

# **MINISTRY OF HEALTH**

## **New Zealand Disability Strategy Implementation Work Plan**

**1 July 2002 – 30 June 2003**

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# **1. To Develop a New Criterion for the Māori Provider Development Scheme (MPDS) which is Aimed at Disabled Māori**

## **Description**

The Māori Health Directorate will undertake to develop a new criterion for the MPDS aimed specifically at disabled Māori.

## **Desired Outcome**

To increase the participation of disabled Māori in the health and disability sector.

## **Links to Strategy Objective and Action**

Promote participation of disabled Māori – action 11.1.

## **Quality Measures and Timeframes**

Criterion developed by June 2003.

## **2. The Māori Consumer Research Project**

### **Description**

This project aims to provide information on the attitudes, values and decisions of Māori when choosing to access health and disability services. The Steering Group for the project has one consumer member who represents the interests of disabled people.

### **Desired Outcome**

The Ministry of Health will have credible up to date information to use in reducing inequalities and meeting the needs of disabled Māori.

### **Links to Strategy Objective and Action**

Promote participation of disabled Māori – actions 11.2, 11.3, 11.4.

### **Quality Measures and Timeframes**

Ongoing progress reports.

### **3. Ethnicity Data Collection**

#### **Description**

To ensure the Ministry is getting accurate and consistent ethnicity information from the health and disability sector. This will ensure robust information is available on disabled Māori.

#### **Desired Outcome**

Accurate and consistent ethnicity information is available within the health and disability sector.

#### **Links to Strategy Objective and Action**

Collect and use relevant information about disabled people and disability issues – action 10.4.

#### **Quality Measures and Timeframes**

The project will be scoped by June 2003.

## **4. DHB Accountability: Business as Usual 2002/03**

### **Description**

Establish expectations of District Health Boards (DHBs) and other non-DHB Crown entities in their accountability documents, covering the funder role. DHB Funding and Performance Directorate (DHB F&P) to monitor the effective implementation of these expectations.

The Ministry of Health needs to be cognisant of limitations imposed by finite resources, with respect to compliance costs for the sector.

### **Desired Outcome**

DHBs and other non-DHB Crown entities meet negotiated performance and accountability expectations.

Health services funded by DHBs and other non-DHB Crown entities are sensitive to the needs of people with disabilities and their facilities are physically accessible, in compliance with current regulations.

### **Links to Strategy Objective and Action**

Due to the diversity of the business of non-DHB Crown entities, not all of the following objectives and action points will be relevant to every agency.

Foster an aware and responsive public service – actions 6.3, 6.6.

Create long-term support systems centred on the individual – actions 7.2, 7.3, 7.5, 7.7, 7.9.

Support quality living in the community for disabled people – action 8.4.

Promote participation of disabled Māori – action 11.3.

Promote participation of disabled Pacific peoples – action 12.1.

Enable disabled children and youth to lead full and active lives – action 13.1, 13.5.

Promote participation of disabled women in order to improve their quality of life – actions 14.2, 14.4.

Value families, whānau and people providing ongoing support – action 15.4.

## **Quality Measures and Timeframes**

District Annual Plans (DAPs) signed subsequent to 30 September 2002 include reference to the New Zealand Disability Strategy (NZDS) and the role of DHBs as funders of health services.

Other non-DHB Crown entity accountability documents will include a reference to the NZDS and its implications will be considered as part of their planning process.

Ministry requests DHBs report to DHB F&P on accessibility of health services funded by them, by 28 February 2003. Ministry (DHB F&P) evaluates DHB reports and considers need for further attention to this area in DAPs, by 31 March 2003.

Ministry (DHB F&P) will endeavour to ensure that all non-DHB Crown entities report on accessibility of their services by 28 February 2003. Ministry (DHB F&P) evaluates these reports by 31 March 2003.

Ministry requests DHBs establish a programme for reviewing and reporting on accessibility of its providers' health services. An interim report is requested by 28 February 2003.

Ministry requests that all non-DHB Crown entities provide to it (DHB F&P) examples of how they could implement the NZDS in their organisations. For example, human resources, access etc.

## **5. National Contracts**

### **Description**

Establish expectations for national contracts. District Health Board (DHB) Funding and Performance Directorate (DHB F&P) to monitor the effective implementation of these expectations.

The Ministry of Health needs to be cognisant of limitations imposed by finite resources, with respect to compliance costs for the sector.

### **Desired Outcome**

Health services funded by the Ministry (DHB F&P) are sensitive to the needs of people with disabilities and their facilities are physically accessible, in compliance with current regulations.

