AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Disability Support Advisory Committee Meeting

Wednesday, 10 February 2021

8:30am

A+ Trust Room
Clinical Education Centre
Level 5 – Auckland City Hospital
Grafton, Auckland

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Published 03 February 2021

Agenda
Disability Support Advisory Committee
10 February 2021

Venue: A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton, Auckland

Time: 8:30am

Committee Members	**Auckland DHB and Waitemata DHB Staff**	
Jo Agnew	Dr Karen Bartholomew	Director, Health Outcomes for ADHB/WDHB
Michelle Atkinson	Ailsa Claire	Chief Executive Officer Auckland DHB
Zoe Brownlie	Nigel Chee	Acting General Manager, Maori Health
William (Tama) Davis	Mel Dooney	Chief People Officer, Auckland DHB
	Dr 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)	

Apologies Members: Nil

Apologies Staff: Ailsa Claire, Karen Bartholomew and Debbie Holdsworth

Agenda

Please note that agenda times are estimates only

8.30am	**0.**	**KARAKIA**
8.35am	**1.**	**Attendance and Apologies**
	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?
8.40am	**3.**	**MINUTES OF THE PREVIOUS MEETING**
8.45am	**4.**	**ACTION POINTS**
8.47am	**5.**	**CHAIR'S REPORT**
8.57am	**6.**	**STANDING ITEMS**
	6.1	**Disability Strategy Implementation Plan 2016-2026**
	6.2	**Auckland DHB Accessibility - Update November 2020**
	7.	**PREVIOUS AND ON-GOING METROPOLITAN WIDE DISAC WORK**

	7.1	Child Development Services (*Denise Janes to present*)
9.57am	**8.**	**INFORMATION PAPERS**
	8.1	Amended Terms of Reference – approved by Board on 27 January 2021
10.00am	**9.**	**GENERAL BUSINESS**

Next Meeting:	Wednesday, 19 May 2021 at 8:30am A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton, Auckland

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Attendance at Disability Support Advisory Committee Meetings

Members	02 Apr. 20	04 Jun. 20	03 Sep. 20	12 Nov. 20	10 Feb 2021
Jo Agnew	c	c	c	1	
Michelle Atkinson	c	c	c	1	
Zoe Brownlie	n/m	n/m	n/m	n/m	
William (Tama) Davis	c	c	c	1	
Key: x = absent, # = leave of absence, c = meeting cancelled, n/m = non member					

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.legisaltion.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
Zoe Brownlie	Co-Director – AllHuman Board Member – Waitakere Health and Education Trust Partner – Team Leader, Community Action on Youth and Drugs	02.12.2020
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 Director - - Board of New Zealand Health Partnerships	23.11.2020
Michelle ATKINSON	Director – Stripey Limited Trustee - Starship Foundation Contracting in the sector Chargenet, Director & CEO – Partner	21.05.2020

Minutes
Disability Support Advisory Committee Meeting
12 November 2020

Minutes of the Disability Support Advisory Committee meeting held on Thursday, 12 November 2020 in the A+ Trust Board Room, Building 32, Auckland City Hospital, Grafton Auckland commencing at 1pm.

Committee Members	**Auckland DHB and Waitematā DHB Staff**	
Jo Agnew	Nigel Chee	Acting General Manager, Māori Health
Michelle Atkinson	Mel Dooney	Chief People Officer, Auckland DHB
William (Tama) Davis	Marlene Skelton	Corporate Committee Administrator
	Adele Thomas	Organisational Development Practice Nurse
	Sue Waters	Chief Health Professions Officer
	(Other staff members who attend for a particular item are named at the start of the respective minute)	

Karakia

The Karakia was led by Tama Davis.

1. ATTENDANCE AND APOLOGIES

That the apologies of Executive Leadership Team members Ailsa Claire Chief Executive Officer Auckland DHB and Debbie Holdsworth, Director of Planning and Funding be received.

2. CONFLICTS OF INTEREST *(Pages 5-6)*

There were no new interests to record nor were there any conflicts of interest with any item on the open agenda.

3. CONFIRMATION OF MINUTES - NIL

There were no minutes to confirm.

4. ACTION POINTS -NIL

There were no actions to consider.

5. GOVERNANCE ITEMS

5.1 Terms of Reference for DiSAC *(Pages 7-11)*

Sue Waters, Chief Health Professions Officer asked that the report be taken as read advising

as follows:

For a number of years Auckland DHB has operated a joint DiSAC committee with Waitematā DHB. With the new term of Board a decision was made to hold four separate meetings per year with the potential to hold a further two joint meetings.

The Executive Leadership Team and Planning and Funding staff from each of the DHBs are continuing to work together, sharing and continuing with the prior approach of partnership, collaboration and alignment wherever possible across metro Auckland.

Reports to both committees are aligned so that the two DHBs remain as consistent as possible but noting that there will be times when some individualistic differences.

The Terms of Reference are those for an individual DiSAC for Auckland DHB.

The following was covered during discussion of the report:

The idea of continuing regional alignment but also having a locality based approach to solutions was supported.

It was asked how, as an Auckland DHB DiSAC committee, it could be ensured that Auckland knew what was going on across the wider metropolitan Auckland region. Advice was given that currently an informal arrangement exists where there is a Metro Auckland meeting which is linked into. There is also a regional resourced based at the NRA undertaking a piece of work around disability. This meeting occurs once a month where consideration is given to any matters which have arisen, new issues and agreement is obtained on how those will be managed. That information is then reflected in the work papers that are submitted to each DHBs DiSAC.

It was asked that a permanent item be placed on the agenda covering previous and on-going work by way of a brief summary of what is occurring. It would be a Standing Item.

Māori membership was discussed noting that the Terms of Reference stipulated that there be a minimum of one member. It was asked whether Pacifika membership had been considered.

It was advised that there were specific programmes that have an intersect with Māori and Pacifika as part of the accessibility work stream. As part of the organisational development work plan there is the Strategic Plan and People Plan that touch on these areas too. While disability is the focus of this committee it is also picked up in other committee's activities and processes.

It was considered that the Terms of Reference, in stating that there should be two members identifying as having a disability, was setting a very low bar.

It was generally considered by members that the Patient and Whanau Centred Care Council (PWCC) could be better utilised for particular discussions that DiSAC would need to have to provide further depth of information and knowledge.

Advice was given that a paper was to be taken to the PWCC at the end of November asking them to focus on disability across four particular areas (see item 6.4 on the agenda). That largely aligns to the approach that Waitematā DHB has taken. The Council could be asked to act on behalf of the community when particular advice is required.

The difficulty that DiSAC has found itself in previously was that in co-opting members identifying as having a disability directly onto the Committee offered a very representative view of "my individual circumstance".

There was discussion around stating directly in the Terms of Reference, as had been done for Māori representation, that there be two appointed members with lived experience of

disability.

A reference was made to a recent Paerangi presentation. It was noted that this group engaged with numerous people and organisations and that they had discussed representation in the context of lived disability. The presentation was given by six people and five would have had lived experience of disability.

Members felt that while the Terms of Reference stated that one member of DiSAC be Māori that it would be good that another Māori representative with a lived experience of disability be appointed. It was known that the experience of Māori in general in the health system and society was different to that of European and other ethnicities. This factor would be no different for Māori with a disability.

Tama Davis commented that having disabled Māori on any committee contributing to the general intelligence of hauora is beneficial for all people.

Advice was given that there were a number of organisations that could be approached to source representation and the focus at this point should not be on how this was to be achieved. It would be better to identify organisations rather than people at this point.

There is a regional piece of work that is being done regionally across disability by Kal Lalit and as there are numerous points of difference to take into consideration it would useful to have that information when making a decision on how to move forward.

Action

1. **That a Standing Item be placed on the agenda covering previous and on-going metropolitan wide DiSAC work.**
2. **That the Terms of Reference be amended to reflect that there be a minimum of two appointed members with lived experience of disability, one of those being Māori.**

Resolution: Moved Jo Agnew / Seconded Tama Davis

Recommendation

That the Disability Support Advisory Committee recommend to the Board that it:

1. **Adopt the responsibilities of the Disability Support Advisory Committee as per the amended Terms of Reference.**

Carried

6. STANDING ITEMS

6.1 Disability Strategy Implementation Plan 2016-2026 *(Pages 12-21)*

Sue Waters, Chief Health Professions Officer asked that the report be taken as read advising as follows:

This Strategy goes through from 2016 to 2026 and a review was proposed for 2020. The Strategy is actively under review now and any comment and identified priorities would be welcomed.

The following was covered during discussion of the report

Tama Davis supported the slant toward the Māori and Pacifika models of care and

understanding disability through that cultural lens of wellbeing. He felt that a review at this point, in light of the recent Heather Simpson report, was prudent.

It was advised that it was worth noting that the second stage of Wai 2575 is starting later this year and has a focus on disability. Discussions with Te Roopu Waiora have made it clear that the DHB should not wait for the findings of the Tribunal to be released to act on some of the obvious recommendations that will be made. These can be identified by questions made by claimants. This can be used as the basis for informing actions moving forward. When the Tribunal does report the DHB can say that it knew these would be issues and work has already begun to address them.

Sue Waters advised that she and Nigel Chee would undertake to complete a gap analysis against the questions to identify what may fall within the disability portfolio and had not yet been addressed in the work plan.

Members commented that the funding for disability was of concern as DHBs did not have direct control of funding. There is a need to be mindful of that while not letting it limit aspirations.

It was advised that there may be an opportunity for the DHB to consider influencing the implementation of the Simpson review. A transition team exists with one of its core functions being to establish the Māori Health Authority which will have a commissioning function. Some of the commissioning functions are going to be moved from population health, mental health and Māori health into that agency. It may be the time to advocate for the disability funding to move to that agency which would potentially provide opportunity for more influence over it.

It was advised that the report that Lalit Kalra is finalising could be tabled at the next meeting of this committee.

It was confirmed that while there was no combined regional executive team with responsibility for disability there was a meeting of like-minded staff who had agreed that the DHBs had come so far with the Strategy and that the Strategy was still applicable, notwithstanding the changes that were likely to come through the Health and Disability system, that we would continue being aligned and include all who were willing to be involved and then it was up to staff to take issues back in the manner most appropriate to their DHBs.

It was explained that the relationship with Northland DHB was one where information was shared but that they are not as involved in the same way as other metro Auckland DHBs. The across metro Auckland relationship came about as a result of patients and families who moved across the metro DHBS providing feedback about differences and preferences that needed to be recognised.

Nigel Chee advised that in terms of the Māori population further conversation could be had with Northland DHB because that population tends to move along whanaungatanga lines rather than DHB boundaries. COVID had shown that and how Northland DHB could get left out of the loop.

It was advised that Amanda Bleckmann from the Ministry of Health in the past joined all DiSAC meetings to provide a Ministry viewpoint on what was happening in the Northern Region and that it would be good to have her attend again.

Resolution:

That the Disability Strategy Implementation Plan 2016-2026 be received.

Carried

6.2 Auckland DHB Accessibility - Update November 2020 *(Pages 22-27)*

Adele Thomas, Organisational Development Practice Nurse asked that her report be taken as read, advising as follows:

That this report provided an overview and outline of work that was planned moving forward. It had been unfortunate that this year not as much had been able to be achieved as planned due to COVID 19.

