



HAWKE'S BAY DISTRICT HEALTH BOARD – DISABILITY PLAN

BACKGROUND

Consumer Council have championed this Disability Plan and the development was endorsed by the HBDHB Board in February 2018. The HBDHB are a lead provider and funder of disability services and deliver health services for the whole population – including those with a disability. Supporting equitable health outcomes for people with disabilities will contribute to the HBDHB's overall vision “Excellent health services working in partnership to improve the health and wellbeing of our people and the reduce health inequities within our community”.

The development of a Disability Plan for HBDHB consumers, staff and services was led by a working group made up of HBDHB Consumer Council representatives, HBDHB staff, local authority staff and community stakeholders. To gain further input from the community, particularly people with disabilities and their whānau, a draft document was presented to community groups, HBDHB service managers and consumers to seek further input and feedback. This feedback has been incorporated into this Plan.

This Plan sits within the context of a national strategy and plans, plans delivered by local authorities and HBDHB strategic documents. The Plan ensures actions are complementary, aligned or deliver the visions and outcomes of these documents. There is a focus on equity including by ethnicity and people with a disability - it is noted that people can experience inequity via both. To inform this Plan, the working group used:

- National Disability Strategy
- HBDHB Core Values
- Draft Clinical Services Plan
- People Plan
- Whaia Te Mārama and Faiva Ora disability plans

The Plan aims to reduce the barriers experienced by people with disabilities when engaging with HBDHB services and staff. The Plan will focus the HBDHB on meeting the needs of people with disabilities by providing tangible actions and monitoring measures. The Plan's principles are informed by the HBDHB values, outcomes from the National Strategy and the actions are informed by the Clinical Services Plan, Whaia Te Mārama and Faiva Ora Disability Plan – ensuring an equity approach and alignment with HBDHB's service delivery direction.

INTRODUCTION

The Plan is set out as follows:

- Background information including definitions, population and supporting documents
- Vision, principles and coverage. The principles align with the HBDHB Core Values and other key documents which will support equity. This provides a clear process to integrate the actions into HBDHB practice.
- Actions to deliver each outcomes.

As a key service provider and employer in the Hawke's Bay, HBDHB supports social inclusion, equity in health outcomes, access to services and wellbeing for the Hawke's Bay community. HBDHB has a role in reducing the barriers and attitudes that contribute to those with an impairment being disabled. Having a planned approach is vital in delivering these aspirations. To know what we are doing is making a difference for people with disabilities, we need to measure health outcomes for people with disabilities and monitor feedback.

We acknowledge the role whānau and caregivers have in supporting the wellbeing of people with disabilities and the Plan seeks to ensure their engagement by reducing barriers they may encounter, whilst maintaining the person with a disabilities' right to privacy and safety.

BACKGROUND INFORMATION

Defining Disability

The National Strategy defines "disability" as "something that happens when people with impairments faces barriers in society; it is society that disables us not our impairments..." This has a similar meaning to "disability" as the International Convention – "...those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others..." (Article one)

Disability is defined by the Office for Disability Issues as:

"Disability is the outcome of the interaction between a person with impairment and the environment and attitudinal barrier he/she may face. Individuals have impairment; they may be physical, sensory, neurological, psychiatric, intellectual or other impairments."
(Minister for Disability Issues, 2001).

These definitions are consistent and are applied to this Plan. People with physical, mental, intellectual and sensory impairments make up the population target of the Plan. Their whānau and caregivers supporting them to achieve "normal lives" and their potential are also covered in the actions.

Population with Disabilities

Nationally, 24 percent of the population identify as having a disability, a total of 1.1 million people (2013 data).

- The increase from the 2001 rate (20 percent) is partly explained by our ageing population.
- People aged 65 or over were much more likely to be disabled (59 percent) than adults under 65 years (21 percent) or children under 15 years (11 percent).
- Māori and Pacific people have higher-than-average disability rates, after adjusting for differences in ethnic population age profiles.
- For adults, physical limitations were the most common type of impairment. Eighteen percent of people aged 15 or over, 64 percent of disabled adults, were physically impaired.
- For children, learning difficulties were the most common impairment type. Six percent of all children, 52 percent of disabled children had difficulty learning.
- Just over half of all disabled people (53 percent) had more than one type of impairment.
- The most common cause of disability for adults was disease or illness (42 percent). For children, the most common cause was a condition that existed at birth (49 percent).¹

Hawke's Bay data

Data was collated for Gisborne/Hawke's Bay – people identifying with a disability is 23 percent of the population. The 23 percent breaks down into the following types of impairment. The highest is mobility (13 percent), followed by hearing (9 percent), agility (7 percent) and psychological and learning (6 and 5 percent respectively).