### **Links to Strategy Objective and Action**

Foster an aware and responsive public service – actions 6.3, 6.6.

Create long-term support systems centred on the individual – actions 7.2, 7.3, 7.5, 7.7, 7.9.

Support quality living in the community for disabled people – action 8.4.

Promote participation of disabled Māori – action 11.3.

Promote participation of disabled Pacific peoples – action 12.1.

Enable disabled children and youth to lead full and active lives – actions 13.1, 13.5.

Promote participation of disabled women in order to improve their quality of life – actions 14.2, 14.4.

Value families, whānau and people providing ongoing support – action 15.4.

## **Quality Measures and Timeframes**

National contracts signed subsequent to 30 September 2002 include reference to the New Zealand Disability Strategy (NZDS) and role of contractors, as providers of health services, in taking appropriate steps to ensure accessibility of health services.

Ministry requests contractors report to it (DHB F&P) on accessibility of health services provided by them, by 28 February 2003. Ministry (DHB F&P) evaluates contractors' reports and considers need for further attention to this area in national contracts, by 31 March 2003.

## **6. Public Health ‘Like Minds, Like Mine’ Campaign**

### **Description**

National and local programme to counter stigmatisation and discrimination against people with mental illness.

### **Desired Outcome**

Improve the acceptance of people with mental illness.

### **Links to Strategy Objective and Action**

Encourage and educate for a non-disabling society – action 1.1.

### **Quality Measures and Timeframes**

Stock take of the extent of consumer participation by January 2003.

Development of Guidelines for consumer involvement in the project by June 2003.

## **7. Public Health Intelligence: Identification of Disabled People**

### **Description**

The New Zealand Health Survey (NZHS) will identify people with functional limitations. It is likely that the proposed children's and other age group specific health surveys (ie, older people) will also identify these people.

### **Desired Outcome**

Surveys undertaken by Public Health Intelligence will be able to identify the implications qualitatively for disabled people.

### **Links to Strategy Objective and Action**

Collect and use relevant information about disabled people and disability issues – action 10.2.

### **Quality Measures and Timeframes**

Public Health Intelligence has implemented the NZ Health Monitor, which provides the scope for a rolling survey programme, rather than the traditional 'one-off' ad hoc surveys. When data are available from the relevant surveys, Public Health Intelligence will include information on disabled people in any resulting publications.

Representatives of the Disability Services Directorate and other interested groups are invited to participate in the Survey Advisory Groups and the analysis of data.

## **8. Rollout of the Inequalities Framework**

### **Description**

An Intervention Framework for Reducing Inequalities in Health has been developed, with four intervention points. This is intended for use in all of the health and disability sector, and indicates the intersectoral linkages that are desirable. It can be used by policy makers, funders and providers of health and disability services, local government, and communities. This includes disability services and the linkages that are required to reduce inequalities in health for the disabled population.

### **Desired Outcome**

The negative impact of disability on health will be reduced.

### **Links to Strategy Objective and Action**

Foster an aware and responsive public service.

Promote the participation of disabled Māori.

Promote participation of disabled Pacific peoples.

Promote participation of disabled women in order to improve their quality of life.

### **Quality Measures and Timeframes**

A programme of awareness raising and moving theory into practice for implementing the reducing inequalities in health intervention framework for Ministry staff and District Health Boards is planned for completion by 30 June 2003.

## **9. Access to Breast Screening Services**

### **Description**

All Breast Screen Aotearoa providers will undertake nationally consistent processes to ensure sites are physically accessible or alternative locations provided for all women eligible to access the programme.

### **Desired Outcome**

Disabled women will be able to use appropriate breast screen services within their region.

### **Links to Strategy Objective and Action**

Promote participation of disabled women in order to improve their quality of life – action 14.4.

### **Quality Measures and Timeframes**

Interim National Quality and Policy standards contain references to ensure processes are in place to optimise access for disabled women.

Ensure that by August 2002, after consultation with disability organisations, revised National Quality Policy Standards contain references to ensure processes are in place to optimise access for disabled women.

Five of the six mobile screening units have access for women who are wheelchair users. A further mobile unit to replace the existing mobile unit with limited access will be developed by December 2002.

Routine Compliance review of the audit tool will include consultation with disability organisations to ensure appropriate audit can be undertaken against the National Policy and Quality Standards by February 2003.

Routine Compliance audits of Lead Providers will identify compliance against National Policy and Quality Standards. Audits will commence in March 2003.