Two of the things being concentrated on as part of the Disability Strategy are related to outcome two around employment and economic security by trying to engage and support people into roles at the DHB and to change attitudes. Workshops have been done with the Recruitment Team to ensure supportive processes are in place. There has been some disability confidence training done with people managers but there is much more to do in this space.

It was advised that disability training was not mandatory. There is a programme of training for a new staff member to complete in 30, 60 and 90 days. There are a considerable number of modules of training to be completed. There is much that is mandatory already that it has to be split between what is mandatory and what is important otherwise staff cannot complete it and be fully functional. Disability training is completed in the first 30 days.

It was suggested that disability awareness could be raised by having a Disability Awareness Week at the DHB and some targeted communications throughout the year.

It was advised that where perhaps disability awareness and competence were not so well developed would be within outpatient services where people were fronting up for services that were more transactional and short term in nature. Some of the accessibility work is centred around improving this.

There are areas to be concentrated on. One being improving health literacy and using multimedia that meets a required standard so that people have an opportunity to engage in a way that is relevant to them. However, not everything can be done at once, there is no dedicated resource and reliance is placed on Disability Champions within Directorates to make sure that people are trained in the correct approach.

It was asked whether it was considered that a dedicated resource was required with advice being given that such a resource could start to lead some of these programmes of work but they cannot do the actual work at ground level. This needs to be filtered down to the functional groups that are directly involved. It could be something to consider in the future should anything change with the current situation.

Attention was drawn to page 23 of the agenda and mention of employees with a disability. It was asked what was known of employees that had an impairment. It was stated that people do not have a disability, they have an impairment and that only becomes a disability when the environment they are in does not adapt to accommodate their impairment. You cannot ask an employee, “what is your disability” because they will immediately feel that they have something to hide. The conversation becomes a different one if they are asked whether they have an impairment.

It was advised that on staff there were 34 people who had self-identified that they had an impairment and that for an organisation of the size of the Auckland DHB there should be more than that. Statistics show that one in five people have an impairment of some description. Auckland DHB was under represented and that was a result of not having yet done enough work in the awareness area. Fear of stigma and professional repercussions will prevent staff from opening up. There is much more to do for both employees and patients in this area.

Resolution: Moved Michelle Atkinson/ Seconded Tama Davis

That the Disability Support Advisory Committee

1. **Receives the Auckland DHB Accessibility - Update November 2020**
2. **Endorses the Accessibility Tick Action Plan**

Carried

6.3 Letter – Disability Data and Alerts *(Pages 28-30)*

Sue Waters, Chief Health Professions Officer asked that the report be taken as read advising that this presented to the Committee for information. there is a piece of work being led by Capital and Coast DHB nationally across the 20 DHBs around focusing coordinated effort across the DHBs to improve data collection and use and the use of an alert.

Capital and Coast DHB have quite a significant disability team coming from a variety of background and offering a variety of skills. They have done a lot of work integrating the Health Passport. Because it is a paper based booklet that patients have to carry with them it invariably gets misplaced. Based on feedback from the disabled community it is not portable or accessible. An e-passport initiative is also being pursued with Wellington.

Wellington tried to introduce a disability alert system based on the alert system within their PAS. Unfortunately, the evaluation of it showed it was not fit for purpose and would never achieve its objectives.

The 20 DHBs now wish to attempt to develop a system that will meet requirements.

The other issue is around data and work being done with the Disability Directorate at the MoH looking at how data might be shared. It is a national piece of work.

Debbie Holdsworth, Director Planning and Funding has approached Disability Support Services asking for NHI level data. It has been agreed that there is no reason why DHBs cannot have this data. It has not been forthcoming and the 20 DHBs are following this up nationally through the work that Wellington is leading.

The following was covered during discussion:

It was advised that the way the passport is devised is that the impaired person holds the information and it is then made available to anyone at the point where they present it. Whether that will change in the development of the App and how that works is unknown at this point.

The alert sits on the system and where ever a patient goes signals that the patient has particular needs to be considered.

Resolution:

That the information in the letter from Capital and Coast DHB dealing with Disability Data and Alerts be received.

Carried

6.4 Disability – Proposed Discussion Paper to be presented to the PWCC at its November 2020 Meeting *(Pages 31-33)*

Sue Waters, Chief Health Professions Officer asked that the report be taken as read advising

that it was her intention to go to the PWCC in November and ask them to consider prioritising disability as a work stream focus over 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.

A particular focus would be in relation to staff training around attitudes and beliefs.

Reading platforms to ensure documents on websites are accessible for those visually impaired will probably sit within the accessibility areas. Therefore, we are trying not to duplicate effort but to streamline areas that are important in accessibility and disability. Access to buildings and facilities is also important on a geographically challenged site such as ACH. There is opportunity to look further at this issue while the FIRP and BFTF programmes of work are currently underway.

This approach aligns with the approach agreed at Waitematā DHB DiSAC and builds on the integrated work in Disability across metro Auckland.

The following was covered during discussion:

Attention was drawn to page 32 of the agenda and a question asked as to who the disability champions in each directorate actually were. It was advised that these people were the Allied Health Directors. These are the people that look at all the issues, incidents or complaints around disability related areas; accessibility, access to information or not being treated in the right way.

These people are part of the directorate leadership teams and have the ability to advise and influence. They work together to make sure that everyone is thinking about need to consider elements within a disability landscape.

Tama Davis asked that note be taken of work being done around Age-friendly Cities and how that could be supported within the community.

Direction of Travel for DiSAC

Agreement was given by the Committee that it would be action oriented.

Tama Davis asked that the United Nations Declaration of Indigenous Rights be added to the below list. He also asked that a paper be presented detailing the investment required to gain momentum in the disability space. He was advised that the work being done by Lalit Kalra would provide clarity around what areas the DHB has some control over and what it does not. There were opportunities too from the Health and Disability system review for potential change.

If the needs are made clear these can then be mapped against what the MoH funded allowing identification of the gap that exists and the ability to advocate collectively in the right places to fund that gap. Consideration can then be given to whether work is done by the DHB at a local level, whether the DHB advocates to the MoH as the primary funder or whether the DHB looks to the new model that the Government is moving toward.

Resolved: Moved Jo Agnew/ Seconded Michelle Atkinson

That DiSAC would be involved with:

- **Te Roopu Waiora**
- **Employment**
- **Capital and Coast collaboration**

- **Data and Alerts**
- **The work done by Lalit Kalra – strategic context of disability and accessibility, inclusion, improved outcomes, cultural responsiveness, rehab, locational rehab equipment, transition from child to adult, independent living including funding and NASC, the enabling good life initiative and international models of disability.**
- **United Nations Declaration of Indigenous Rights**

Carried

7. GENERAL BUSINESS

Position of Chair

Jo Agnew advised that there had been a discussion between herself and the Board Chair with regard to how DiSAC was run and the potential in the future for an independent chair. Jo Agnew indicated that she would prefer the issue be taken to the board for discussion but would be happy to step down should an independent chair be appointed.

The meeting closed at 2.15pm with a Karakia from Tama Davis.

Signed as a true and correct record of the Disability Support Advisory Committee meeting held on Thursday, 12 November 2020

Chair: _____ Date: _____

Jo Agnew

Action Points from the Disability Support Advisory Committee Meeting held on Thursday, 12 November 2020

As at Wednesday, 10 February 2021

Meeting and Item	Detail	Designated to	Action by
Item 5.1 12 November 2020	**Terms of Reference** That the Terms of Reference be amended to reflect that there be a minimum of two appointed members with lived experience of disability, one of those being Māori and submitted to Board for endorsement.	Marlene Skelton	Approved by board on 16 December 2020

Auckland District Health Board's Implementation of the New Zealand Disability Strategy 2016-2026

Current Status at 29th January 2021

Please note: This document is updated for each DiSAC meeting to report updates or new work since the previous meeting.

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

Outcome 2: Employment & Economic Security

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

Current Status at 24 October 2019

What we will do… actions	**Where** we are now…current status
1. Increase the number of disabled people into paid employment.	**October 2019** - Auckland DHB has amended HR Principles and Recruitment and Selection policies to include accessibility. External accessibility review of the careers page and online application process conducted and remediation priorities actioned. Job adverts templated to include the Accessibility and Rainbow Ticks and an equity statement. Recruitment process reviewed for accessibility. Barriers identified, supportive processes developed and implemented. **Jan 2021 –** Auckland DHB is currently exploring the development of a disabled workforce strategy.
2. Increase the confidence of Hiring Managers to recruit disabled people.	**August 2019** - Auckland DHB Management Development Programme modules reviewed for accessibility speaks strongly to diversity and references disability. **June 2020** – Managers Guide 'Supporting Employees with an Access Need' developed and added to disability resources on intranet. **Dec 2020** – Auckland DHB access to the Accessibility Tick member's website for resources and information made available to all staff. Communicated via 'our news' that access is on the diversity and inclusion page of the intranet.
3. Record the number of staff with impairments working for the DHB.	**Ongoing**
4. Ensure DHB Diversity & Equality work includes disabled people.	
5. Awarded the Accessibility Tick.	Auckland DHB is a foundation member of the Accessibility Tick. **December 2020**: Auckland DHB successfully completed our annual Accessibility Tick audit and recommendations report has been received for review and action.

Outcome 3: Health & Wellbeing

We have the highest attainable standards of health and wellbeing

Current Status at 24 October 2019

What we will do… actions	**Where** we are now…current status
5. Improve the health outcomes of disabled people.	**May 2019 –** In order to make measureable improvements, the DHBs need baseline data on disabled people as a starting point. The Co-Chairs have written to Adri Asbister, DDG-Disability requesting access to data on people accessing services through Taikura Trust (NASC).
6. Robust data and evidence to inform decision making.	**August 2019** – The Health Quality and Safety Commission (HQSC) has advised that, following feedback from the sector, they are planning to include a disability status measure in both the inpatient and primary care patient experience surveys from August 2019. The measure is based on the Washington Group Short Set of Disability Questions (WG-SS) and has been tested for use in New Zealand by Statistics New Zealand. HQSC has also included an additional question on whether people self-identify as having a disability. The additional question is - Do you think of yourself as disabled (or as having a disability?)
7. Barrier free and inclusive access to health services.	**August 2019** – Waitematā DHB held a Health Literacy Symposium last year. Due to great feedback, another Health Literacy Symposium will be held on 31 October 2019. Phil Turner from Access Advisors will be presenting on the Accessibility Tick Programme and ways to make information more inclusive and accessible to everyone.
8. Increased understanding of the support needs of people with learning disabilities.	**August 2019** - The work plan for RDiSAC includes this work as part of a deep dive to be discussed at the June 2020 RDiSAC meeting.
9. Better understanding of the needs of Deaf people. This includes access to interpreters, information available in NZSL and knowledge of Deaf culture.	**August 2019** – Auckland DHB Communications has begun making information available in NZSL, beginning with a NZSL video providing information on measles published in April by the Auckland Regional Public Health Service. **January 2021** – Auckland DHB scheduled Hearing Awareness Workshop in March to coincide with Hearing Awareness month. Also exploring the NZDF Hearing Accredited Workplace Programme.
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

Current Status at 24 October 2019

What we will do… actions	**Where** we are now…current status
11. The principles of universal design and the needs of disabled people are understood and taken into account.	**August 2019** – Element Two of the Accessibility Tick focusses on the physical environment. Understanding Universal Design and access for disabled people are a key part of the element. **December 2020 -** The needs of individuals with disabilities was taken into account during the planning and design of ward 51 (Taiao Ora) at Auckland City Hospital as a key concept. This included ensuring appropriate bathroom access, space turning for wheelchairs, incorporating overhead hoist tracking, and variable/ adjustable height dining tables and work spaces. **January 2021 -** The principles of universal design are applied to all new build and refurbishments. **January 2021 -** The needs of individuals with disabilities was taken into account during the implementation of security improvements for wards, which included upgrading ward entrances to open automatically on approach. As part this upgrade, we worked to design signage that would clearly show where the doors open without the need to install more static signs on the doors. 

