



Disability Support Advisory Committee Meeting

Thursday, 12 November 2020

1pm

**Marion Davis Library
Building 43
Auckland City Hospital
Grafton**

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Published 6 November 2020

Agenda

Disability Support Advisory Committee

12 November 2020

Venue: Marion Davis Library, Building 43, Auckland City Hospital, Grafton, Auckland

Time: 1.00pm

Committee Members Jo Agnew Michelle Atkinson William (Tama) Davis	Auckland DHB Staff Ailsa Claire Chief Executive Officer Auckland DHB Nigel Chee Acting General Manager, Maori Health Mel Dooney Chief People Officer, Auckland DHB Debbie Holdsworth Director of Funding Marlene Skelton Corporate Committee Administrator Adele Thomas Organisational Development Practise Leader Sue Waters Chief Health Professions Officer (Other staff members who attend for a particular item are named at the start of the respective minute)
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Karakia

Agenda

Please note that agenda times are estimates only

- | | |
|---------------|--|
| 1.00pm | 1. Attendance and Apologies

Debbie Holdsworth, Director of Funding Auckland and Waitemata DHBs

2. Register and Conflicts of Interest
Does any member have an interest they have not previously disclosed?
Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda? |
| 1.05pm | 3. Minutes of the Previous Meeting - NIL

4. Action Points - NIL |
| 1.05pm | 5. GOVERNANCE ITEMS
5.1 Terms of Reference for DiSAC |
| 1.20pm | 6. STANDING ITEMS
6.1 Disability Strategy Implementation Plan 2016-2026
6.2 Auckland DHB Accessibility - Update November 2020
6.3 Letter – Disability Data and Alerts
6.4 Disability – Proposed Discussion Paper to be presented to the PWCC at its November 2020 Meeting |
| 2.30pm | 7. General Business |

Next Meeting: To be decided.

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Attendance at Disability Support Advisory Committee Meetings

Members	02 Apr. 20	04 Jun. 20	03 Sep. 20	12 Nov. 20
Jo Agnew	c	c	c	
Michelle Atkinson	c	c	c	
William (Tama) Davis	c	c	c	
Key: x = absent, # = leave of absence, c = meeting cancelled				

Conflicts of Interest Quick Reference Guide

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

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

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

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

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

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

IMPORTANT

If in doubt – declare.

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

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

Register of Interests – Disability Support Advisory Committee

Member	Interest	Latest Disclosure
Jo AGNEW	Professional Teaching Fellow – School of Nursing, Auckland University Casual Staff Nurse – Auckland District Health Board Director/Shareholder 99% of GJ Agnew & Assoc. LTD Trustee - Agnew Family Trust Shareholder – Karma Management NZ Ltd (non-Director, majority shareholder) Member – New Zealand Nurses Organisation [NZNO] Member – Tertiary Education Union [TEU]	30.07.2019
William (Tama) DAVIS	Director/Owner – Ahikaroa Enterprises Ltd Whanau Director/Board of Directors – Whai Maia Ngati Whatua Orakei Director – Comprehensive Care Limited Board Director – Comprehensive Care PHO Board Board Member – Supporting Families Auckland Board Member – Freemans Bay School Board Member – District Maori Leadership Board Iwi Affiliations – Ngati Whatua, Ngati Haua and Ngati Tuwharetoa	02.07.2020
Michelle ATKINSON	Director – Stripey Limited Trustee - Starship Foundation Contracting in the sector Chargenet, Director & CEO – Partner	21.05.2020

Disability Support Advisory Committee (DiSAC) Terms of Reference- November 2020

Recommendation

That the Disability Support Advisory Committee:

1. **Notes the responsibilities of the Disability Support Advisory Committee as per the Terms of Reference.**
2. **Considers and discusses whether the Terms of Reference require amendment.**
3. **Refers their agreed Committee Terms of Reference to the Board for approval.**

Prepared by: Marlene Skelton, Corporate Business Manager

Endorsed by: Sue Waters, Chief Health Professions Officer

Glossary

DiSAC Disability Support Advisory Committee

ToR Terms of Reference

1. Executive Summa

Auckland DHB has operated a joint DiSAC committee with Waitemata DHB for a number of years and has not had its own separate committee with terms of reference.

The Board at its 26 February 2020 meeting elected to have an Auckland DHB DiSAC and meet four times per year. To do this necessitates setting terms of reference for the committee in line with the New Zealand Public health and Disability Act 2000, Schedule 4.

2. Introduction/Background

The Terms of Reference and specific responsibilities set out within them should be used to guide planning for future meetings. This enables the Committee to ensure it is meeting its responsibilities to the Board and to assist with ensuring that the disability support needs of the resident population of Auckland DHB are met.

Function of the Committee

Under the New Zealand Public health and Disability Act 2000, Schedule 4 the function of a DiSAC is set out.

The functions of the disability support advisory committee of the board of a DHB are to give the board advice on—

- the disability support needs of the resident population of the DHB; and
- priorities for use of the disability support funding provided.

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:

- the kinds of disability support services the DHB has provided or funded or could provide or fund for those people:
- all policies the DHB has adopted or could adopt for those people.

A disability support advisory committee's advice may not be inconsistent with the New Zealand disability strategy.

A set of draft Terms of Reference are appended and are in line with the Terms of Reference recently adopted by Waitemata DHB.

3. Conclusion

That the Disability Support Advisory Committee (DiSAC) refer their committee Terms of Reference to the Board for approval.

Attachment 5.1

"Disability Support Advisory Committee (DiSAC) Terms of Reference- November 2020".

