION

- 12. How does the DHB communicate the availability and process to accessing disability support services to members of the community?**

Information on the process to access DHB funded disability support services including the DHB Needs Assessment Service Coordination (NASC) contact details are available on the [Healthpoint](#), Seniorline and [Ministry of Health](#) websites.

[Seniorline](#), funded by DHBs nationally and based at Auckland DHB, has an 0800 number for people who need assistance navigating the process to access these services.

Information on the process for referral to the DHB Mental Health Service Co-ordination team is available on the Healthpoint website.

13. How does the DHB communicate the availability and process to accessing disability support services to Maori?

Seniorline supplies information on the process to access DHB funded disability support services and and NASC contact details to Māori providers in Auckland DHB.

Are funds being allocated towards the encouragement and attraction of Māori to the health and disability workforce in your region? If so, where and how does this take place?

Auckland DHB is funding the Rangatahi Programme, which is a workforce programme designed to encourage Māori and Pacific secondary students to become health professionals. The programme includes introduction days, voluntary work experience and paid summer cadetships.

Auckland DHB also has a career development programme delivered throughout the year to lower paid employees to up-skill and consider career pathways within Auckland DHB.

Currently under development is a cadetship programme for Māori with Te Puna Kokari funding.

ADHB SYSTEMS

14. Does the Auckland District Health Board have a centralized format or system where health information is stored? If so, how does it operate?

Auckland DHB's clinical portal (Concerto) provides a single access point to health information sourced from a number of disparate systems. One of the systems available via the portal is a regional results repository called Éclair. The main datasets stored in Éclair are laboratory and radiology results, and drugs dispensed in the community. Another system accessible via the portal is 3M Chartview. 3M Chartview holds the complete Auckland DHB patient record, which includes digitised paper records, clinical correspondence and diagnostic type reports/results.

The clinical portal is available via Auckland DHB issued desktop and laptop computers and is hosted on servers managed by healthAlliance.

15. What is your system for managing specialist referrals for persons with lived experience of disability?

The main system for managing specialist referrals for Auckland DHB residents is the Regional Referrals Management System (eReferrals). Referrals for people living with a disability may be received by numerous services depending on the issue to address.

16. How does the ADHB interact with the Ministry of Health and disability support providers to collect, transfer and make information available on a patient?

Most patient information is held in systems used by healthcare providers (e.g. GPs, hospitals) or disability support providers (e.g. residential care facilities) that the person is using. Providers will have policies and procedures that guide their management of information to support their service users, support their business functions and share with other providers and agencies.

Information sharing between providers may be limited. Practitioners should seek the permission of the patient or a representative of the patient to share relevant information with other health practitioners, providers and agencies involved in their care. However, there may be instances where information will be required by law, requiring compliance by providers. There may also be circumstances where practitioners have a discretion to share relevant information with third parties without consent, for example where it is necessary to lessen or prevent a serious threat to public health or safety or the life or health of an individual. There are also information sharing provisions which permit information to be shared without consent to prevent harm or assess risk to tamariki.

In most situations, health information should not be passed on without consent. However, some situations exist in which information can be shared across the health and disability system without consent. The Health Act 1956 has provisions allowing the Ministry to request information - see <http://www.legislation.govt.nz/act/public/1956/0065/118.0/DLM306636.html>.

There are strict requirements for ensuring the safe, secure and purposeful exchange of patient information between healthcare professionals, providers and agencies.

- A person's National Health Index (NHI) number is their health identity. An NHI number is fundamental for services to link information and get a better understanding of each person's needs. Only authorised providers can access the information in the NHI – see <https://www.health.govt.nz/our-work/health-identity/national-health-index/national-health-index-overview>
- There are information governance guidelines that provide practical guidance to the sector on the safe, secure and purposeful use and sharing of health information – see <https://www.health.govt.nz/publication/hiso-100642017-health-information-governance-guidelines>
- The Health Information Privacy Code 1994 regulates how health agencies (e.g. doctors, nurses, pharmacists, Primary Health Organisations and District Health Boards) and disability support providers collect, hold, use and disclose health information about identifiable individuals.
- The Privacy Commissioner has issued guidance on people's rights and health agency obligations regarding information sharing – see <https://privacy.org.nz/news-and-publications/guidance-resources/health-information-privacy-fact-sheet-1-overview/>:
 - People have rights over health information about themselves. Rule 6 of the Health Information Privacy Code gives individuals the right to access information about themselves and rule 7 of the Code gives them the right to seek correction of that information if they think it is inaccurate or misleading.
 - Health agencies have obligations over the health information they hold. These obligations are set out in the 12 rules of the Health Information Privacy Code, and are briefly summarised below and in the other fact sheets in this series.

I trust this information answers your questions.

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland DHB website.

Yours faithfully



Ailsa Claire, OBE
Chief Executive