12. Improve & increase accessible information across the DHB.	**October 2019** - Auckland DHB has scheduled a Creating Accessible Documents workshop for the HR Team before the end of 2019. **August 2019** - Hippo to be externally reviewed for accessibility. **August 2019** - The ADHB Communications Team is now following the New Zealand Government Web Accessibility Standards on social media. This is part of our ongoing work to improve accessibility and usability of our digital platforms. In December 2018, our primary website (www.adhb.health.nz) was upgraded and an independent accessibility review undertaken to ensure we meet the NZ Web accessibility standard 1.0. The website meets the NZ Web usability standard 1.2. Since December we have also upgraded www.seniorline.org.nz and https://nationalwomenshealth.adhb.govt.nz/ **January 2021 –** Auckland DHB is currently designing a 'creating accessible documents' e-learning module.
13. Information available in different formats, eg.	**August 2019** - The Communications Team at ADHB is now following the New Zealand Government Web Accessibility Standards on social
14. Ensure physical access to DHB buildings and services, including signage and way finding.	**August 2019 –** Element Two of the Accessibility Tick focusses on the physical environment. All DHBs will focus on access for disabled people. **August 2019 -** At Auckland DHB it has been suggested that accessibility be added as an agenda item at directorate meetings**.** **August 2019** - An Audit was completed in May 2019 by the Mobility Research Centre for the main Auckland DHB Grafton Campus. In total 44 items were surveyed and recommendations for improved access put forward. As well as these recommendations that the DHB will incorporate, there have been other improvements with way finding by providing improved proximity to mobility car parks (Jan2019), automatic opening doors (Feb 2019) in the basement car park ramped access in Greenlane and the upgraded lighting in the main public corridor at Greenlane to assist the visually impaired. **December 2020 -** The needs of individuals with disabilities was taken into account during the implementation of security improvements for wards. Ward entrances have been upgraded to open automatically on approach, to assist with ease of entry and to discourage doors from being propped open. When the doors are secured via access control, the signage draws visitors to the intercom which they can use to request entry to the ward. [See picture under section 12]

Outcome 6: Attitudes

We are treated with dignity and respect.

Current Status at 24 October 2019

What we will do… actions	**Where** we are now…current status
15. All health and well-being professionals treat disabled people with dignity and respect.	
16. Disabled people and their families respected as the experts in themselves.	**January 2021** – Auckland DHB is currently designing a research project inviting employees with a disability to share their experience of disability in the workplace and the community to gain insights to help inform and guide priorities for action.
17. Provide a range of disability responsiveness training.	**October 2019** - Auckland DHB delivered a Disability Confidence workshop 'An Employers Story' to HR in June. A Disability Confident Recruitment workshop is being held on 6 November and a Disability Confident Managers workshop later this year. Disability etiquette and other resources made available on Hippo. **January 2021 –** Auckland DHB has a Disability Confidence e-workshop confirmed in April and a disability lunchtime speaker series with dates in April and May TBC. **January 2021 –** Auckland DHB is currently developing a suite of disability e-learning resources for Managers.
18. Promote the Disability Awareness e-Learning module to all staff across the DHBs.	**June 2020 –** Auckland DHB promotes Disability Responsive e-learning on the intranet through our disability page as well as in disability communications.
19. Ensure disabled people are able to access supports that they need in hospital.	
20. Increase cultural awareness of disability.	**January 2021 –** Auckland DHB is currently exploring staff training on Māori disability to include Te Tiri obligations and cultural responsiveness.

Outcome 7: Choice & Control

We have choice and control over our lives.

Current Status at 24 October 2019

What we will do… actions	**Where** we are now…current status
21. Engage regularly with the disability sector and community.	Consumer Council Lens on Disability through members with lived experience of disability
22. Ensure a diverse range of disabled people are identified as stake-holders.	
23. Ensure the voice of disabled people from the community is included.	
24. Enable supported decision making and informed consent.	**August 2019** – Auckland DHB Communications has begun making health information available in NZSL, beginning with a NZSL video providing information on measles published in April by the Auckland Regional Public Health Service.
25. Ensure services are responsive to disabled people and provide choice and flexibility.	
26. Improve access to screening services for disabled people.	
27. Continue the implementation of the Health Passport across both DHBs.	**December 2020 –** Auckland DHB CHPO met the Capital & Coast DHB Disability Manager and team to discuss the review of the Health Passport and other work that is being done in Wellington (Capital & Coast, Wairarapa and Hutt Valley DHBs) and Auckland regions.

Auckland DHB Accessibility - Update January 2021

Recommendation

That the Disability Support Advisory Committee receives the Auckland DHB Accessibility - Update January 2021

Prepared by: Adele Thomas, Organisational Development Practice Leader
Endorsed by: Sue Waters, Chief Health Professions Officer

Background

At the DiSAC meeting in November a resolution was moved and carried that the Disability Support Advisory Committee endorse the Auckland DHB Accessibility November 2020 Update and the Accessibility Action Plan.
Auckland DHB had its annual Workplace Accessibility and Inclusion Assessment in November and has now received the recommendation report for review. (See Appendix 1)
This report will also be reviewed by the accessibility steering committee and actions delegated to relevant stakeholders. Some of this work is in progress already, some is new work and some recommendations I have been trying to get over the line for some time and may require your support to move forward. (See Appendix 2)
Much of the accessibility tick work completed and/or in process, aligns with the Metro Disability Implementation Strategy as well as many of the principle recommendations in recent reviews, including the Health and Disability System review.

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 ensure our focus aligns with the recommendations from all three of the above.
Quarter 1 Actions:

- Co-design a research project inviting employees with a disability to share their experience of disability in the workplace and the community to gain insights to help inform and guide priorities for action (meeting with Be.Lab wk of Feb 8th)
- Hearing Awareness Workshop for Hearing Awareness Month in March (date TBC
- Deliver Disability Confidence e-workshop for managers and staff (confirmed 12th April)
- Facilitate a disabled lunchtime speaker series (dates in April and May , speakers TBC)
- Co-design and deliver a suite of disability e-learning for managers and staff
- Research learning partners for co-design and facilitation of e-learning and f2f workshops on Māori disability, cultural perspectives, Maori values and cultural expectations; Māutaranga and Tikanga Māori
- Explore and co-design the development of a disabled workforce strategy

ACCESSIBILITY ACTION PLAN 2019/2020

Element 1: Employer commitment to accessibility and inclusion practices

Commitment	Action	Person Responsible	Delivery Date	Measure	Comments
Auckland DHB demonstrates an active, consutative commitment to all areas of accessibility and inclusion	i) Commitment statement from CEO communicated throughout the organization	Ailsa/Maxine	28-Nov-18	CEO blog, Hippo news, our news, external website, disability page on Hippo, note in Board report	Completed
	ii) Develop action plan with Access Advisors in line with recommendations from their analysis gap report to guide long term and annual accessibilty and inclusion objectives	Adele	28-Nov-18	Completed Accessibilty Tick action plan	Completed
	iii) HR Principles and Recruitment and Selection policies to include an accessibility commitment statement	Adele	5-Jun-19	Policy wording ammended as follows: *"Auckland DHB is committed to accessibility and inclusion of its employees, patients and other members of the community with accessibility needs. Auckland DHB is committed to compliance with relevant disability legislation and endeavours to continually improve in regard to accessibility and disability inclusion"*	Completed
	iv) Design and deliver employee accessibility survey to gain insights to how well supported our employees feel and to gather feedback about what we can do better.	Adele	1-Dec-19	Survey completed, insights reviewed and fedback to organization	Completed
	v) Research piece to understand the experiences of working and belonging at Auckland DHB from the perspective of employees with a disability.	Adele	1-Apr-21	in process	In design process
	vi) Impact test possible actions identified from the research and and prioritize possible actions for implementation	Adele	1-Jul-21		
	vii) Manager PD's to include responsibilities to adhere to and support accessibility and inclusion in the workplace			for wider consultation	could cover off in MDP or add a statement into PD template
An inclusive culture is evident throughout Auckland DHB	i) Recognise and reward employees for going above and beyond in their role with regards to accessibility and inclusion			for wider consultation	could be stories told
	ii) Establish a communications plan that will see regular reinforcement of Auckland DHB's commitment to accessibility with your internal stakeholders.			General messages, advising internal stakeholders where they may go for support and advice. Other reminders to staff of the Auckland DHB's commitment to accessibility and disability inclusion	

Element 2: Physical environment

Commitment	Action	Person Responsible	Delivery Date	Measure	Comments
Accessibility will be considered with any new builds, leases or other procurement decisions so that our services and buildings are accessible for everyone	i) Add in to procurement policy or facilities policy	Health Alliance		Policy wording ammended as follows: *"Accessibility will be considered before leasing, renovating, refreshing and/or purchasing of future premises so any new premises will be accessible for wheelchairs and others with access needs"* and *"Accessibility is considered prior to any major procurement of internal spaces, furnishings and other fit-outs within buildings to ensure the interiors are also accessible"*	Health Alliance policy. Struggling to move this one forward. As all 4 Northern DHB's are now members of the Accessibility Tick we should be able to move this forward. Who can follow this up? Or who can I speak with?
	ii) Conduct a physical site audit to establish current state of accessibility in both patient and emloyee only spaces. Accessibility champions who have completed barrier-free training with H&S team.	Garry Trottman	on-going	Physical accessibility part of regular health and safety site audit check list.	See accessability audit recommendation and progress.

	iii) Have barrier-free trained employees in each directorate	Anna & Kristine	1-Aug-19		Agreed that AHD's undertake the role of Disability Champion for their directorate to focus on optimising the current environment for our staff and patients and support managers to feel confident to employ those with disabilities.
	iv) Offer basic physical environment online training module	OD	1-Apr-21		Adele to explore developing e-learning module
	v) Conduct a visual communication review (main hospital areas) using a communication lens. International symbols, NZSL, plain english, communication tools etc...	OD	1-Dec-20	Main entrance areas of our hospitals are visually accessible to everyone	Completed in May 2019. Accessibility audit recommendation is annual accessibility review of physical spaces.
	vi) Consider becoming a hearing accredited workplace	OD	1-Apr-21		Hearing awareness workshop booked for March and meeting scheduled to discuss accredited workplace programme Feb.