Auckland District Health Board

Disability Support Advisory Committee (DiSAC) Terms of Reference

New - November 2020

Establishment

Section 35 of the New Zealand Public Health and Disability Act 2000 (the Act) requires the Board of a DHB to have a committee to advise on disability issues called the disability support advisory committee. The committee must provide for Māori representation. The Board may amend the terms of reference for the Committee from time to time.

Purpose

As provided by section 35 of the Act, DiSAC's purpose is to advise the Board on disability issues.

Functions

As provided by clause 3 of Schedule 4 of the Act, DiSAC's functions are as follows:

- (1) To provide advice on:
 - (a) the disability support needs of the resident population of the Waitematā district; and
 - (b) priorities for use of the disability support funding provided.
- (2) 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 Waitematā 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) To ensure that its advice this is not inconsistent with the New Zealand disability strategy.

Responsibilities

To carry out its functions, DiSAC will develop and operate under an explicit philosophy that values diversity and self-determination for people with disabilities.

In particular, DiSAC will provide advice on:

1. The overall performance of disability support services delivered by, or through, the metro Auckland DHBs.
2. The development of strategies and policies related to disability support services, disability issues and health service provision for people with disabilities in the district, having regard to, as appropriate:
 - a. the United National Convention on the Rights of Persons with Disabilities.
 - b. The New Zealand Disability Strategy.
 - c. The Health of Older People Strategy and the New Zealand Positive Ageing Strategy.
 - d. The strategic planning processes of the DHB, including the Northern Region's Long-Term Investment Plan (LTIP), Information Systems Strategic Plan (ISSP) and Health Plan, and related consultation processes.
3. The performance of disability support services against expectations as set out in Annual Plan and other relevant accountability documents, documented standards and legislation.
4. The delivery of mainstream health services by disabled people.
5. Contributions that can be made by the DHB to the development and implementation of regional and national policies related to disability issues.
6. The development and maintenance of relationships with disability stakeholders to support regional collaboration and co-ordination.
7. The extent to which the Annual Plan demonstrates how disabled people will access health services and how the DHB will ensure that the disability support services they provide are coordinated across the DHB and with services of other providers to meet the needs of disabled people.
8. How the DHB can meet its responsibilities to deliver the Government's vision and strategies for people with disabilities
9. How to build capacity for Māori and Pasifika to participate in the health and disability sector and for the sector to meet the needs of Māori and Pasifika.
10. The criteria, priorities and systems to be used in providing, auditing and monitoring disability support services.
11. The management of risks relevant to the provision of disability support services.
12. The implications of strategic planning, prioritisation and funding decisions.

Accountabilities

DiSAC is accountable to the Auckland DHB Board.

While DiSAC's role is advisory only, the Board may delegate to DiSAC the authority to make decisions and take actions on its behalf in relation to certain matters. In this event, the Board may need to amend its delegation policies and seek the approval of the Minister of Health pursuant to clause 39 of Schedule 3 of the Act.

Any recommendations or decisions of DiSAC must be ratified by the Board (unless authority has already been delegated to DiSAC).

DiSAC may only give advice or release information to other parties under authority from the Boards.

DiSAC must comply with all relevant provisions of the Act, including requirements relating to

committee meetings.

Members of DiSAC must comply with processes and requirements of the Boards, whether or not they are Board members or external appointees.

Membership

DiSAC shall comprise:

- Up to-three Board members
- Appointed members as may be required to complement the skills and experience of Board members.

At least one member of DiSAC shall be Māori.

Quorum

A majority of DiSAC's members must be present before a meeting can be convened.

DiSAC decisions can be reached by a simple majority of members present (whether Board members or external appointees).

Conduct and frequency of meetings

It is envisaged that DiSAC will meet quarterly, although the frequency of meetings will be a matter for the chairperson to decide. The chairperson will also decide the venue for meetings.

Conflicts of interest

As required by clause 6(3) of Schedule 3 of the Act, prospective appointees to committees are required to disclose existing and potential conflicts before they are appointed. Any subsequent conflicts must also be declared, especially when funding matters are being considered.

Review

These terms of reference will be reviewed by DiSAC and the Board after one year of operation and subsequently at least every three years.

Waitemata & Auckland District Health Board's Disability Strategy Implementation Plan 2016-2026

Waitemata and Auckland District Health Boards have a shared vision of being fully inclusive.

Being fully inclusive means ensuring the rights of disabled people, eliminating barriers so that people can get to, into and around our physical spaces; and everyone can access information and services that they need.