¹ 2013 Disability Survey, June 2014, produced by the Government Statistician

Fifty-eight percent of people with a disability have multiple impairments. Disease and illness (42 percent) and then accidents (37 percent) are the highest causes. Using the 23 percent, the estimate for people with a disability in Hawke’s Bay would mean approximately 34,770 people with disabilities (based on 151,179 total Hawke’s Bay population 2013).

Documents that Inform this Plan

The Clinical Services Plan (CSP)ⁱ themes, People Plan, Core Values and National Strategy are based on similar principles -Te Tiriti o Waitangi, ensuring whānau are involved in decision making, social investment and addressing unmet need.

This Plan uses the outcomes from National Strategyⁱⁱ:

- Education
- Employment and economic security
- Health and wellbeing
- Right protection and justice
- Accessibility
- Attitudes
- Choice and control
- Leadership

Each of these actions have been developed to deliver an outcome. These actions have clear links to the CSP, People Plan and HBDHB core valuesⁱⁱⁱ. In the Outcomes and Actions table is colour-coded to note the ‘HBDHB value’ being delivered via each action. Actions are also aligned to the Māori Disability Plan (Whaia Te Mārama)^{iv} and Pasifika Disability Plan (Faiva Ora)^v (Ministry of Health). This alignment supports an equity approach for the actions.

The diagram below illustrates how the informing documents, Plan and delivery of mechanisms relate to each other.



VISION

People with a disability and their whānau engaging with Hawke's Bay District Health Board, experience no barriers, are involved in decision-making, and engaged in service design and development

PRINCIPLES

People with disabilities in Hawke's Bay:

- Experience respectful, mana enhancing engagement with HBDHB services
- Have a clear voice in planning, service development and the care they receive
- Have a clear process for feedback and their feedback is responded to

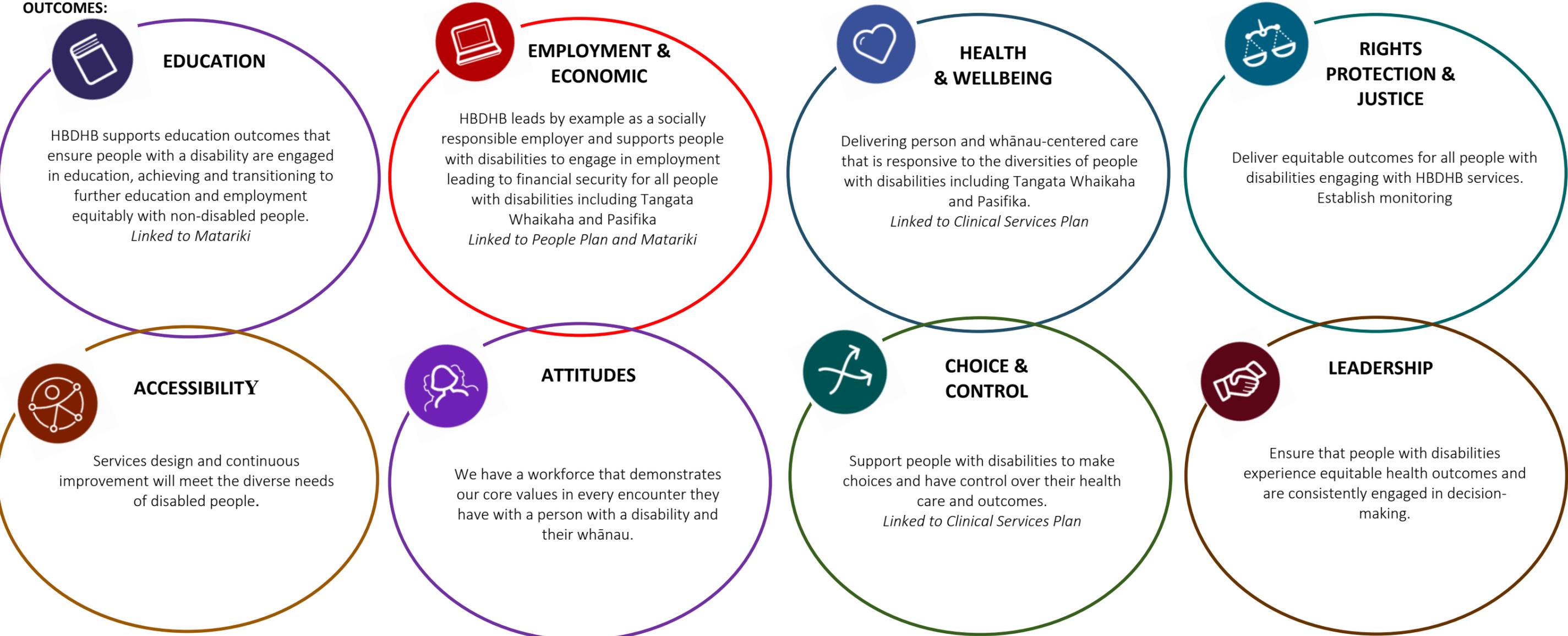
Hawke's Bay District Health Board:

- Has a commitment to address barriers; being inclusive and responsive, including Tangata Whaikaha and disabled Pasifika people and their whānau
- Is committed to changing attitudes by being consistently inclusive and responsive to people with disabilities and their whānau, including Tangata Whaikaha and disabled Pasifika people
- Involves people with disability and their whānau in decision –making, development and design of services. “No decision about me without me”.

COVERAGE

- Services and work of the Hawke's Bay District Health Board. This is wider than clinical services and includes; contracted services, service design, planning and governance functions
- People with disabilities engaging with these services and work of the HBDHB and staff employed by HBDHB
- Whānau and caregivers, where their engagement supports and maintains the safety of the person with a disability

OUTCOMES:



OUTCOMES AND ACTIONS

Outcomes	Actions	Measures	Linked Documents	Reporting
 <p>EDUCATION HBDHB supports education outcomes that ensure people with a disability are engaged in education, achieving and transitioning to further education and employment equitably with non-disabled people.</p>	<ol style="list-style-type: none"> 1. Work with education providers including Kahui Ako (Communities of Learning) to review and co-create career development and career pathways that are localised, responsive and future-facing for all learners in Hawke’s Bay including those requiring additional support to achieve sustainable employment 	<p>Measured via the Matariki outcomes and project tool</p>	<p>Matariki- Social Inclusion Strategy HBDHB Annual Plan</p>	<p>Board 6 monthly</p>
 <p>EMPLOYMENT & ECONOMIC SECURITY HBDHB leads by example as a socially responsible employer and supports people with disabilities to engage in employment leading to financial security for all people with disabilities including Tangata Whaikaha and Pasifika</p>	<ol style="list-style-type: none"> 1. Support the employment of people with challenges that may impact on their capacity to obtain or retain employment. (Social Inclusion) 2. Project 1,000: link local people on benefits to 1,000 new jobs (Regional Economic Development) 3. Ensure major infrastructure development projects consult with and optimize employment. (Regional Economic Development) 	<p>Measured via the Matariki outcomes and project tool</p>	<p>Matariki - Social Inclusion Strategy HBDHB Annual Plan</p>	<p>Board 6 monthly</p>
 <p>HEALTH & WELLBEING Delivering person and whānau-centered care that is responsive to the diversities of people with disabilities</p>	<ol style="list-style-type: none"> 1. Establish practice that ensures the rights of all people with disabilities to bring whānau or support person when engaging with services. 2. Ensure the disability sector is provided with opportunities to participate in service and policy development. 	<p>Establish a baseline for the quality of service delivered to people with disabilities. Measure services on the level of delivery (using baseline measure), with Board monitoring via annual reporting.</p>	<p>Clinical Services Plan People and Capability Strategy HBDHB Annual Plan</p>	