Element 3: Recruitment and selection

Commitment	Action	Person Responsible	Delivery Date	Measure	Comments
Auckland DHB encourages job applications from people with accessibility needs	i) A statement in all job advertisements that lets candidates know we value a diverse workforce that includes people with disabilities and that we encourage them to apply	Recruitment	31-Aug-19	Standard on all job advertisements and on Auckland DHB career page	The following wording has been agreed to be added to all job adverts... *Auckland DHB is an inclusive and equal opportunity employer that values and embraces the diverse population we serve. We welcome and value people of all gender identities, ages, ethnicities, sexual orientations, disabilities and religions.*
	ii) Consider engaging accessibility consultants to test accessibility of our recruitment practices and provide feedback	Recruitment	26-Jul-19	Gap analaysis and recommendations provided. Remedial work completed.	Online application process reviewed for accessibility on March 28th and remediation prioriites reported back. Remdial work has been completed.
	iii) Review job advertisements and PD's against Plain English standards to ensure they correlate to the level of education expected for the role (Hemingway Editor)	Recruitment	in-progress		incorporate with current review. BAU process improvement.
Interviews are accessible for people with accessibility needs	i) All candidates who progress to interview will be asked if they require any adjustments or assistance to participate equitably in the interview	OD/Recruitment	1-Aug-20	info on careers page, question on aplication form and templated in invitation to interview email.	Info on career page.
	ii) Training for managers in unconscious bias, non-discriminatory interviewing and disability confidence	OD	on-going	delivered as part of MDP offering	Accessibility review and recommendations made to recruitment and selection online module. Rolled out July 2019. Disability Confidence workshop delivered to managers Nov 2019. More 2021 TBC.
	iii) Applicants with an access need, who meet the job criteria will be automatically shortlisted for interview				Can this be progressed for approval?
	iv) Consider alternatives to traditional interviews such as work trials or online chats in cases where candidates (such as those with Autism) may not be able to demonstrate their suitability for the job as well verbally	OD/Recruitment	on-going	Supportive and inclusive processes implemented. Hiring Managers completed disability Confidemnce training.	further coms/training for hiring managers required. Successful implementation of job trial for a (now employee) with global development delay.

Element 4: Employee Support

Commitment	Action	Person Responsible	Delivery Date	Measure	Comments
All employees know how to request and implement workplace adjustments	i) Review OHS "Request for Advice Employees Health" form to include disability and adjustments	Shona Arms	1-Aug-19	Updated form	
	ii) Consider giving employees the option to self refer if they choose to	Adele	1-Dec-19	Information on Hippo	
	iii) Make this a standard part of the recruitment process for anyone who identifies with an accessibility need	Mirah	1-Dec-19	recruitment process	
	iv) Develop a guideline on how to request adjustments/support and include on the disability and accessibility page on Hippo. Link to instructions for managers on how to implement these adjustments.	Adele	1-Aug-20	Guideline available on Hippo. Information mirrored in other formats such as a printed guideline or brochure.	With OHS for review and feedback. Do we need an accommodations policy or is a guideline sufficient?

The health and safety of people with accessibility needs are taken into consideration	v) Develop Guide for Managers - 'Employing People with an Access Need'	Adele	Mar-20	Guide on Hippo	
	vi) Recommend amending the the "Rehabilitation of Staff" policy, pg 2 under 'scope' to add "*or other incapacity* " as well as the last column in the summary pages for consistency	Garry Trottman	1-Dec-19	Policy updated	Completed
	i) "Consideration of employees with accessibility needs" is an agenda item at health and safety committee meetings	Anna & Kristine	1-Dec-19	Standard agenda item at directorate meetings, documented and followed up	
	ii) People with accessibility needs are given opportunities to attend H&S meetings or otherwise participate in workplace H&S	Directorates	on-going	encouraged at directorate level	
	iii) Ensure emergency wardens are aware of employees in their areas who have access needs and fully understand what is expected of them in an emergency	Doug Baines	1-Aug-20	Emergency evacuation plans developed for employees with identified access needs developed with employee, accessibility champions and emergency warden.	
	iv) Barriers identified in Emergency Response Flip Charts (colour contrast, text sizing and complex language). Consider having flipcharts reviewed by a print accessibility expert and updating them to meet the recommendations.			There is an emergency plan in place (for several types of emergencies relevant to the business and geographical location) and evacuation instructions are clearly marked and accessible.	who is the contact person?

Element 5: Communication and Marketing

Commitment	Action	Person Responsible	Delivery Date	Measure	Comments
Internal and external communications and marketing are accessible and inclusive for all stakeholders	i) Employees are aware of appropriate etiquette and communication when interacting with colleagues, job applicants, patients and visitors with accessibility needs	Adele	by Dec 2019	Online Disability Responsiveness training module on Ko Awatea Learn made mandatory for all employees. Recruitment team trained. Managers completed MDP modules. Disability etiquette tips up on Hippo.	Agreed at DiSAC that this shouldnt be mandatory due to the number and time taken to complete all mandatory training. It will be promoted and explore having something incorporated into MDP.
	ii) Accessibility is considered with any documents, presentations, meetings and conferences, advertisements to communicate with employees, customers and stakeholders		on-going	All documents can be provided in an accessible format as necessary as per NZ Accessibilty Standards	Available on request. Information on Hippo as well under Disability and Accessibility. Creating accessible documents e-learning.
	iii) Conduct an audit of our website and intranet to determine accessibility (an automated check found a number of accessibility issues)	Maxine/ICT	1-Aug-19	Website and intranet comply with current web content accessibility guidelines (WCAG)	Careers page reviewed for accessibility and remedial work completed. Hippo and external website still to be reviewed. Need support from DSAC to get some action on this. Shane Tong aware.
	iv) Consider engaging web accessibility experts when a new website is being developed to ensure accessibility is built in up front to prevent the need for costly retrofitting	ICT	on-going	New websites will be developed in compliance with the most current web content accessibility guidelines (WCAG)	Follow up with Shane Tong

Element 8: Career Development

Commitment	Action	Person Responsible	Delivery Date	Measure	Comments
Auckland DHB provides equitable career development opportunities for employees with accessibility needs	i) Training developed to address unconscious bias for hiring managers as part of an overall accessibility and inclusion training offering	Adele	1-Dec-19	Managers completed MDP modules on non-discriminatory interviewing/un-conscious bias. Disability confidence online module and/or f2f worshops attended.	Disability Confidence training for Managers delivered in November to a small number of attendees. More training to be delvered
	ii) Facilitate a lunchtime speaker series for managers	Adele	Jun-21	in process	
	ii) Conduct an internal review to determine how many managers and senior leaders in the organisation have disclosed access needs. This will create a baseline to track progress regarding career development of employees with an access need.			Managers completed anonomous survey	for wider consultation

Element 9: Suppliers and Partners					
Commitment	**Action**	**Person Responsible**	**Delivery Date**	**Measure**	**Comments**
Encourage suppliers and partners to mirror our commitment to accessibility and inclusion	i) Ammend procurement policy under 10.5 ethical procurement to add that *"accessibility will be considered in purchasing decisions"*		1-Dec-19	Policy updated	Struggling to progress. As all 4 Northern DHB's are now members of the Accessibility Tick we should be able to move this forward. Who can follow this up? Or who can I speak with?
	ii) Consider adding under sourcing Part C *"suppliers whose social responsibility and values mirror our own"*		1-Dec-19	Policy updated	Struggling to progress. As all 4 Northern DHB's are now members of the Accessibility Tick we should be able to move this forward. Who can follow this up? Or who can I speak with?

Complete
At Risk
Overdue

Accessibility Tick

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Workplace Accessibility and Inclusion Assessment

Organisation	Auckland District Health Board
Location of Assessment	Auckland Hospital
Assessor Name	Phil Turner
Organisation's Representative	Adele Thomas
Assessment Period	November to December 2020

www.accessibilitytick.nz

Definitions

Accessibility needs: A person with **accessibility needs** or access needs is someone with a disability, chronic health or mental health challenge who experiences barriers to full participation in employment or life.

Barriers: These can be in the physical built environment, the digital/online environment, the recruitment process, attitudinal barriers, and cultural barriers to full inclusion.

Background

Auckland District Health Board (ADHB) became a foundation member in the Accessibility Tick Programme (ATP) on 15th August 2018, and received the Accessibility Tick in February 2019 for establishing a solid commitment to accessibility and disability inclusion.

ADHB provides health and medical services to around 545,000 people in the Central Auckland area. Around 10,400 people are employed by ADHB in a variety of clinical and non-clinical roles.

Since joining the Accessibility Tick program (ATP), ADHB has shown commitment to continual improvement in their accessibility journey.

This is the DHB's third ATP gap analysis assessment. The assessment looks at following nine key areas, referred to as elements of the assessment, with an accessibility and disability inclusion lens:

1. Commitment
2. Physical Environments
3. Recruitment and Selection
4. Employer Support / Workplace Adjustments
5. Communication and Marketing
6. Products and Services
7. Information and Communications Technology (ICT)
8. Career Development
9. Suppliers and Partners

The assessment assists with forming an understanding of ADHB's current state on their disability inclusion journey and identifying opportunities for improvement.

Summary of findings

This assessment took place throughout November and December 2020 with Adele Thomas. Additional information was collected and supplied over email.

We have made specific recommendations in each of the nine competencies. These are detailed at the end of each element in this report. Some of the recommendations may have already been given verbally and we are aware that some of these changes may already be underway.

In this report, a “No” has been given in some areas where work is planned or underway. This is because we can only give a “Yes” if it has already been achieved at the time of the assessment.

As a third assessment, some of the recommendations in the report will be similar to those given in previous assessments, whilst others are newly discovered or in relation to new areas of the assessment process developed in the preceding year.

To maintain the Accessibility Tick, Auckland District Health Board will need to undertake the following:

- Develop a new action plan that addresses unfinished work from its predecessor and is in line with the further recommendations from this assessment. ADHB needs to determine what their priorities for the year will be and where to start. We do not expect that all the recommendations will be undertaken, instead expecting ADHB to select the ones that match up to their business opportunities in the upcoming 12 months. Accessibility Tick is available to support the development of this plan. Please contact us for a meeting if you would like this support.
- Continue to make improvements in their disability inclusion practices through implementation of the action plan.
- Continue with their commitment to not regress on areas related to accessibility and disability inclusion.

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Element 1: Employer commitment to accessibility and inclusion practices

Objective: The employer can demonstrate an active, consultative commitment to all areas of accessibility and inclusion.