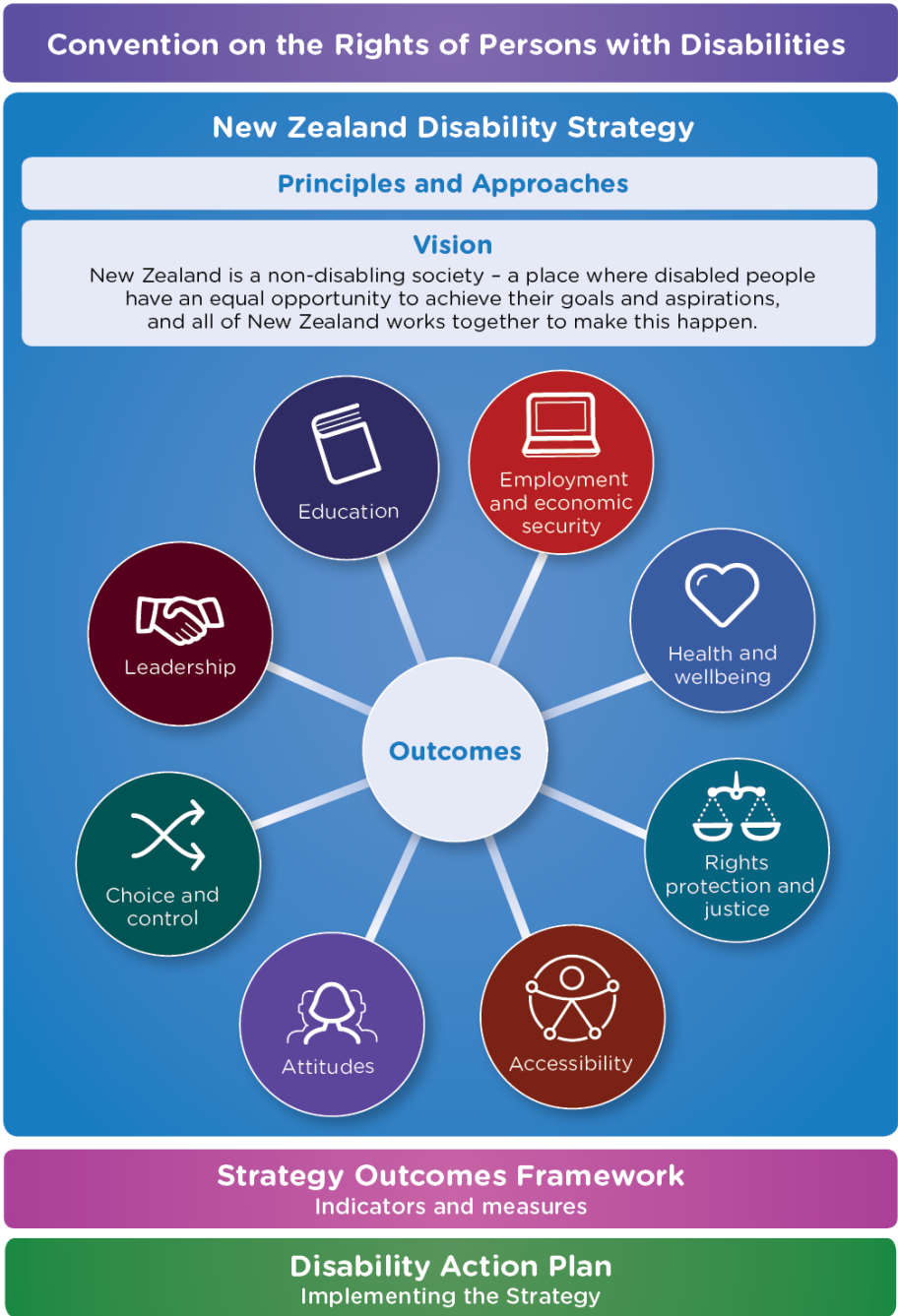
The New Zealand Disability Strategy 2016-2026 provides a framework for organisations to focus on enabling the full participation of disabled people. It has a vision of New Zealand as a non-disabling society – a place where disabled people have an opportunity to achieve their goals and aspirations and all of New Zealand works together to make this happen.

The Vision, principles and approach of the NZ Disability Strategy 2016-2026, with input from the disability sector and disability community, have shaped our joint District Health Board (DHB)s **Disability Strategy Implementation Plan 2016-2026**.

Our ten year implementation plan aligns with the timeline of the NZ Disability Strategy 2016-2026. There will be two reviews of our Disability Strategy Implementation Plan during the ten year period – one in 2020 and one in 2023. These are an opportunity to ensure that the work being done is making a positive difference to disabled people and is supporting our goal of being fully inclusive and non-disabling.

New Zealand Disability Strategy 2016-2026

Figure 1 | Disability Strategy Framework



The Disability Strategy identifies eight outcome areas -

The outcome areas that will contribute to achieving the vision of the Strategy are:

Outcome 1 – Education

We get an excellent education and achieve our potential throughout our lives

Outcome 2 – Employment and economic security

We have security in our economic situation and can achieve our full potential

Outcome 3 – Health and wellbeing

We have the highest attainable standards of health and wellbeing

Outcome 4 – Rights protection and justice

Our rights are protected; we feel safe, understood and are treated fairly and equitably by the justice system

Outcome 5 – Accessibility

We access all places, services and information with ease and dignity

Outcome 6 – Attitudes

We are treated with dignity and respect

Outcome 7 – Choice and control

We have choice and control over our lives

Outcome 8 – Leadership

We have great opportunities to demonstrate our leadership

All eight outcomes are relevant to the work of the District Health Boards and will drive our core work over the next ten years. Our work will have a particular focus on five outcomes – Employment & economic security, Health & wellbeing, Accessibility, Attitudes and Choice & control.

Influences

There are a number of other principles, disability strategies and action plans that influence the DHB's Implementation Plan. These include:

- Te Tiriti o Waitangi / The Treaty of Waitangi
- Disability Action Plan 2019-2023
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
- Whāia Te Ao Mārama: The Māori Disability Action Plan 2017-2022
- Faiva Ora: National Pasifika Disability Plan 2016–2021
- Auckland DHB, Waitemata DHB & Counties Manakau Health Annual Plans

Te Tiriti o Waitangi

Te Tiriti o Waitangi (Te Tiriti) sets the expectations for the relationship between Te Tiriti partners, in particular Crown or Government entities and Māori. The three principles of Te Tiriti are partnership, participation, and protection. Despite Te Tiriti principles, Māori continue to experience marked inequities in access to services, health outcomes and satisfaction.

Disability in Māori people

Māori experience more disability than other population groups in New Zealand; the age-adjusted disability rate for Māori is 32% compared to 24% for non-Māori. Almost one in four Māori with a disability have high support needs (23% compared to 14% for non-Māori), but only 16% accessed MoH funded disability support.