Outcomes	Actions	Measures	Linked Documents	Reporting
<p>including Tangata Whaikaha and Pasifika.</p> <p>Additional activity will be delivered under the Clinical Services Plan and subsequent operational plans. There is also a link to the workforce training under the “Attitudes” outcome in this Plan</p>	<ol style="list-style-type: none"> 3. Increasing control for tangata whenua whaikaha to choose the support they need and when, where and how this support occurs (self-determined). 4. Ensuring whānau are supported so that they are in the best position to support their whānau member with a disability. Including having their expectations met and achieving and maintaining mana and wellness. 5. In any service, the person is not only defined by their disability but also their other cultural, familial, linguistic and gender identities. 6. Transitions between services and to the community are easy and understood by people with a disability and their whānau. 			
 <p>RIGHTS PROTECTION & JUSTICE</p> <p>Deliver equitable outcomes for all people with disabilities engaging with HBDHB services. Establish monitoring</p>	<ol style="list-style-type: none"> 1. Develop monitoring and measurement approaches that include outcomes for people with disabilities by ethnicity. 2. Implement “Accessibility” outcome and actions. 3. Contracted providers are supported to develop policy and practice that delivers equity outcomes for people with disabilities. 4. Monitor the implementation of the plan through management KPIs and reporting to governance 	<p>Measurement frameworks include measures for people with disabilities</p> <p>Manager performance plans have KPIs to improve or maintain equitable outcomes for people with disabilities.</p> <p>Contract review process includes support for providers i.e. to develop disability plans, policy and audits</p> <p>All reporting frameworks including outcomes for people with disabilities</p>	<p>HBDHB Annual Plan, including the IS work plan and</p>	

Outcomes	Actions	Measures	Linked Documents	Reporting
 <p>ACCESSIBILITY</p> <p>Services design and continuous improvement will meet the diverse needs of disabled people.</p>	<ol style="list-style-type: none"> 1. Service design and improvement will engage people with disabilities and their whānau from the beginning. 2. Services will have feedback mechanisms that enable disabled people to provide feedback and this is responded to. 3. Services ensure that disabled people and their whānau get a fair deal. 4. Ensure barriers that could result in disabled people not being able to engage, participate or utilise HBDHB services are removed or addressed. This could include; environment audits being part of standard practice, and/or national guidelines. 	<p>People with disabilities and their whānau are involved in service design and improvement.</p> <p>Feedback processes reviewed to ensure people with disabilities and their whānau are able to and are providing feedback.</p> <p>Audits are completed to monitor compliance.</p>	<p>Policies – Building/Facilities, Consumer Feedback, Disability Audit (to be developed)</p>	
 <p>ATTITUDES</p> <p>We have a workforce that demonstrates our core values in every encounter they have with a person with a disability and their whānau.</p>	<ol style="list-style-type: none"> 1. HBDHB Core Values are evident in all interactions with disabled people and their whānau. 2. Establish mandatory disability training – linked to Values and Behaviour in context of disability. 3. Develop and deliver training programme in partnership with disability community. 4. Measures how embedded Values and Behaviours are via DHB systems (e.g. PDR, peer review). 5. Deliver feedback loops at every level using multiple systems (e.g. surveys, real time feedback) to inform training and staff practice. 	<p>Training agreed and set up in PAL\$ annual performance plan.</p> <p>Training programme developed and feedback collated.</p> <p>Number and percentage of staff have completed training.</p> <p>Demonstrates evidence at application of training in PDR.</p>	<p>People and Capability Strategy</p>	
 <p>CHOICE & CONTROL</p> <p>Support people with disabilities to make choices and have control over their health care and outcomes.</p>	<ol style="list-style-type: none"> 1. Support accessible services by: <ul style="list-style-type: none"> • Developing peer support for people with a disability and their whānau to navigate services • Make information available and accessible – health literacy for every person with a disability. 	<p>Design and deliver a peer support navigation programme, in partnership with people with disabilities.</p> <p>Measure impact and effect of the programme.</p>	<p>Clinical Services Plan</p> <p>HBDHB Annual Plan</p>	