## **10. Mental Health Information – Mental Health Classification and Outcomes Study (CAOS)**

### **Description**

As part of the Mental Health Research and Development Strategy (funded by the Ministry of Health and administered by the Health Research Council) a casemix study is being carried out. This is a large-scale project that aims to develop the first version of a national casemix classification for specialist mental health services in New Zealand.

### **Desired Outcome**

The study will help inform the understanding of 'who receives what services from whom at what cost'. The second objective of the study is to trial the introduction of outcome measurement into routine clinical practice in New Zealand.

### **Links to Strategy Objective and Action**

Collect and use relevant information about disabled people and disability issues.

### **Quality Measures and Timeframes**

The project commenced in January 2001, with a data collection phase scheduled for the six-month period February 2002 to July 2002.

The Strategy is overseen by a Steering Committee including people who bring Māori, Pacific peoples and consumer perspectives.

## **11. National Mental Health Epidemiology Study**

### **Description**

This is a survey to measure the prevalence of mental illness within New Zealand. It will also help to describe how mental health problems and substance abuse limit people's activities, patterns of mental health service use (and barriers to service users) and identify risk factors for mental health and substance use problems.

### **Desired Outcome**

The completed study will provide the first information of this kind about our New Zealand population.

### **Links to Strategy Objective and Action**

Collect and use relevant information about disabled people and disability issues.

### **Quality Measures and Timeframes**

An initial pilot phase was carried out in 1999. Planning for a more extensive field test is currently underway with interviews expected to take place in 2002, and the main survey data collection in 2003.

## **12. Services for Children and Young People with High and Complex Needs (Contributory Agency to Intersectoral Programme)**

### **Description**

The Ministry contributes to ongoing work around the provision of services for children and young people with high and complex needs occurring across two or more sectors, where these needs require an intersectoral approach for suitable support.

### **Desired Outcome**

That all government agencies are brought together to provide a seamless service centred on the needs of the child or young person.

### **Links to Strategy Objective and Action**

Create long-term support services centred on the individual.

Enable disabled children and youth to lead full and active lives.

### **Quality Measures and Timeframes**

Ensure that disability needs are acknowledged as part of holistic needs assessments, where appropriate, and considered when determining intersectoral approaches to services.

A review of the strategy is planned to occur during the remainder of 2002.

## **13. Evaluation of the Health and Disability Support Sector Reforms**

### **Description**

A three-year evaluation, by an independent research team, of the changes to the health and disability support sector from the introduction of the New Zealand Public Health and Disability Act.

Evaluation will include assessment of the support that DHBs give to providers in the implementation of the NZDS.

### **Desired Outcome**

To learn from our experiences about the most successful ways of implementing health and disability legislation, and actively share that knowledge so that DHBs and providers can fine-tune their programmes and policies.

### **Links to Strategy Objective and Action**

Foster an aware and responsive public service – action 6.1.

Collect and use relevant information about disabled people and disability issues.

### **Quality Measures and Timeframes**

Annual reports to the Minister, from February 2002 to March 2004. Initial report due by June 2002.

## **14. Monitoring Systems Performance**

### **Description**

The monitoring project currently underway aims to develop a framework within which all the monitoring and surveillance activities of the Ministry can fit.

The project will include a stocktake of monitoring activities and information collected. A key part of the framework will be linking end outcomes for the health and disability sector with monitoring activities so that high-level outcomes can be traced through to information provided at a local level.

### **Desired Outcome**

Improved linkages between expected outcomes (for example the objectives of the NZDS) and the monitoring information provided on health and disability support services.

### **Links to Strategy Objective and Action**

Foster an aware and responsive public service – action 6.1.

### **Quality Measures and Timeframes**

July 2002 for completion of the Monitoring Framework. A summary of the Framework will be included in the Health and Independence Report, to be completed in November/December 2002.

## **15. Implementing the Health of Older People Strategy**

### **Description**

Complete the early components of a work programme to implement the Health of Older People Strategy (HOP), by:

- developing resources to support DHBs to develop capability in planning, funding and delivering an integrated continuum of care for older people
- developing and introducing legislation to remove asset testing for long-term care and developing “across Government” policy and funding options for long-term health care, disability and social support and housing needs of older people
- reviewing specialist health services for older people
- developing evidence-based guidelines for comprehensive, multidisciplinary needs assessment for older people.

### **Desired Outcome**

DHBs plan for an integrated continuum of care for older people.

Asset testing for older people is removed.

Nationally consistent service descriptions and best practice guidelines are adopted.

### **Links to Strategy Objective and Action**

Create long-term support systems centred on the individual – actions 7.1, 7.4, 7.5.

Support quality living in the community for disabled people – action 8.4.