A Māori lens incorporated in the planning and provision of disability supports and services requires centring on Mātauranga Māori (Māori knowledge systems) and tikanga Māori (Māori practices and customs), rather than trying to adapt non-Māori models. Central to this is recognising the importance of and incorporating holistic models of hauora and oranga (health/wellbeing), rongoā (medicines), karakia (prayers/ incantations), and community input in care planning and provision.

Disability in Pasifika peoples

The issues in terms of recognising Pasifika peoples' cultural values and ensuring partnership, participation, choices and equity in health and disability provision are very similar to those experienced by Māori with disability. It should be noted that while Pasifika cultures share some similarities in principles and concepts, they each have specific and independent world views.

The family (āiga, kāiga, magafaoa, kōpū tangata, vuvalu, fāmili) with its prescribed roles is the centre of the community and provides identity, resilience, care and support. Care for family members with disabilities is often informally provided within the family.

Pasifika people account for 6% of recipients of Ministry-funded disability support services relative to their 7.5% contribution to the New Zealand population. Pasifika with disabilities are a relatively young population, with 42% being aged 19 years or below. In adults, chronic diseases such as stroke, diabetes and ischaemic heart disease contributed significantly more to disability, and at a younger age, than in other ethnic groups. The Auckland Region accounted for nearly three-fourths of all recorded Pasifika people with disability.

Improving the experience of Māori people

In order to provide disability services that are responsive to cultural perspectives of Indigenous people and meet Te Tiriti obligations, the key actions for DHBs and Disability Services Providers include:

Uphold the principles of Te Tiriti o Waitangi, centre Māori in governance and decision-making, involve community and kaupapa Māori providers, and develop strategies with Māori (Pasifika) with disability that reflects their needs and aspirations.
Acknowledge and incorporate mātauranga Māori (Māori knowledge systems), tikanga Māori (Māori practices and customs) and Māori health models in planning and delivering disability services.
Invest in regular collection, sharing and analysis of client level data to allow meaningful insight into equity and choice for Māori and Pasifika with disability.
Provide access to culturally appropriate information, tools and resources that are tailored to different access needs and relevant for Māori/Pasifika disabled person and whānau.
Develop supportive and inclusive processes for needs assessment, navigation and service coordination, to enable tino-rangatiratanga of Māori (Pasifika) with disability to actively participate in healthcare choices and decision-making.
Support advocacy and whānau decision-making, if desired, in planning disability support and services at the individual client level.
Promote cultural safety, patient-centred care, and equity by increasing recruitment of Māori (Pasifika) staff at all levels to plan/ deliver disability services and support kaupapa (Pasifika) providers of disability services.
Make training on Māori responsiveness and disability responsiveness mandatory for all staff.
Record disability information for workforce, categorised by disability and ethnicity to ensure equal employment opportunities for Māori (Pasifika) with disability.

Many of these principles are equally applicable to people with disabilities from other ethnic groups in whom the western models of disability are at divergence with their world view, cultural beliefs and values.

Disability Action Plan 2019-2023

The Disability Action Plan 2019–2023 (Action Plan) aims to deliver the eight outcomes in the New Zealand Disability Strategy 2016–2026.

The Action Plan responds to the main issues identified by disabled people, the Disabled People's Organisation (DPO) Coalition and government agencies working together. The work programmes are either directly related to improving government funding and services for disabled people or bring a significant disability focus to broader policy or work programmes. As a result, 25 work programmes have been included in the Action Plan, which will be delivered by 14 government agencies and their partners.

In addition to the 25 work programmes in the Action Plan, government agencies have been asked to commit to two cross-cutting issues: collecting better data about disabled people, and greater involvement of disabled people in policy and service development. This builds on the commitments of government agencies in the previous Action Plan to making public information accessible and improving employment opportunities for disabled people in the public service.

The Disability Action Plan 2019-2013 can be found at the Office for Disability Issues website - <https://www.odi.govt.nz/disability-action-plan-2/>

Values

The Values of Auckland and Waitemata DHBs reflect a shared vision for equity and inclusion of disabled people in their care and in the design of patient facilities and services.

The infographic features five horizontal value statements on the left and five callout boxes on the right, all pointing towards the Waitemata logo at the bottom right.

Welcome | Haere Mai
We see you, we welcome you as a person

Respect | Manaaki
We respect, nurture and care for each other

Together | Tūhono
We are a high performing team

Aim High | Angamua
We aspire to excellence and the safest care

“best care for everyone
This is our promise to the Waitemata community and the standard for how we work together.
Regardless of whether we work directly with patients/clients, or support the work of the organisation in other ways, each of us makes an essential contribution to ensuring Waitemata DHB delivers the best care for every single patient/client using our services.

“everyone matters
Every single person matters, whether patients/clients, family members or staff members.

“with compassion
We see our work in health as a vocation and more than a job. We are aware of the suffering of those entrusted to our care. We are driven by a desire to relieve that suffering. This philosophy drives our caring approach and means we will strive to do everything we can to relieve suffering and promote wellness.

“connected
We need to be connected with our community. We need to be connected within our organisation – across disciplines and teams. This is to ensure care is seamless and integrated to achieve the best possible health outcomes for our patients/clients and their families.

“better, best, brilliant...
We seek continuous improvement in everything we do. We will become the national leader in health care delivery.

Waitemata
District Health Board
Best Care for Everyone

Monitoring and Reporting

Work is underway at the Office for Disability Issues to ensure that progress toward achieving the outcomes of the New Zealand Disability Strategy can be measured. This will involve the development of an Outcomes Framework which will specify targets and indicators that will be regularly reported on. Work on this will include getting advice from disabled people, the disability sector and other government agencies.

The Auckland and Waitemata DHBs' New Zealand Disability Strategy Implementation Plan 2016-2026 will be monitored internally and progress of actions will be reported to the Disability Support Advisory Committee (DSAC) on a quarterly basis.