Outcomes	Actions	Measures	Linked Documents	Reporting
	<ol style="list-style-type: none"> 2. Connect with a wide range of disabled communities: <ul style="list-style-type: none"> • Via existing disability representative groups Hawke’s Bay-wide • Clarifying and establish representative roles and their link with people with disabilities 3. All services actively seek feedback from people with a disability engaging with services. 4. People with a disability are consulted and actively involved in policy, planning, governance, service development and implementation via Intentional represented on forums. 	<p>Document connections made and the outcome of these connection with disabled community based groups.</p> <p>Audit feedback process to evaluate effect.</p> <p>Audit consultation and engagement with people with disabilities. Set targets for improvement</p>		
 <p>LEADERSHIP Ensure that people with disabilities experience equitable health outcomes and are consistently engaged in decision-making.</p>	<ol style="list-style-type: none"> 1. Include actions in the annual plan. 2. Implement the actions for this Plan. 3. Report to disabled communities and their whānau on the Plan progress, health outcomes and engagement. 	<ol style="list-style-type: none"> 1. Reporting to communities and their whānau 2. Reporting to governance groups 	<p>Board work programme</p> <p>Annual Planning</p>	

Key for Hawke’s Bay District Health Board – core values (actions are coded by the Core Values colour below to indicate how this Plan delivers Core Values).

Tauwhiro (Care)

Rārangā te tira (Partnership)

He kauanuanu (Respect)

Ākina (Improvement)

HBDHB Clinical Services Plan (Draft)

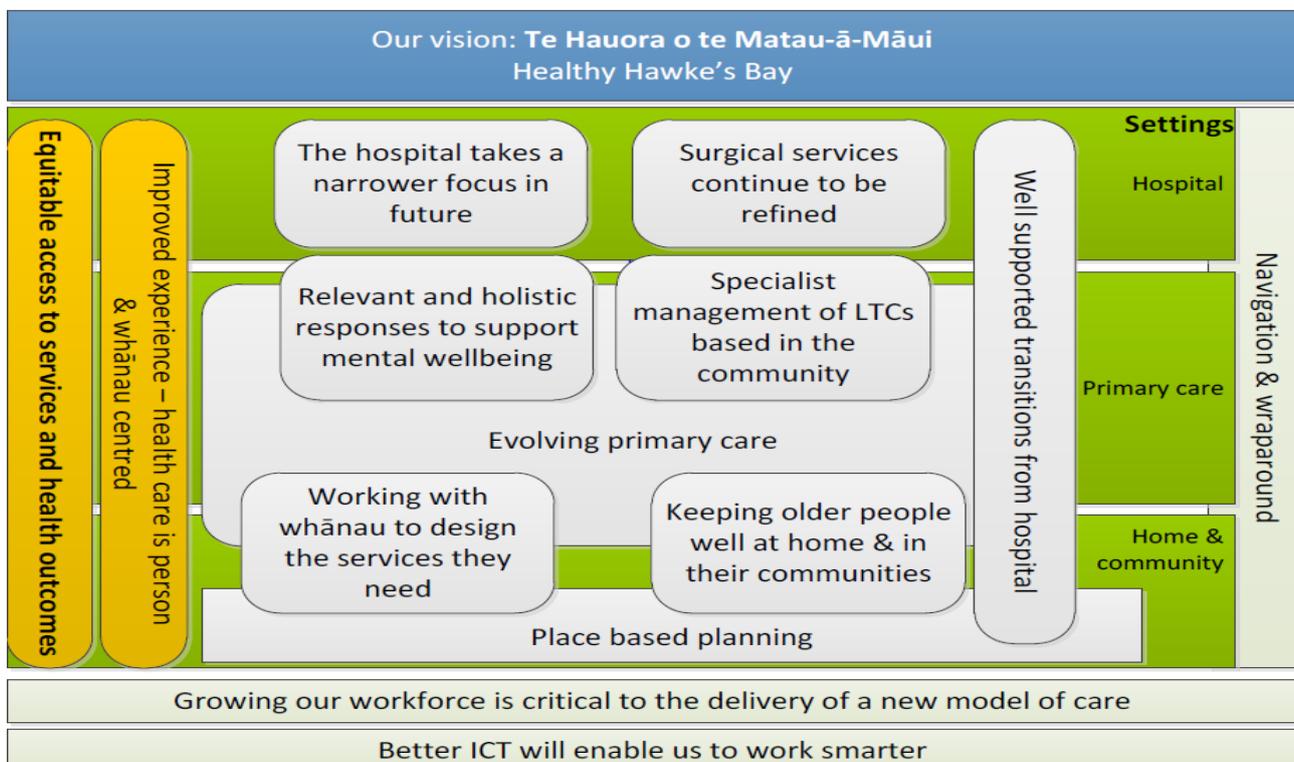
This Plan provides the direction for clinical services delivered by HBDHB for the next 10 years.