1. Policy or statement

Details of requirement	Achieved?
A policy or statement that is signed by the most senior executive (CEO, MD) and includes: 1. Management commitment to accessibility and inclusion.	**Yes**
2. A commitment to comply with relevant disability legislation.	**Yes**
3. Appropriate signature/ authorisation, position and date (within the past 24 months).	**Yes**
4. Commitment to continuous improvement in accessibility and inclusion.	**Yes**
5. Evidence this commitment has been communicated throughout the entire organisation within NZ.	**Yes**

2. Commitment to the plan or strategy

Details of requirement	Achieved?
The plan or strategy includes: 1. Outline of organisational annual accessibility objectives across the business including HR, Property, Products and Services (where appropriate), Marketing, Procurement, IT and Communications.	**Yes**
2. The plan details actions to achieve these objectives, who is accountable for each action, what timeframe the action should be achieved and how the outcome will be measured.	**Yes**
3. Action plan includes actions resulting from consultation with employees and other stakeholders.	**Yes**
4. Senior management has demonstrated visible support of the plan.	**Yes**

3. Understands and supports accessibility and inclusion throughout the workplace

Details of requirement	Achieved?
1. People managers/ leaders (including senior management) understand the organisation's accessibility and inclusion policies and/or practices.	**No**
2. All levels of management have documented responsibilities to adhere to and support accessibility and inclusion in the workplace.	**No**

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4. Consults relevant stakeholders and seeks expert guidance

Details of requirement	Achieved?
1. Policy which includes a commitment to consult employees and other relevant stakeholders (contractors, volunteers, etc.) on matters that may impact them and their accessibility needs before decisions are made on these matters. Stakeholder feedback informs the Accessibility Action plan.	**No**
2. Decision-makers know where to go for external expert advice and guidance on accessibility and inclusion when needed.	**Yes***

5. Disability inclusive culture is evident throughout the organisation

Details of requirement	Achieved?
1. The employer ensures the commitment to accessibility and inclusion is filtered throughout all branches of the organisation by keeping their commitment visible and top of mind across all sites.	**Yes***
2. The employer gives rewards and recognition to employees who go above and beyond to drive inclusive culture.	**No**

Comments/Recommendations:

- **Element 1.3 – Understands and supports accessibility and inclusion throughout the workplace**
  All people-managers should receive training to enable them to fully understand the organisation's direction regarding accessibility and inclusion.

  It is recommended that manager's position descriptions be updated to include their responsibilities to adhere to and support accessibility and inclusion in the workplace.

  To further strengthen this and improve the culture of accessibility and inclusion, consider including accessibility and disability inclusion in management key performance indicators.

- **Element 1.4 - Consults relevant stakeholders and seeks expert guidance**
  We recommend either creating a new Accessibility and Inclusion policy which includes a commitment to consult relevant disabled stakeholders, before decisions are made on matters that directly impact on them. Consulting employees on change needs go beyond formal consultations related to corporate restructuring and look at other change processes that may impact on staff undertaking their role.

  Ensure that you establish a plan to communicate to and empower all relevant stakeholders that seeking external advice is both permitted and encouraged to ensure that you are building accessibility in to every decision.

- **Element 1.5 – Disability inclusive culture is evident throughout the organisation**
  We recommend that you establish a communications plan that will see regular reinforcement of your organisation's commitment to accessibility with your internal stakeholders. This could include generalised messages, as well as advising internal stakeholders where they may go for support and advice. To further support this, the Accessibility Tick has posters that can be placed on staff room noticeboards across the organisation advertising access to the resources on the Members Area of the website, but also reminding staff of the organisation's commitment to accessibility and disability inclusion.

  Also consider implementing a specific disability inclusion/accessibility award that can be made to employees who go above and beyond to drive a disability inclusive culture.

Element 2: Physical environment

Objective: The employer is able to demonstrate a commitment to physical accessibility

1. Ensures there is no discrimination against someone with a workplace premises accessibility need

Details of requirement	Achieved?
1. Statement of commitment signed by the most senior leader (CEO, MD). This can be a separate commitment statement or incorporated into other relevant policies.	**Yes**
2. The statement includes commitment to accessibility in the planning of future premises.	**Yes**
3. Evidence of this commitment in action (emails, site plans, meeting minutes or similar which clearly demonstrate the commitment to physical accessibility in planning of future premises).	**Yes**

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2. Understands the physical limitations of its premises for people with accessibility needs.

Details of requirement	Achieved?
1. Evidence the physical environment has been assessed within the past 24 months (AND after any changes to the premises) to identify any physical access barriers for people with accessibility needs.	**No**
2. The above assessment considered pan-disability physical environment access needs (including mobility and vision impairments).	**No**
3. Barriers identified in the assessment have been eliminated where it is reasonably practicable to do so. If they can't be eliminated at this time, they are minimised, and a plan is in place to eliminate these barriers in the planning of future premises.	**No**

3. Ensures there are accessible entrances to its premises

Details of requirement	Achieved?
1. Steps and ramps meet standards NZS 4121:2001.	**Yes**
2. Step-free level access is provided which is suitable for wheelchairs.	**Yes**

4. Considers accessibility needs of staff and customers within the premises

Details of requirement	Achieved?
1. The organisation ensures its premises align to current building codes.	**No**
2. There is clear signage. Large premises have a directory/map at entrance or lifts.	**Yes**
3. Premises, including external training and event venues are accessible to people with accessibility needs.	**Yes**
4. Whenever necessary, adjustments are made for individuals.	**Yes**

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Comments/Recommendations:

- **Element 2.2 – Understands the physical limitations of its premises for people with accessibility needs**
  We recommend a full site physical accessibility audit of ADHB's premises to establish a baseline for their current state of accessibility.

  The existing "6 Monthly Workplace Health & Safety Checklist" was reviewed and has several crossovers with physical accessibility. However, whilst there are crossovers, it does not sufficiently cover accessibility. Consider putting your health and safety professionals/representatives through a training course on physical accessibility. They could then complete the accessibility site audits at regular intervals in conjunction with the H&S floor walks, including further updating the checklist. Having both the Accessibility and H&S lenses in the floor walk will enrich the assessment from both perspectives and helps drive culture change. Any assessments that are undertaken must be done from a pan-disability perspective to ensure that the needs of one disability type do not overrule another without due consideration.

  Where accessibility barriers are identified, consider giving them the same focus as you would a H&S barrier. Moving to either remove or mitigate them so they no longer impact on a person with an accessibility need. If this is not possible due to budget or other limiting factor, look to establish a plan that ensures the barrier will be removed at the next practical opportunity.

  When considering whether a barrier should be addressed, be careful about just considering the needs of current staff. This can inadvertently create barriers to employing someone with a disability (sometimes conscious barriers but also regularly unconscious ones).

- **Element 2.4 – Considers accessibility needs of staff and customers within the premises**
  Some buildings owned and/or used by ADHB are known to be old and not meet the current building code, as they have not been refreshed triggering an update since its inception. These buildings are known to have significant accessibility barriers. Ensure that as the opportunities arise that these buildings are raised to the current building code to meet at least basic accessibility requirements. If updating, consider setting accessibility best practice as the baseline rather than only following the building code.

Element 3: Recruitment and Selection

Objective: The employer is able to demonstrate its recruitment process is fully accessible. This enables them to diversify the workforce, to reach qualified applicants with access needs, and to reduce the likelihood of disability discrimination in hiring.

1. Encourages job applications from people with accessibility needs

Details of requirement	Achieved?
1. Job advertisements encourage people with accessibility needs (disability, mental health and chronic health) to apply.	**Yes***
2. Job descriptions clearly state the requirements of the role in plain language.	**Yes**
3. Job advertisements are accessible for people with accessibility needs. Application forms and other materials are available in accessible format. There is a website that is accessible and a point of contact for any questions.	**No**
4. Job advertisements encourage applicants from diverse sections of the community to apply and provide contact numbers should adjustments be required to participate on an equal basis during the recruitment and selection process.	**Yes**
5. The employer actively encourages those with mental health needs to apply for roles within the organisation.	**Yes**

6. The organisation takes steps to create an environment in which applicants feel safe to disclose accessibility needs.	**Yes**
7. The organisation protects the confidentiality of applicants where accessibility needs have been disclosed, including during the interview process.	**Yes**

2. Interviews are accessible for people with accessibility needs

Details of requirement	**Achieved?**
1. People proceeding to interview are asked whether they require any adjustments/ assistance to participate equitably in the interview and assessment process.	**Yes**
2. Recruitment and selection teams/hiring managers are aware of non-discriminatory interview questioning and how to ask candidates about any workplace adjustments required.	**Yes**
3. Alternatives to traditional interviews are offered for candidates who may not be able to communicate their skills verbally (e.g. work trials, online chats, and alternative communication devices).	**Yes**
4. Hiring managers and recruiters have been given training on unconscious bias.	**No**

Comments/Recommendations:

- **Element 3.1 – Encourage job applications from people with accessibility needs**
  Consider moving the diversity statement above the 'Apply Now' button for advertised positions button to ensure that the information is seen easily.

  It is clear that accessibility has been considered development/updating of the Auckland District Health Board Careers job application website, with many common accessibility issues having been addressed. Some issues were still identified and should be rectified to ensure that the site meets at least W3C's Web Content Accessibility Guidelines 2.1 Level AA. Consider having a digital accessibility expert undertake a review of the site and then helping you establish a plan to rectify any identified barriers.

- **Element 3.2 – Interviews are accessible for people with accessibility needs**
  Auckland District Health Board has mad good progress developing a Disability Confidence Training and Unconscious Bias Training, however neither of these are compulsory for all hiring managers and recruiters. Consider making these a requirement to ensure that the organisations commitments to accessibility and disability inclusion are mirrored right throughout.

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Element 4: Employee Support

Objective: The employer is able to demonstrate commitment to making reasonable accommodations which enable them to confidently recruit, retain and support people with accessibility needs within the organisation.

1. Instructs employees how to request and implement workplace adjustments

Details of requirement	Achieved?
1. A policy or process/guideline is readily available to hiring teams and all employees setting out how to request workplace support or adjustments, timeframes for implementation, management accountability, financial responsibility, etc. to ensure consistency across the organisation and manage risk.	**Yes**

2. Makes reasonable workplace adjustments for employees with accessibility needs

Details of requirement	Achieved?
1. Evidence the employer makes workplace adjustments which may include modifications to a physical worksite, tasks, hours of work, processes, etc. to enable persons with accessibility needs to: - perform their job safely - have equal employment opportunities through recruitment processes, promotion and training opportunities - enjoy equal terms and conditions of employment	**Yes**
2. Evidence the employer has taken reasonable measures to help the job fit the worker.	**Yes**
3. The employer knows where to seek advice if necessary.	**Yes**
4. The employer communicates freely and directly with their employee (or prospective employee) to find out how best to match the person's abilities to the job for maximum productivity and job satisfaction.	**Yes**

3. Supports aging workers who may acquire accessibility needs

Details of requirement	Achieved?
1. There is a policy not to discriminate against aging workers in recruitment and in the existing workforce.	**Yes**
2. Evidence the employer does not discriminate against aging workers in recruitment and in their existing workforce; including during restructuring and disestablishment of roles.	**Yes**

4. Supports workers who acquire an impairment or accessibility need

Details of requirement	Achieved?
1. The employer has a return to work policy that supports workers who have acquired an impairment to return to work.	**Yes**
2. Evidence the employer makes reasonable accommodations for workers who acquire impairment to enable them to return to work.	**Yes**
3. The return to work policy is followed each time a worker is off work because of temporary or permanent impairment, regardless of the specific circumstances.	**No**