We will ensure that the DHB Disability Strategy Implementation Plan continues to align with the NZ Disability Strategy, as well as other government strategies and action plans.

There will be two reviews of our Disability Strategy Implementation Plan during the ten year period – one in 2020 and one in 2023. These are an opportunity to ensure that the work being done is making a positive difference to disabled people and is supporting our goal of being fully inclusive and non-disabling.

Current Priorities

Waitemata and Auckland DHBs are committed to the vision of being fully inclusive and non-disabling. Current work that will continue across the DHBs as part of the Disability Strategy Action Plan includes improving health literacy and enhancing the patient experience.

Health Literacy

Waitemata and Auckland District Health Boards have made a commitment to improve health literacy across both organisations. Health Literacy means that *“people can **obtain, understand and use the health information and services** they need to enable them to make the **best decisions** about their own health or the health of a dependant family member/friend”*

This work focusses on two areas:

- improving health literacy of both organisations and their staff
- enabling communities to become more health literate

Patient Experience

There is a focus on Patient Experience and Community Engagement across both DHBs. This has led to greater inclusion of disabled people in design and planning of both facilities and services. Examples of this are the Public Spaces work at Auckland DHB and the Waitemata DHB commitment to universal design as a core design principle.

Outcomes

Of the eight outcome areas of the New Zealand Disability Strategy 2016-2026, there are five key outcome areas that align with the work of District Health Boards.

				
Outcome 2: employment & economic security	Outcome 3: health & wellbeing	Outcome 5: accessibility	Outcome 6: attitudes	Outcome 7: choice & control
<i>We have security in our economic situation and can achieve our potential</i>	<i>We have the highest attainable standards of health and wellbeing.</i>	<i>We access all places, services and information with ease and dignity.</i>	<i>We are treated with dignity and respect.</i>	<i>We have choice and control over our lives.</i>



Outcome 2: employment & economic security

We have security in our economic situation and can achieve our potential

1. Increase the number of disabled people into paid employment.
2. Increase the confidence of Hiring Managers to recruit disabled people.
3. Record the number of staff with impairments working for the DHB.
4. Ensure Diversity & Equality work includes disabled people.



Outcome 3: health & wellbeing

We have the highest attainable standards of health and wellbeing.

5. Improve the health outcomes of disabled people.
6. Robust data and evidence to inform decision making.
7. Barrier free and inclusive access to health services.
8. Increased understanding of the support needs of people with learning disabilities.
9. Better understanding of the needs of Deaf people. This includes access to interpreters, information available in NZSL and knowledge of Deaf culture.
10. Better support for young people moving from child to adult health.



Outcome 5: accessibility

We access all places, services and information with ease and dignity.

11. Barrier free and inclusive access to health services.
12. The principles of universal design and the needs of disabled people are understood and taken into account.
13. Improve & increase accessible information across the DHB.
14. Information available in different formats, eg. Easy Read
15. Ensure physical access to DHB buildings and services, including signage and way finding.



Outcome 6: attitudes

We are treated with dignity and respect.

16. All health and well-being professionals treat disabled people with dignity and respect.
17. Disabled people and their families respected as the experts in themselves.
18. Provide a range of disability responsiveness training.
19. Promote the Disability Awareness e-Learning module to all staff across the DHBs.
20. Ensure disabled people are able to access supports that they need in hospital.
21. Increase cultural awareness of disability.



Outcome 7: choice & control

We have choice and control over our lives.

22. Engage regularly with the disability sector and community.
23. Ensure a diverse range of disabled people are identified as stake-holders.
24. Ensure the voice of disabled people from the community is included.
25. Enable supported decision making and informed consent.
26. Ensure services are responsive to disabled people and provide choice and flexibility.
27. Improve access to screening services for disabled people.
28. Continue the implementation of the Health Passport across both DHBs.

Auckland DHB Accessibility - Update November 2020

Recommendation

That the Disability Support Advisory Committee receives the Auckland DHB Accessibility - Update November 2020

Prepared by: Adele Thomas, Organisational Development Practice Leader

Endorsed by: Sue Waters, Chief Health Professions Officer

Overview

Auckland DHB had its second Annual Accessibility Tick assessment on October 20th and we are awaiting the report and recommendations post that.

We haven't made the progress intended this year with COVID taking our focus in other areas of need. That has been standing up an employee support centre in order to provide various levels of support and care to our DHB whanau experiencing hardship.




We did however contribute to the governments draft Disability Employment Action Plan as a member of the Accessibility Tick Employers Network (ATEN).

I am also attending the NZDSN National Symposium on employment support in Wellington on November 10th to be part of a discussion and panel session with other members of the ATEN.

Focus

Our Accessibility Action Plan is a big part of our inclusive 'Together-Tuhono' cultural values and our vision to continually improve accessibility for our people and patients. We want to make it easy for people with a disability to work here.

To do this we have been focusing on:

-  Creating a more diverse workforce through developing a fully accessible recruitment process that reaches qualified applicants with access needs and reduces the likelihood of disability discrimination in hiring
-  Further driving inclusion by educating our people about accessibility
-  Demonstrating a consultative commitment to all areas of accessibility and inclusion (See Appendix 1 'Current State')

The Health and Disability System Review and the Letter of Expectation from the Minister of Health have further highlighted that better health, inclusion, and participation of disabled people must be a priority for action with an explicit focus on equity.

We must look for opportunities to increase our employment of disabled people and be accountable for implementing a specific disabled workforce strategy.

This should include a programme of work to engage and support our workforce to become a leading employer of disabled people, where all employees are encouraged to become disability confident, drawing disabled people into a variety of roles and supporting them to thrive.