Value families, whānau and people providing ongoing support – actions 15.1, 15.5.

## **Quality Measures and Timeframes**

From 2003/04 DHB annual plans include milestones for implementing the Health of Older People Strategy.

Legislation to remove asset testing is introduced in 2002 (dependent on Cabinet decisions) and Ministers consider long-term care options by June 2003.

National service descriptions and best practice guidelines for specialist services for older people are completed by June 2003.

Evidence-based guidelines for assessment of older people are published by June 2003.

## **16. Employment**

### **Description**

The Ministry will employ people who are part of the Mainstream programme.

### **Desired Outcome**

Improve work opportunities for disabled people.

### **Links to Strategy Objective and Action**

Provide opportunities in employment and economic development for disabled people.

Foster an aware and responsive public service.

### **Quality Measures and Timeframes**

The Ministry will continue to seek to employ people on the Mainstream programme.

If practical, targets are:

- a further one person by 29 November 2002
- a further two persons between 29 November 2002 and 30 June 2003.

## **17. Accessible Web Sites**

### **Description**

The Ministry of Health's main web site ([www.moh.govt.nz](http://www.moh.govt.nz)) is already accessible to Web Accessibility Initiative (WAI) Priority 1 level. The Ministry is committed to improving the accessibility of the main web site, and other Ministry-supported sites, over 2002/03.

### **Desired Outcome**

All information on Ministry web sites will meet the accessibility requirements of disabled people.

### **Link to Objectives and Actions**

Foster an aware and responsive public service – action 6.5.

### **Quality Measures and Timeframes**

A web development strategy, which includes improving accessibility as a key component, will be developed by September 2002.

Options will be considered to improve accessibility of the main Ministry web site (by attempting to meet more requirements within the WAI Priority 2 and Priority 3 accessibility bands) by 30 June 2003.

Options will be considered for achieving WAI Priority 1 accessibility on all other Ministry-supported web sites by 30 June 2003.

## **18. Accessible Communications**

### **Description**

The Ministry will produce public consultation documents and final reports in accessible and alternative formats.

### **Desired Outcome**

Ministry information is accessible to all New Zealanders.

### **Links to Strategy Objective and Action**

Foster an aware and responsive public service – action 6.5.

### **Quality Measures and Timeframes**

The Ministry has included mandatory consideration of producing documents and reports in accessible and alternative formats in its publications audit trail.

The Ministry's Communication Standards for Ministry of Health Written Communications will be updated to include guidelines for the production of accessible documents by June 2003.

The Ministry will continue to require that all publicly available Ministry documents are posted on its web site.

## **19. Accessible Buildings**

### **Description**

The Ministry will take all practical steps to ensure that all of its buildings are accessible to disabled people.

### **Desired Outcome**

Disabled people will be able to access the Ministry's buildings and utilise facilities inside.

### **Links to Strategy Objective and Action**

Foster an aware and responsive service – action 6.6.

### **Quality Measures and Timeframes**

The Ministry will implement a prioritised work plan, following on from the accessibility audit of all its buildings completed in March 2002.

The audit highlighted 129 action points (Auckland – 33 action points; Molesworth St – 18 action points; Old Bank Building – 24 action points; WestpacTrust – 8 action points; NRL premises – 19 action points; Oxford St – 14 action points; Dunedin – 13 action points).

## **20. HR Enhancements**

### **Description**

Ensure that the orientation programme for new staff includes a component on disability awareness and how the needs of disabled people impacts on core business.

Investigate ways of measuring the Ministry's responsiveness to disabled people.

### **Desired Outcome**

Standard induction processes that include training in EEO are developed and implemented.

Staff will be more aware of disability issues.

HR policies and practices do not act as barriers for the recruitment and retention of disabled employees.

### **Links to Strategy Objective and Action**

Provide opportunities in employment and economic development for disabled people.

Foster an aware and responsive public service.

### **Quality Measures and Timeframes**

Disability awareness training will be given to all new staff as part of the orientation programme.

Conduct research on ways of measuring responsiveness to disabled employees by April 2003.

Identify strategies to create the desired environment by September 2003.

Include performance indicators in exit questionnaire and HR six monthly reports by December 2003.

## **21. Support of Family/Whānau Carers of Disabled People**

### **Description**

The Disability Services Directorate (DID) has set up an internal Carers Interest Group to support carers. Three programmes are being funded.