5. Supports workers' mental health

Details of requirement	Achieved?
1. The employer does not discriminate against workers dealing with mental illness or mental health issues in recruitment or in their existing workforce.	**Yes**
2. The employer has systems in place to support employees to maintain good mental health and support those dealing with mental health needs.	**Yes**
3. The organisation considers how it structures expectations on employees to ensure it does not adversely impact on their mental health.	**Yes***
4. Managers have received training or guidance in how to support employees with mental health needs.	**Yes**
5. The organisation helps employees to develop Wellness Recovery Action Plans (WRAPs) and/or supports them to implement their personal ones, particularly in relation to returning to work.	**Yes**

Accessibility Tick
Committed to Accessibility

6. Considers the health and safety (H&S) of those with accessibility needs

Details of requirement	Achieved?
1. There is an emergency plan in place (for several types of emergencies relevant to the business and geographical location) and evacuation instructions are clearly marked and accessible.	**No**
2. Workers with accessibility needs have been consulted in developing the emergency plan and they understand the procedures and what is expected of them for the different types of emergencies in the emergency plan.	**Yes**
3. There is evidence of at least one emergency evacuation drill within the past 12 months and if there are workers with accessibility needs on site, evidence the procedures for them was followed during the drill. This could be evidenced by post emergency response (or drill) review.	**Yes**
4. H&S meeting minutes (or similar) document considerations of workers with accessibility needs are discussed in H&S meetings.	**Yes**
5. People with accessibility needs are given opportunities to attend H&S meetings or otherwise participate in workplace H&S.	**Yes**
6. Emergency wardens fully understand what is expected of them to assist those with accessibility needs in an emergency event (fire, earthquake, chemical spill, etc.) Several types of emergencies should be planned for.	**Yes**

Comments/Recommendations:

- **Element 4.4 - Supports workers who acquire an impairment or accessibility need**
  The Rehabilitation of Staff Policy has been written with compliance with the Accident Compensation Act and associated Accident Compensation Corporation (ACC) requirements of the Accredited Employer Programme (AEP). We recommend that ADHB consider updating this policy to ensure that people returning to work from non-accident related impairments be treated the same as those returning from accidents covered under the AEP.

- **Element 4.5 – Support workers' mental health**
  Evidence provided during the assessment supports that the organisation is actively considering the impacts of their decision on their staff's mental health. Some anecdotal evidence suggests that there can still be some exceptional pressures loaded on key staff members. Continue to live up to the organisations commitment to mental health and ensure that systems are in place to monitor mental health within the organisation and respond accordingly.

- **Element 4.6 – Considers the health and safety (H&S) of those with accessibility needs**
  The existing Emergency Response Flip Charts were sighted during this assessment and accessibility barriers identified. Barriers such as colour contrast concerns, text sizing and use of complex language. Consider having these flipcharts reviewed by a print accessibility expert and updating them to meet the recommendations.

  It is also recommended that an accessible digital version of this information is made available through staff intranets and on the organisation website in relation to public facing areas. Consider engaging a digital accessibility expert to ensure that these are accessible as possible.

Accessibility Tick
Committed to Accessibility

Element 5: Communication and Marketing

Objective: The organisation's internal and external communications and marketing are accessible and inclusive of people with disabilities.

1. Internal/external communication and marketing is inclusive and accessible for employees, customers, clients and stakeholders

Details of requirement	Achieved?
1. Hard copy information is made available in accessible format upon request (if applicable).	**Yes**
2. Employees are made aware of appropriate etiquette and communication when interacting with colleagues, applicants, and customers/clients with accessibility needs.	**Yes**
3. There are alternative ways of contacting the organisation.	**Yes**

2. Internal/external communication and marketing is inclusive and accessible

Details of requirement	Achieved?
1. Accessibility is considered with any documents, presentations, meetings and conferences, advertisements, intranet and internet websites and any other mode of communication and marketing to communicate with employees, customers and stakeholders.	**No**
2. The needs of people with access needs are met by ensuring websites and web content, both Internet and Intranet, are accessible according to the most current World Wide Web Consortium's Web Content Accessibility Guidelines (WCAG).	**No**

Comments/Recommendations:

- **5.2 - Internal/external communication and marketing is inclusive and accessible**
  Documents (internal and external) are not routinely created with accessibility as a key consideration. Consider accessibility training for staff who are writing customer facing material, including documents, presentations, advertisements, etc. Knowledge (eg. How to measure colour contrast, font size choice, etc.) can be transferred across the various mediums once understood.

  A check of several external facing websites for ADHB (adhb.health.nz and carrers.adhb.govt.nz) identified significant barriers for people with digital accessibility needs (an estimated 8 to 12% of the NZ population). We recommend an audit of your online environments (websites and intranets) by a digital accessibility consultant to determine if it is accessible and to identify gaps in accessibility.

  Additionally, as a new website is being developed, we recommend engaging digital accessibility experts to help ensure that accessibility is built in up front and prevent the need for costly retrofitting.

Accessibility Tick
Committed to Accessibility

Element 6: Products and Services

Objective: The organisation makes its goods and services available to all sectors of the community including those with accessibility needs. One in four New Zealanders identify with having a disability. Including them as a target customer market makes good business sense.

1. Considers access and inclusion when developing and delivering products and services

Details of requirement	Achieved?
1. The organisation seeks to understand the needs of customers with accessibility needs (via customer feedback, market research, engaging accessibility experts, social media, etc).	**Yes**
2. The organisation develops disability confident staff through training and awareness of the inclusive customer service policy and practices.	**Yes**
3. The organisation consults customers with accessibility needs and accessibility experts to develop solutions to better serve the whole community.	**Yes**
4. The organisation promotes its goods and services to members of the community with accessibility needs.	**Yes**

2. Does not discriminate regarding the provision of goods, services, and facilities

Details of requirement	Achieved?
1. Customer service facilities are physically accessible to customers with accessibility needs.	**Yes**
2. The organisation's website including any online shopping or customer service functions are accessible for customers with accessibility needs.	**No**

3. Customer service policy or practices are inclusive of people with accessibility needs

Details of requirement	Achieved?
1. The policy/practices promote equal opportunities and choice for all customers.	**Yes**
2. Commitment to endeavour to meet best practice standards for accessibility and inclusion.	**Yes**
3. Service animals are welcomed.	**Yes**

Accessibility Tick
Committed to Accessibility

4. Regular monitoring and review of progress in relation to commitments

Details of requirement	Achieved?
1. The organisation keeps track of how requests for reasonable adjustments from customers are managed and seeks to continually improve its service to customers with accessibility needs.	**Yes**

Comments/Recommendations:

- **Element 6.2 - Does not discriminate regarding the provision of goods, services, and facilities**
  As mentioned in Element 5.2, consider having your website assessed by a digital accessibility consultant and then establish a plan to remediate it to be more accessible.

Element 7: Information Communication Technology (ICT)

Objective: The organisation strives to ensure its ICT is accessible to people with accessibility needs.

1. Checks accessibility of internal/external Information Communication Technology (ICT)

Details of requirement	Achieved?
1. Technology, both hardware and software, used in day to day business to support employees, deliver products and services and enable effective communication is accessible for people with accessibility needs. This may include online environments, phones, computers, tablets, conferencing systems, phone/tablet applications, online filing systems, etc.	**No**
2. ICT including web accessibility audits of online environments are completed annually. Evidence of a completed audit within the last twelve months.	**No**
3. Policy and/or procedure for building or procuring accessible when new ICT (including software, hardware and online environments) is implemented.	**No**

Accessibility Tick
Committed to Accessibility

2. Ensures its ICT is accessible and/or provides alternative accessible solutions

Details of requirement	Achieved?
1. If it is not possible for technology to be fully accessible at present, the organisation provides alternative solutions such as provision of accessible documents or linkages to provide assistance.	**Yes**

Comments/Recommendations:

- **Element 7.1 – Checks accessibility of internal/external Information Communication Technology**
  We recommend an audit of your website, intranet, and most commonly used software systems, as mentioned in Element 5.2. This will identify any gaps and we will be able to make further recommendations at that time.

  We also recommend a policy is developed to ensure that accessibility is considered with the purchasing or procurement of new digital systems/websites, in line with the W3C Web Content Accessibility Guidelines 2.1 Level AA and/or other best accessibility practices, to prevent new ICT being introduced that could negatively impact digital accessibility and inadvertently exclude someone.

  We recommend that an ICT procurement checklist be developed to include testing with users who have a range of accessibility needs as well as engagement with digital accessibility experts.

  The impacts of digital accessibility are imperative to Auckland District Health Board's improving their disability inclusion both for employees/contractors and patients/the public alike. The Managing Director of the Accessibility Tick would be happy to meet with the ICT leadership to explore ways that this can be supported and/or accelerated in their programme.

Element 8: Career Development

Objective: The organisation provides equitable career development opportunities for employees with accessibility needs.

1. Provides training/resources to managers and supervisors to help support and develop careers for employees with accessibility needs

Details of requirement	Achieved?
1. The organisation has systems in place for supporting the career development of employees with accessibility needs.	**Yes**
2. Resources available for managers and supervisors to help them support and develop employees with accessibility needs.	**Yes***
3. The organisation has methods in place to address unconscious bias for managers.	**Yes***
4. Interviews with managers and supervisors. They should be aware of: - how to effectively manage and support employees with accessibility needs through training and coaching. - managers know where to go for appropriate resources and information. (NB: No interviews are conducted in the first year. Interviews in subsequent years are undertaken by the Accessibility Tick Assessor. Organisations are asked to provide contact details for a number of managers/supervisors across the organisation who have not been directly involved in the Accessibility Tick.)	**No**

2. Does not discriminate against employees with accessibility needs regarding career development/progression

Details of requirement	Achieved?
1. Opportunities for career/ professional development are given to employees with accessibility needs.	**Yes***
2. People with accessibility needs are encouraged to participate in career development and to apply for suitable promotions. When they apply for promotions, the accessible recruitment process is followed.	**Yes**

Comments/Recommendations:

- **Element 8.1 - Provides training/resources to managers and supervisors to help support and develop careers for employees with accessibility needs**
  Staff may present with different needs or requirements that are outside current career development support and guidelines, leading to conscious and unconscious bias against them. To support staff with accessibility needs, consider creating a career development tool kit or guideline and training programme for managers to assist them with career development of staff with accessibility needs. The training programme should include both disability confidence and unconscious bias as a minimum level.

  The Members Only section on the Accessibility Tick website contains resources that could support ADHB to develop customised support programmes for staff with accessibility needs.

- **Element 8.2 - Does not discriminate against employees with accessibility needs regarding career development/progression**
  Consider a positive discrimination programme that wraps around the careers of employees with disabilities to support them with their careers at Auckland District Health Board. Like programmes for other diversity areas, it assists with people understanding the value of the disabled voice and helps to change perceptions of disabled people as only capable of undertaking entry level jobs, sustainably shifting the culture of the organisation.

Element 9: Suppliers and Partners

Objective: The organisation encourages their suppliers and partners to mirror their commitment to accessibility and inclusion.