Opportunity





There are two pieces of work that I would like to prioritise. The first is a research piece that will inform our disability workforce strategy going forward and the second is to provide our managers with the resources and confidence for them to be able to support employees with a disability.

We first need to understand the experiences of working and belonging at Auckland DHB from the perspective of employees with a disability.

Suggested Action Plan

(see Appendix 2 'Draft Accessibility Placemat')

Phase One

-  Invite employees with a disability and those who are carers of whanau with a disability, to attend focus groups and 1:1 interviews to gain their stories and insights of disability in our workplace and in our communities.
-  Validate possible actions identified
-  Co-design and deliver a suite of core and optional online training modules for Managers around disability confidence and supporting employees with a disability (including f2f workshops)
-  Partner with Be.Lab and MSD to co-create a specific disabled workforce strategy that includes building an access citizen talent pool to bring great people into our organisation

Phase Two

Will be informed by phase one research validation and prioritised for implementation

Appendix 1


Auckland DHB Accessibility Tick Update October 2020 - Current State

- Accessibility Tick annual assessment completed October 2020.
- Auckland DHB HR Principles and Recruitment and Selection policies reviewed and amended to include accessibility.
- Accessibility commitment visible on Auckland DHB premises and website.
- Increased resources on our intranet regarding disability , including contact people
- CE commitment to all areas of accessibility and inclusion communicated to the organisation via CE blog, Hippo news, our news, external website, and the disability and accessibility page on Hippo.
- High visibility of CE and Board Chair and Auckland DHB story in Accessibility Tick launch and initiatives.
- Accessibility Steering Committee formed and meets quarterly to ensure actions are being taken, as per our Action Plan and in line with the NZ Disability strategy, to improve accessibility.
- Management Development Programme modules designed around our commitment to accessibility and inclusion. Recruitment and selection and interview modules externally reviewed for accessibility.
- Disability Confidence workshop 'An Employers Story' delivered to HR.
- Disability Confident Recruitment workshop delivered to recruitment delivered and to a small number of People Managers in Nov 2019.
- Careers website speaks strongly to diversity and references disability and our accessibility tick programme.
- External accessibility review of the careers page and online application process undertaken and remediation priorities actioned.
- Job adverts have been templated to include the Accessibility Tick and an equity statement.
- Recruitment, selection and on boarding process reviewed for accessibility. Barriers identified and supportive processes developed.
- Disability resources on Hippo to support Managers and employees.
- Video'd employee accessibility stories that are on the intranet and on our career page.
- Partnered with Be.Accessible for internship placements and have successfully hosted 3 interns in the organizational development team and 1 starting in LabPlus.
- Supported and supporting a number of access need candidates with job applications and the recruitment process.

6.2

Appendix 2

Draft Placemat, Programme Level - Accessibility

Accessibility			
<p>VISION: Auckland DHB is a leading employer of disabled people, where all employees are encouraged to become disability confident, drawing in disabled people into a variety of roles where they are supported to thrive.</p> <p>OPPORTUNITY STATEMENT: 24% of New Zealand citizens identify as having some form of disability. Disabled people experience significant inequities, across health, employment, education, communication and technology, physical environments, transportation, facilities and services. Better health, inclusion and participation of disabled people was clearly communicated in the March 2020 Health and Disability System Review with a priority action and explicit focus on equity. We must therefore seek opportunities to increase our employment of disabled people and be accountable for implementing a specific disabled workforce strategy. This should include a programme of work to engage and support our workforce to become disability confident and to provide our managers with the resources necessary for them to be able to support employees with a disability.</p>		<p>TARGET STATE GOALS / OBJECTIVES (2023)</p> <ul style="list-style-type: none"> Auckland DHB actively seeks to employ disabled people Auckland DHB workplaces are accessible and reasonable accommodations are provided enabling all employees to do their jobs and fully participate in the workforce All workplaces are safe spaces that value diversity. Opportunities to develop new skills are made available to all staff and any necessary individual accommodations are provided making it easier for all our people to access A suite of core and optional online & f2f disability resources are readily available to managers and employees 	
What are our current mental models?	What are our desired mental models?	How will we measure success?	
<ul style="list-style-type: none"> ➤ Our people's needs are servant to the patient or organisational needs ➤ Accessibility and inclusion initiatives are addressed as interventions which are 'add on's rather than integral to what we do ➤ We have fabulous people who are not always able to contribute in the most effective way for them. ➤ We are not permissive and we don't routinely seek to remove barriers to people's development ➤ We are numb to some of the information we have which indicates we need to act - because we think we can't 	<ul style="list-style-type: none"> ➤ We recognise & value Mātauranga Māori and act to address wellbeing in a holistic sense ➤ We place the health and wellbeing needs of our people front and centre ➤ We prioritise career development opportunities and learning pathways for our access need employees and they understand they are important to us ➤ We do this with our people, rather than do it to them, based on what they have told us they need ➤ Everybody clearly understands the options available to support their needs and how to access them 	<ul style="list-style-type: none"> ➤ Increase in the number of employees with an access need /disability ➤ Support and accommodations information that is clear, easy to understand and access ➤ Increase in the number of employees completing Disability Responsiveness and Disability Confidence training ➤ Access need employees have been prioritised for career development opportunities. 	