- Family/Whānau Carer programmes will enable carers to acknowledge and enhance their experience, knowledge and skills and to make connections with formal and informal support systems.
- Alternative Projects provides funding for four projects over the next two years in order to develop new approaches to supporting carers.
- The Carers New Zealand Information Network established a web site on 22 May 2002 that hosts on-line information for carers, and acts as a support for the development of carer support activities and services.

### **Desired Outcomes**

Carers receive information that they can understand and which enables them to better care for themselves and the person they are caring for.

Networks are developed which reduce the isolation carers can experience.

### **Links to Strategy Objective and Action**

Foster an aware and responsive public service – action 6.4.

Value families, whānau and people providing ongoing support.

### **Quality Measures and Timeframes**

Family/whānau carers programmes operating in all DID localities by June 2003.

Planning to contract alternative projects completed by September 2002. All programmes fully operational by January 2003.

## **22. Home Support Standard**

### **Description**

This is a joint project between ACC and the Ministry. The project will develop a standard for Home Support Services under the framework of the Health and Disability Services (Safety) Act 2001. The standard will determine minimum quality and safety requirements for all providers of home support services. This will result in greater consistency, from funders to providers, of the quality of services to be delivered to users.

### **Desired Outcome**

By placing the onus of the quality of services onto providers, through a more formal audit process, it is expected there will be a greater consistency of services provided, regardless of whether those services are funded by ACC or the Ministry.

Services users will have a clearer view of the quality to expect from their services, and will have access to more responsive services, wherever possible in their community of choice.

### **Links to Strategy Objective and Action**

Create long-term support systems centred on the individual – actions 7.2, 7.4, 7.5.

Support quality living in the community for disabled people.

Support lifestyle choices, recreation and culture for disabled people.

### **Quality Measures and Timeframes**

Draft standards to be prepared and ready for consultation by August 2002.

Final version of Standard to be prepared and submitted for approval by the Standards Council by February 2003.

Project planning of work needed for potential implementation completed by July 2003. Implementation is expected to take up to three years to achieve.

## **23. Future Framework for Younger Disabled People**

### **Description**

Develop the future directions for the provision of disability support services for younger disabled people in the context of the NZDS. Specific work for this group includes:

- review of the needs assessment and service co-ordination process
- development and implementation of a trial of improved cross-sectoral assessment and coordination of services.

### **Desired Outcome**

Improve the internal coherence and equity of disability support services for younger disabled people.

A more effective framework for cross-sectoral coordination between services across a range of agencies, resulting in the seamless provision of disability support centred on the individual.

### **Links to Strategy Objective and Action**

Create long-term support systems centred on the individual.

Promote participation of disabled Māori.

Promote participation of disabled Pacific peoples.

Value families, whānau and people providing ongoing support.

### **Quality Measures and Timeframes**

The Ministry of Health will develop the future framework in collaboration with the disability sector and key government agencies.

Ongoing progress reports to Ministers.

## **24. V.I.P. Pilot Project**

(Disabled people are VIP: Valued, Included and Participating)

### **Description**

The project will support the Northern Locality Team, Disability Services Directorate to plan and coordinate processes to ensure that the NZDS vision is realised for the region. Work will bring about change, at an operational level, to align current key developments to bring about the desired future disability sector for the region.

### **Desired Outcomes**

An inclusive and inter-connected Northern Region Disability Sector where disabled people are highly valued, included and fully participate.

Interconnections in the infrastructure where services are inclusive of disabled people and uphold their rights.

Increased leadership of support services by disabled people and an increased response to the needs and rights of disabled Māori and Pacific peoples.

### **Links to Strategy Objective and Action**

Encourage and educate for a non-disabling society.

Foster leadership by disabled people.

### **Quality Measures and Timeframes**

Plan for communication strategy for project completed by end July 2002.

Communication and education plan implemented by end October 2002.

Evaluation methodology and mechanisms established by end November 2002.

Three year plan scoped and outlined, including milestones finalised by end December 2002.

Remaining milestones to be progressed January 2003 – June 2005.

## **25. The Kimberley Project**

### **Description**

The Kimberley Project is designed to relocate people with intellectual disabilities currently living at Kimberley Centre into Community Residential Services within the community.

There are numerous community based services involved in the support of people leaving Kimberley to ensure needs are fully met, in the community.

### **Desired Outcome**

People currently living at Kimberley will exit from life in an institution to life in the community. Where they live, who they live with and what type of community setting they move to will be their choice.

### **Links to Strategy Objective and Action**

Support quality living in the community for disabled people.

### **Quality Measures and Timeframes**

During 2002/03 it is anticipated that up to 95 people currently living at Kimberley will have relocated into the community.

Consumer satisfaction and outcomes are critical components of the quality management system.