1. Considers accessibility needs of people when making procurement or purchasing decisions

Details of requirement	Achieved?
1. Evidence accessibility is considered in purchasing decisions such as ICT, external recruitment providers, premises, furniture, etc.	**Yes**

2. Commits to accessibility in purchasing and procurement decisions

Details of requirement	Achieved?
1. Procurement policy (where applicable) states that preference will be given to suppliers and partners who commit to accessibility and inclusion.	**No**

3. Expects its suppliers/partners to mirror its commitment to people with accessibility needs

Details of requirement	Achieved?
1. Evidence the organisation has sought information on accessibility and inclusion practices of its suppliers and partners within the past 12 months (if applicable).	**No**
2. The organisation seeks information on the employment practices of its suppliers and partners to ensure there is no discrimination.	**No**

Comments/Recommendation

- **Element 9.2 - Commits to accessibility in purchasing and procurement decisions**
  Consider proactively informing suppliers that preference will be given to organisations that show a clear understanding of the accessibility and inclusion required. This could also be added this to supplier selection criteria and/or give a weighting to partners and suppliers who show clear understanding of accessibility and inclusion when awarding tenders.

  Where the setup with Health Alliance and the other DHB's prevents Auckland DHB from directly controlling the requirements for accessibility in purchasing and procurement decisions, ensure that ADHB brings their influence to support positive change.

  As all 4 northern DHB's are members of the Accessibility Tick Programme, the Accessibility Tick Managing Director would be happy to engage with Health Alliance to support the positive changes that are necessary for each of the DHBs to achieve this element.

- **Element 9.3 – Expects its suppliers/partners to mirror its commitment to people with accessibility needs**
  Consider the DHB's sphere of influence and how it can influence its partners and suppliers to mirror your commitment to accessibility and inclusion. We recommend that ADHB drive for Health Alliance to consider accessibility and disability inclusion practice reviews be a requirement for establishing supplier and partner relationships.

To	Child Health Steering Group
From	Denise Janes, Jacky Cook, Pam Henry, Tim Jelleyman
Date	7/12/2020
Subject	Child Development Services (CDS) Programme of Work Update

Purpose

This paper provides an:

- overview of the Disability Support Services (DSS) activity to develop a National Operating Model for CDS;
- update about progress related to the Northern Region CDS expand and transform programme of work;
- update regarding two the NRA led innovations; casemix and outcomes.

National Operating Model

There have been a number of DSS led hui nationally to gather information and ideas to develop a National Operating Model for CDS services. Representation from the Northern Region at these hui has included Service Managers, CDS Team Leaders and quality improvement champions from each DHB, in addition to NRA staff.

There is a strong emphasis on developing an outcomes based framework that incorporates Enabling Good Lives, Good Start in Life principles, and collaborative inter-sectorial working. A draft document is anticipated being completed for consideration by 30 March 2021.

Ministry of Education has developed the **He Pikorua** practice framework for learning support and RTLB practitioners. This is being considered for adaption/adoption by DSS. Feedback is being sought from stakeholders within health prior to the DSS led hui on 18 January 2021. We are collating written feedback to DSS with input from each DHB.

Martin Anderson from DSS has advised that a Steering Group will be convened in the near future, with representation from the regions across all stakeholders to progress the National Operating Model informed by current quality improvement work nationally.

Expansion Progress

Progress is on track to reach the goal of increasing the number of children accessing CDS services regionally.

Data collection from across the Northern Region shows an increase of 504 first assessments from July to October (4 months) in 2020/21, as compared with median benchmarking data (see Appendix 1). The 2020/21 minimum additional volumes target is **580** additional children by the end of June.

Aggregate data is by discipline rather than NHI (describing numbers of children), as NHI benchmarking data is not available. Work is underway to use NHI level data to show increased children accessing services in Q2 reporting.

Waiting lists continue to rise regionally, despite an increase in first assessments being provided, due to an increase in demand across all DHB's (see Referrals accepted within Appendix 1).

Quality Improvement

The quality improvement collaborative continues to meet together weekly with focus areas for 2020/21 including:

1. Developing pathways and bundles of care across patient classification groupings.
2. Aligning entry/exit criteria, across the region and develop a standard tool to determine the needs of children with disability in partnership with their whānau.
3. Integrating telehealth into business as usual
4. Goal setting with whānau

1. Developing pathways and bundles of care across patient classification groupings

A key area of focus is to develop bundles of care for children in similar patient classification groupings. Our approach will be to develop tiered bundles of care for each patient grouping identified under the NRA led casemix innovation.

Currently the majority of care that is delivered through CDS services tends to be individualised therapy provision. There are opportunities to develop a tiered approach to service delivery within each patient classification grouping which are based on need, such as:

- signposting to resources,
- whānau education programmes,
- Provision of individualised strategies shared with whānau and education providers,
- Individualised blocks of therapy, based on tamariki goals

2. Aligning entry and exit criteria across the region

We have identified the following key deliverables as part of the Entry/Exit innovation, which will be supported by the regional quality improvement work.

The primary objective is improving equity across the region through:

- Alignment of prioritisation criteria by June 2021;
- Development of draft entry and exit principles in priority areas by June 2021, for testing in DHBs from July to December 2021; and
- Development of a standard Determination of Need tool by June 2021, for testing from July to December 2021.

At present, some CDS providers are not meeting the terms of their service specifications regarding access to service. For example, while services are mandated to provide therapy to children aged up to 16 years who meet eligibility criteria, children over five years are denied access to services in some DHBs. This, combined with differences in the bundles of care provided, contributes to significant inequities in access across the Northern region.

We will table proposed alignment of Entry and Exit criteria across the Northern Region for discussion at a future CHSG meeting.

Draft priority areas for entry criteria alignment have been identified (refer Appendix 2) based on a regional stocktake of current practice. The CDS Advisory Group endorsed these priority areas.

3. Integration of Telehealth into BAU

During COVID, telehealth was used extensively by some DHBs in the region to provide CDS services. Both clinicians and whānau have been engaged through surveys to gain insights into what has worked well, and workforce development needs. Future plans are to develop resources for workforce development and to evaluate the use of telehealth within the services.

Telehealth will be incorporated into pathways and bundle of care development.

4. Goal setting with whānau

Goal setting with whānau is identified by all DHB's as a central and key component of service delivery. A stocktake of services and patient journey mapping, has shown that there are inconsistencies in how goals are identified, where they are recorded, and how they are shared with whānau.

This workstream will be progressed in conjunction with inter-sectorial stakeholders to develop a 'One Plan' of care for tamariki for testing.

Stakeholder Engagement

There have been a number of whānau focus groups and whānau interviews from innovations being led in the Northern Region. A key message from whānau is that they wish to have choice as part of their service delivery. It will be important to ensure that there is whānau choice within bundles of care developed.

An inter-agency stakeholder meeting was held on 23 November 2020. Representatives from DHBs, NGOs MoE, Explore Behavioural Support, CCS disability, NASC and equipment providers from the region attended. There is interest in an inter-agency co-design of a single plan of care and standardised assessment of need, for children and whānau, accessing disability support services. A framework is needed to improve inter-agency collaboration and provide more streamlined services. All agencies have expressed an interest in being a part of this co-design process, and this will be advanced as part of the quality improvement work.

NRA led Casemix and Outcomes Framework innovations.

There has been extensive work by the CDS Innovations Working Group to identify the best approach to taking forward these workstreams. Our recommendations were endorsed by the CDS Advisory Group at their meeting on 27 November.

Two main approaches to Case mix and Outcomes were considered:

1. **Comprehensive case mix modelling**
   These models typically take more than five years to develop and rely upon the availability of high-quality, standard, non-aggregated patient data. They inform robust funding models, allow costs and resources to be predicted and support the development of evidence-based care pathways for each patient category. Outcomes for each patient classification group are developed last.
2. **Simpler patient classification system**
   These models typically have fewer than 10 patient categories and may be developed for testing in 12-18 months. Categories are based on sampling of patient records to identify need categories and associated resources. Outcomes may be developed concurrently with case mix.

To determine the preferred approach, consideration was given to the following factors; quality, implications for outcomes development, delivery timelines, resourcing, potential to inform funding decisions, administrative burden for providers and data availability.

Recommended approach

A regional stocktake of CDS providers showed that standard, non-aggregated patient data is not collected across the region. As this is a prerequisite for development of a comprehensive case mix system, the CDS Working Group recommended development of a simpler patient classification system.

This is a pragmatic approach based upon data limitations and resource constraints, but also has the advantage of allowing concurrent development of a draft case mix model and outcomes framework for testing by DHBs by the end of 2021.

In the absence of a standard data set, we propose that patient records are sampled to identify patient categories based on need, and other modifying factors (such as age and family support). A patient classification system will then be developed based on an iterative clinician-led process with strong analytical input.

Outcomes will be developed for each patient classification. These will be informed by best practice and child/whānau-led needs and goals identified during a standard Determination of Need at point of entry to service (to be developed as part of Entry and Exit) and revisited and refined throughout the care pathway.

We ask the Child Health Steering Group to note and comment on this approach.

Regional Innovation update

An innovation update for the region is provided in Appendix 3, including dates for provision of final evaluation reports.

Te Mātua Taute O Manukau

An update on this Ohomairangi led project to test Good Start in Life principles with Māori and Pacific tamariki is provided in Appendix 4.

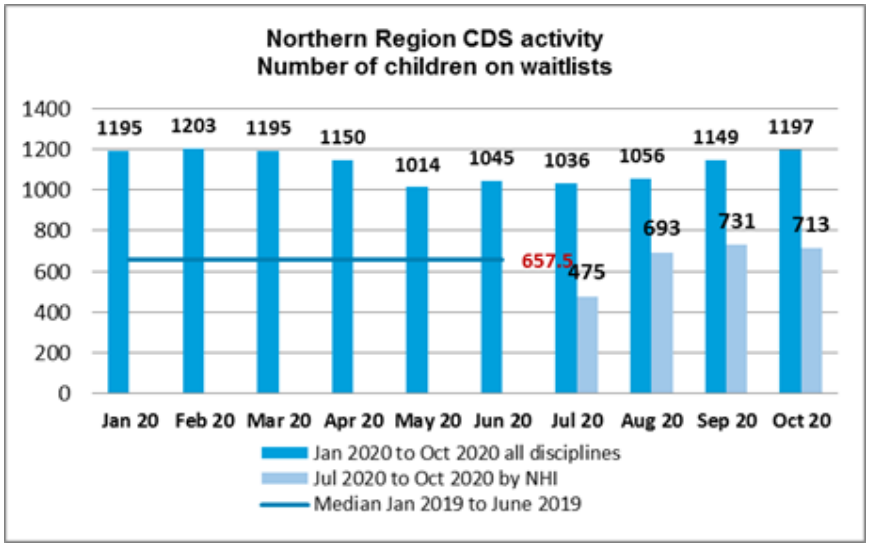
Referrals for 53 children will be actioned by December 2020. Service delivery has been impacted by COVID and an extension to complete engagement with these tamariki and whānau, has been recommended by the CDS advisory group. All children will be integrated back into CDS and MoE services with a final evaluation report due 30 June 2021.