Welcome Haere Mai | Respect Manaaki | Together Tūhono | Aim High Angamua

Accessibility



6.2

What are the key objectives/outcomes and milestones?		
FY 20/21: <ul style="list-style-type: none"> ➤ Understand the experiences of working and belonging at Auckland DHB from the perspective of employees with a disability ➤ Co-design a suite of core and optional online training modules for managers (and staff) on disability confidence and supporting employees with a disability ➤ Co-create a specific disabled workforce strategy ➤ Maintain Accessibility Tick 	FY 21/22: <ul style="list-style-type: none"> ➤ Validate experience of our people research and prioritize learnings for implementation ➤ Full suite of training modules available and employee uptake over 50% ➤ Disabled workforce plan that includes an access need talent pool implemented and successfully utilised 	FY22/23: <ul style="list-style-type: none"> ➤ Auckland DHB is a fully accessible workplace ➤ Disabled employees are able to access opportunities to develop and learn new skills ➤ Auckland DHB is a safe workplace that values diversity ➤ Our workforce reflects the diversity of our community
What are the key activities FY 20/21?	What do we have?	
<ul style="list-style-type: none"> ➤ Design research project in order to understand the experiences of working and belonging at ADHB from the perspective of employees with a disability ➤ Develop stakeholder plan ➤ Co-design online training modules ➤ Explore partnership with Be.Lab and MSD to co-create disabled workforce strategy ➤ Pass Accessibility Tick annual assessment to maintain our tick 	<ul style="list-style-type: none"> ➤ Provided disability confident workshop training to recruitment and some hiring managers 2019 ➤ Filmed and shared employee disability stories on HIPPO ➤ Accessibility Tick annual assessment completed Oct 2020 (awaiting outcome report) ➤ Auckland DHB HR Principles and Recruitment and Selection policies reviewed and amended to include accessibility. ➤ Accessibility commitment visible on ADHB premises and website. ➤ Increased resources for managers and staff on HIPPO regarding disability, including contact people ➤ Accessibility Steering Committee formed and meet quarterly ➤ MDP recruitment, selection and interview modules designed around our commitment to accessibility. 	

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Accessibility



What linkage to other programmes / priorities

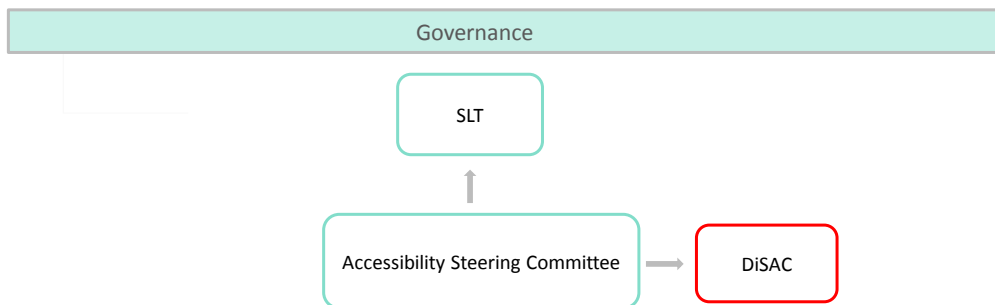
Description	Link
Kia Ora to wahi mahi	Employee Wellbeing
Talent Acquisition	Recruitment
DiSAC	Collaboration

Key Assumptions:

- Sufficient budget

Who will participate?

- OHS
- HR /OD/Recruitment
- Service Directors and People Managers
- Employees
- Access Champions



Welcome *Haere Mai* | Respect *Manaaki* | Together *Tūhono* | Aim High *Angamua*

9 September 2020

Dear GM Planning and Funding Colleagues

As you are aware Disabled people have the right to good health and effective care, but because of their disabilities they often face additional barriers when they try to access health services. This was highlighted in the Simpson Health and Disability System Review (16 June, 2020) with recommendations that DHBs take steps to address these outstanding issues.

This letter is to invite you to join with our Wellington 3DHB Disability Strategy team to progress the first priority, for **more visibility and integration of disability in planning**.

The two areas we are keen to progress are:

1. Improve data collection and use
2. Use of an alert

Disability Data

As the Health and Disability System Review highlights, comprehensive data is indispensable when analysing and evaluating health service activity. The need for analysis tools which can annotate the data is of increased importance especially for the development of equitable health services. At present the collection and analysis of data about disability is insufficient across the health system. Over the past 15 months the disability team have made improving disability data a priority. We have been working on a project to establish an activity-based data capture framework. This framework is intended to identify where people with disabilities engage with health services.

The disability team has also worked 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. We continue to collaborate with them on initiatives for identifying disabled people when they engage with health services.

The team also met recently with the Ministry of Health to understand the work they are leading in this space. They are using Disability Support Services information to help with their Disability Data project. We are very interested in working with our DHB colleagues around New Zealand to establish a comprehensive national database using information technology and other tools. We are happy to present our findings and work to date and hopefully hear of initiatives underway at other DHBs with a view to build a nationally consistent data collection framework.

Disability Alerts

The Simpson Review references Australia's 'standardised disability flag' and suggests that something similar is explored in New Zealand.

A similar initiative called the Disability Alert has been used in the patient administration systems across the three DHBs within our region (and potentially in other DHBs too) for some time. The Disability Alert is an icon that appears on a patient record which provides information about the disability-related

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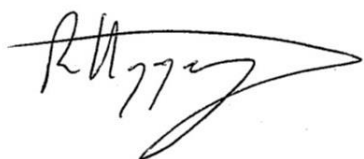
assistance that person may need in a hospital or healthcare setting so that staff can deliver appropriate and quality care to disabled patients.

In 2019 we conducted a review into the use and effectiveness of the Disability Alerts over the past seven years. The first step was collecting as much information about it as possible from the initial alerts project documentation and subsequent reviews and developing a report using that information. This year it has become more and more apparent to us that for Disability Alerts to be effective the solution needs to sit outside the DHB framework and be implemented nationally across a range of health services. We think the National Health Index (NHI) would be a desirable fit, as the Index is designed to include demographic details and known risk factors that may be important when making clinical decisions about individual patient care.