The key themes from the Clinical Services Plan are designed to address the overarching commitment to achieving equity. This included addressing the inequities and unmet need experienced by Māori, Pasifika peoples, **people with disabilities**, experiencing mental illness and those living in socio-economic deprivation. A new approach including “person and whānau centered system and building on pockets of excellence.

The CSP establishes a firm commitment to **prioritising and designing services to meet the needs of populations with the poorest health and social outcomes**. This means:

- Up-skilling of health professionals, with particular regard to cultural competence, mental health and addictions, wellness focus, family violence and poverty. The workforce reflects the population it serves
- Commissioning for equitable outcomes
- Multi-disciplinary and team-based approaches which more holistically consider and address health and social needs and aspirations for whānau
- Re-framing our approach to focus on wellness, preserving mana and building on existing strengths of whānau, communities, and population groups
- Whānau wellness models in addition to an expectation that core services will meet the needs of those with poorer outcomes
- A rights-based approach to health meeting our responsibilities under Te Tiriti o Waitangi
- Incorporating the guiding principles of the Nuka System of Care whilst giving primacy to Māori indigenous thinking, values and solutions.

<http://www.ourhealthhb.nz/news-and-events/clinical-services-plan-transforming-our-health-services/>



ⁱⁱ National Disability Strategy 2016 - 2026ⁱⁱ

The Strategy includes principles used to guide this Plan – Te Tiriti o Waitangi, Convention on Rights of the Person with Disabilities, and ensures disabled people are involved in decision-making that

impacts them. With the following approaches - whole of life (long term approach) to social investment and specific and mainstream supports and services (twin-track approach).

The National Strategy is designed to guide the work of government agencies on disability issues. The Working Group were clear that this document provides the strategic direction for the HBDHB. This Plan is designed to implement this Strategy.



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HBDHB Values

The HBDHB has a commitment to living our values in the workplace and in the community. The best outcomes for patients and staff can be achieved if we all work together with the same values. These values we show commitment to and demonstrate the behaviours of the health sector are:

- Tauwhiro (delivering high quality care to patients and consumers)
- Raranga te tira (working together in partnership across the community)
- He kauanuanu (showing respect for each other, our staff, patients, and consumers)
- Ākina (continuously improving everything we do)

These values are at the core of ensuring people with disabilities are experiencing effective engagement with our health services. Including having equitable health outcomes, experience no barriers to accessing services and are participating in the development and design of our health services.

<https://ourhub.hawkesbay.health.nz/our-place/our-values/>

iv

Introduces the term tangata whaikaha to describe a Māori person with a disability – whaikaha meaning to have ability and be enabled. This Plan also aligns with the vision and outcomes from the New Zealand Disability Strategy. There are six goals:

- 1) Participate in the development of health and disability services
- 2) Have control over their disability support
- 3) Participate in Te Ao Māori
- 4) Participate in their community
- 5) Receive disability support services that are responsive to Te Ao Māori
- 6) Have informed and responsive communities.

These also align with our HBDHB Values. Our Plan acknowledges the need to have equity outcomes and that currently tangata whaikaha experience barriers in health services in HB both as a person with disability and as Māori. Finally this Plan acknowledges our commitment as a DHB to the Treaty of Waitangi.

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Faiva Ora, National Pasifika Disability Plan^v

This notes a clear under representation of Pasifika disabled people engaging with disability services and the plan is focused on the services delivered by the healthy sector for people with disabilities. The vision is “Pasifika disabled people and their families are supported to live the lives they choose.” This plan is informed by New Zealand Disability Strategy, New Zealand Health Strategy and Pacific Health Strategy and the United Nations Convention on the Rights of Persons with Disabilities.

Faiva Ora has the following principals which guide the planned actions:

- Self-determination
- Beginning early
- Person and family centred
- Ordinary life outcomes
- Equity
- Enhancing Pasifika cultural identity
- Easy to use
- Building relationships

Faiva Ora focuses on services delivered in the health sector, for this Plan that is further refined to services delivered by HBDHB. Both Plans share outcomes relating to equity, access (easy use) and person and family centered.