We are happy to share the findings of our review, and we're keen to hear more about your experiences too, to see if we can build collective agreement on the way forward. Working together to advance the implementation of a national alerts system would represent a huge step toward equitable access to health services for all disabled people including Kaunihera Whaikaha and Pacific people with disabilities.

If your DHB would like to be part of this national conversation we invite you to nominate a representative to connect with Rachel Noble (GM Disability). We intend to set up an initial Zoom meeting in late September, and expect there will be two meetings: one focusing on data and the other on alerts. You may wish to identify separate representatives for each meeting. Rachel can be contacted on rachel.noble@ccdhb.org.nz

Yours sincerely

A handwritten signature in black ink, appearing to read 'RH 772', with a long horizontal stroke extending to the right.

Rachel Haggerty
Director Strategy Planning and Performance
Capital & Coast and Hutt Valley District Health Board

Disability – Proposed Discussion Paper to be presented to the PWCC at its November 2020 Meeting

Recommendation

That the Disability Support Advisory Committee:

1. Read the reports on this agenda; Disability Strategy Implementation Plan Update and the Accessibility Tick Action Plan Update to gain an understanding of current work being undertaken.
2. Think about the questions at the end of each topic within this report to be able to discuss further key (underway and future) initiatives to contribute to improving the experience and health outcomes of disabled patients, visitors, whanau and family.

Prepared by: Sue Waters, Chief Health Professions Officer

1. Background

The Council is being requested to consider disability as one of their work focus for the next three years, in particular:

- Staff training
- Unconscious bias
- Reading platforms to ensure documents/website are accessible to those with vision impairments
- Access to buildings/facilities

The work that is being done in each area and key issues to be addressed to drive the work forward is outlined below.

Please note that there is disability inclusion work being done in additional areas, but comment is focussed specifically on the four areas that the Consumer Council is being asked to consider.

2. Key Issues

Staff Training

Auckland DHB has a Disability Responsiveness e-Learning module that is available to all staff.

The training, which was developed by WDHB's Disability Advisor, is currently being used in seven DHBs across New Zealand. It is a short course, taking about 30 minutes to complete and has a practical focus. The two 'take home' messages are 'Don't Assume' and 'Ask' – don't make assumptions about disabled people, what they are able to do or what they want, and ask them. If they have communication difficulties, ask their support person or family member.

As Accessibility Tick members, we are able to access a number of training sessions each year. This year we are running two sessions – Disability Confidence for the recruitment team and Hiring Managers and an Employers Story for all staff.. We will also have a suite of online training available to staff next year

This workshop is for participants to gain an understanding of hiring people with disabilities. Participants will be given practical guidelines from creating a job description through to on-boarding and retention of disabled staff. An Employers Story is for all Auckland DHB staff and is a presentation designed to introduce the audience as to the possibilities and benefits of employing disabled people. It is delivered by Selwyn Cook, who has been an employer of over 100 disabled people. As a leading example in employment of disabled people, Selwyn was recognised as the 2016 New Zealander of the Year – Local Hero winner. As he says, “It’s not about being ‘nice’ - it’s about making a smart business decision”.

The Disability Champions in each Directorate are able to offer staff training to individual teams or on different aspects of disability and inclusion.

The Disability Champions – Accessibility Group are also feeding into projects and service development. This is an opportunity to educate staff on many different aspects of inclusion and challenge bias, both conscious and unconscious.

**Question: *Should the Disability Responsiveness e-Learning be mandatory for all staff?
What other training would you like to see available?***

Unconscious Bias

The DHB offer access to the Health Quality and Safety Commission’s e-Learning training on Understanding Bias in Health Care. These three video learning modules on bias have been developed for people working in the health care sector who engage directly with consumers or who influence the way health organisations are managed. The modules are an introduction to bias in health care. These modules encourage health professionals to examine their biases and how they affect the health care they provide, their interactions with consumers, and therefore their health outcomes.

Question: *What would you like to see included as part of the DHB’s unconscious bias work?*

Reading platforms to ensure accessibility

Accessible information and communications allow disabled people to participate and contribute on an equal basis with non-disabled people. Accessibility is the measure of how easily people can access and engage with information and communications. To be accessible, information and communications is provided in formats and languages that disabled people can access independently, without relying on other people, and is compatible with assistive technology, such as computer screen readers (known as alternate formats). Essentially, it’s free of barriers.

Information and communications include any printed or online information in pamphlets, brochures, websites, online applications, forms or ways that people access and engage with information and services.

Having accessible information and communications recognises the diversity of our audiences. It considers alternate formats (e.g. Easy Read, large print, braille, audio, website, face-to-face and languages, such as New Zealand Sign Language [NZSL] and te reo Māori, and other languages that reflect the audience).

The trend towards a digital society provides users with new ways of accessing information and services. Government agencies rely increasingly on the internet to produce, collect and provide a wide range of information and services online that are essential to the public.

Health Literacy work at Auckland DHB has identified that it would be beneficial to produce information in more formats. The website is a great opportunity to make information available on-line and to develop accessible formats of forms, brochures, etc. We are also starting to see an awareness of the need for information in Easy Read.

Question – *How do we ensure information is accessible to everyone? How do we make this ‘business as usual’ for the organisation?*

Access to buildings / facilities

Auckland DHB services at both hospitals are on difficult sites, notably Auckland City Hospital with its slope up to the main entrance. The DHB would acknowledge that, while there is basic access across the sites, it could be better. New buildings are a great opportunity to get it right.

We have completed training sessions with the Facilities Team on Universal Design and inclusion, and have brought in an external expert for a more detailed training on access. This enables advice on both renovations and new builds to be provided.

Question – *Are there particular aspects of access to buildings that you would like to focus on?*