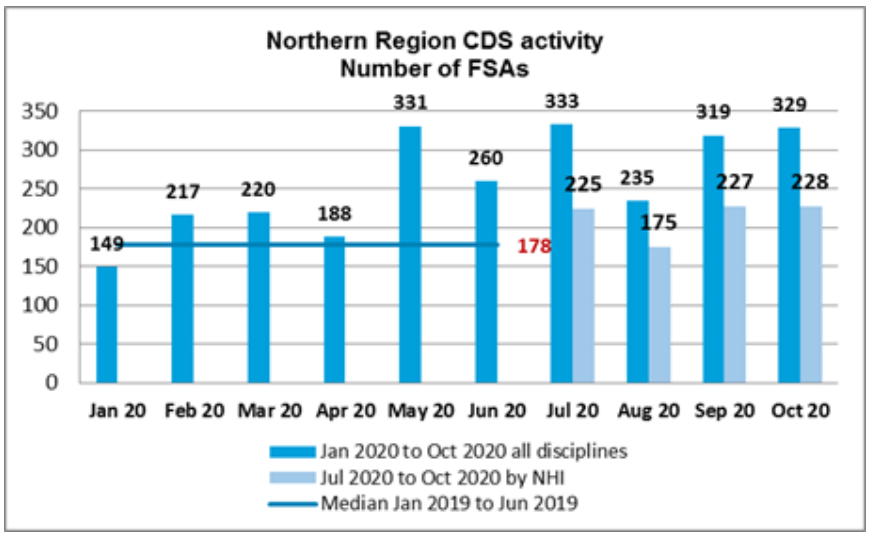
Appendix 1

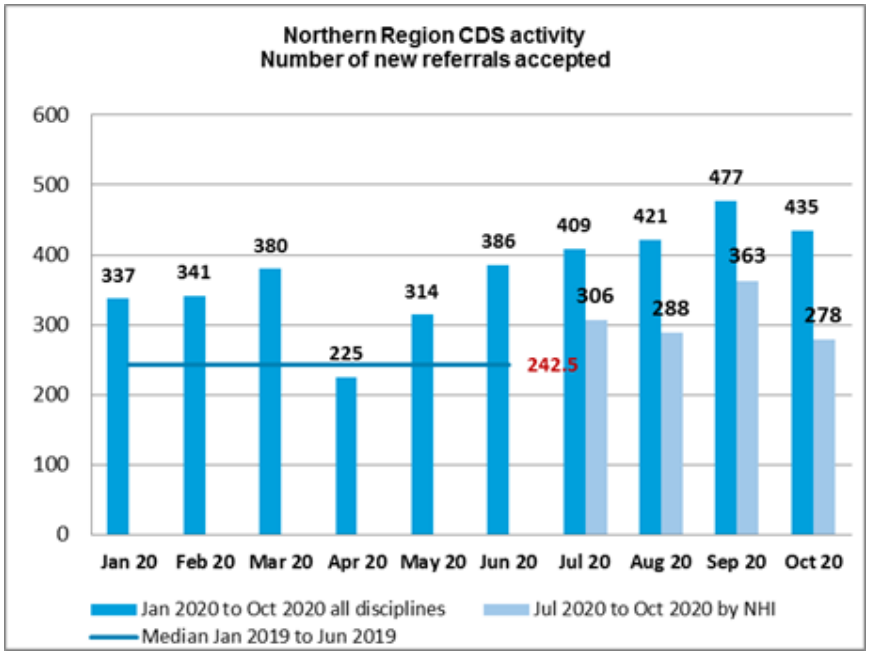
CDS Expansion

The following notes apply to Tables 1, 2 and 3

- Note that the July 2020 by NHI total excludes NDHB. They only started reporting by NHI from August 2020.
- Note that Counties Manukau Health includes psych and development coordinators in their counts by discipline and by NHI.

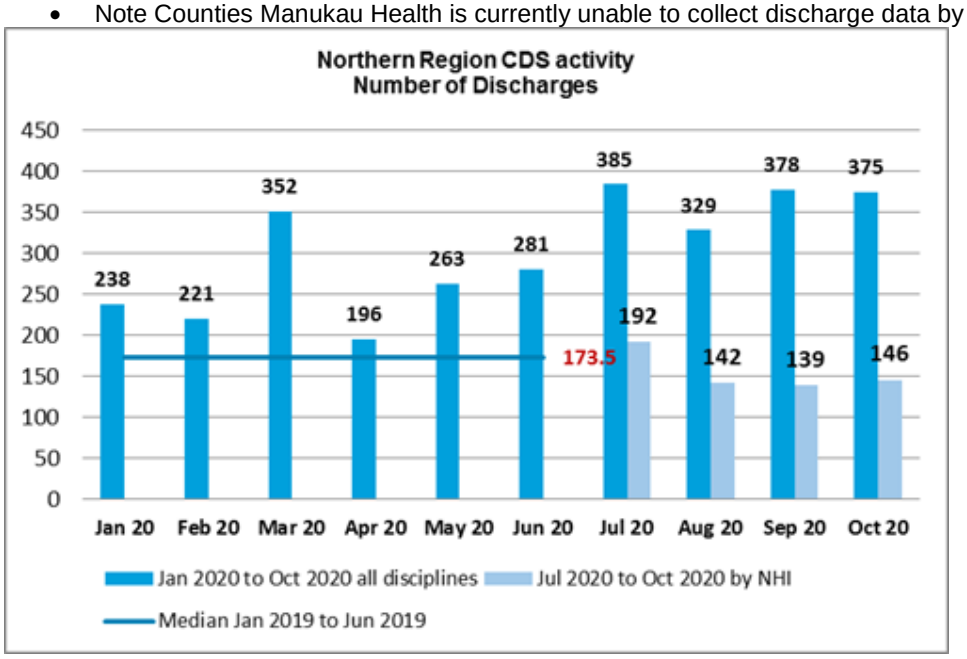






The following notes apply to Table 4:

- Note that the July 2020 by NHI total excludes NDHB. They only started reporting by NHI from August 2020.
- Note Counties Manukau Health is currently unable to collect discharge data by NHI



APPENDIX 2: Priority areas for entry and exit criteria alignment

There is significant variation in CDS entry and exit criteria across the Northern Region. Whether a child receives treatment by CDS and how quickly, is a 'postcode lottery' based on factors such as age, type and severity of condition, bundles of care provided by DHBs and service capacity. Exclusion criteria have expanded to manage growing demand due to factors such as population growth, increasing numbers of complex cases and long waiting lists.

As a result, some children no longer meet entry criteria for CDS and fall into service gaps, while others experience waits of up to 18 months for treatment. In addition to differences in entry criteria, there are also marked differences in therapies provided by individual disciplines across the four DHBs. Both these factors contribute to regional inequities in access and should be addressed.

Standard patient pathways and care bundles will be developed as part of wider work on the CDS Model of Care. As such, the Entry and Exit workstream will dovetail closely with the Quality Improvement and Workforce Development workstreams to align practice across the region.

PRIORITY AREA	CURRENT SITUATION	PROPOSAL (subject to CHSG endorsement)
Children over five years – especially those who do not quality for Ministry of Education funding	Under the terms of their service specifications, CDS providers are mandated to provide service to children aged 0 to 16 years who meet certain eligibility criteria. At present, some children aged over 5 years of age are excluded from CDS in the Auckland metro area and fall into service gaps between providers. This is particularly true for mild to moderate cases who do not qualify for Ministry of Education funding.	Standardise entry and exit criteria and referral pathways for children over five across the region, with particular consideration to mild and moderate cases who do not qualify for MoE funding. Align care pathways for this group (wider Model of Care). Explore tiered models of service delivery such as education programmes for ECE/ schools, provision of resources/ whānau education, therapy provision in group settings rather than an individualised approach, and targeted individual sessions where indicated.
Autism Spectrum Disorder (ASD)	There are significant differences in entry criteria for children with ASD across the region. For example, children under 5 years with ASD are eligible to receive occupational therapy for issues relating to function at all DHBs except Counties Manukau. There are marked differences in care pathways, including initial assessment and interventions offered, as well as referrals to external	Standardise entry and exit criteria and referral pathways for children with ASD across the region. Align care pathways for this group (wider Model of Care), looking at tiered service delivery models

	mental health services.	
Psychology	Entry criteria and care packages for children with a variety of psychological needs vary significantly across the region. Differences relate to: • Diagnosis (e.g. only Northland see children with chronic fatigue and chronic pain in service); • Services provided (e.g. Northern does not provide therapy, Counties Manukau provide follow up intervention only and Auckland and Waitemata provide therapy subject to different age criteria); • Referral pathways, including services that are provided by CDS and external providers.	Standardise entry and exit criteria and referral pathways for psychology services across the region. Align care pathways for this group (wider Model of Care)
Occupational Therapy	There are differences in age criteria across the region. In particular: • Auckland see children/young adults for equipment and housing up to 21 years of age, while other DHBs see children 0-16 years only. • Only Northland provide therapy for children aged over 5 years who do not qualify for Ministry of Education funding. • Eligibility criteria for treatment of children with Development Coordination Disorder varies across DHBs. DHBs report long waiting lists, with 100+ children waiting 12-18 months. Given numbers affected, this should be a priority area.	Standardise entry and exit criteria for occupational therapy across the region.
Visiting Neurological Therapists (VNT) follow-up for pre-term infants	There are significant differences in entry criteria for follow-up of pre-term infants across the region. In particular: • Waitemata DHB see babies who weigh less than 1250g regardless of their condition • Counties Manukau DHB see babies born before 28 weeks • Auckland DHB see pre-term infants who are identified as 'at risk' • Northland do in-reach to the Specialist Care Baby Unit (SCBU) and then follow-up in the community.	Standardise entry and exit criteria for VNT follow-up of pre-term infants across the region.

Appendix 3 – Innovation summary for Northern Region

INNOVATION	LED BY	DATE COMMENCED	PURPOSE OF INNOVATION	% COMPLETE	WHAT HAS BEEN DONE	IS ANYONE BETTER OFF	DELIVERABLES DUE	ONGOING FUNDING
Calderdale	NDHB	January 2020	Test Calderdale Framework to allow for greater transdisciplinary service delivery.	25%	1. Foundation day training for all staff completed 2. Training 4 facilitators complete 3. Four projects initiated	Too early to report Initial training delayed by COVID.	Evaluation report due June 2021	2020/21 funding approved
Enhanced Gateway Assessment	NDHB/ADHB	February 2020	Enhanced Gateway assessment to include communication assessment, provision of communication passport.	50%	1. SLT providers engaged with consistent assessment framework agreed. 2. Communication passport template developed 3. Enhanced assessment delivered 4. Referral pathways agreed	135 children have received an enhanced assessment and communication passport.	Interim evaluation report June 2021	2020/21 funding approved
By Parent For Parent	WDHB	May 2020 COVID delayed	Explore peer worker input into service delivery, evaluate a parent capability programme within the context of a DHB.	80%	1. Review/ comparison of parent capability building models 2. Now and next training completed 3. Pictability training completed with 7 clinicians	16 parents trained through Now and next model Evaluation of peer worker contribution to workforce and patient journey is underway.	Evaluation report due December 2020	Utilising 19/20 underspend currently No funding approved for 20/21
Neonatal	WDHB	MAY 2020	Develop a clear	40%	1. Whanau focus groups	Qualitative data	Evaluation	Utilising

pathway 0-3 years		COVID delayed	pathway for children 0-3 with complex disability related needs that is: - Co-ordinated - Seamless - Inter-sectorial		2. Map current referral and engagement processes 3. Single referral form developed and tested 4. Co-design of proposed new pathway is underway 5. Pilot use of shared care portal	collected from clinicians and whānau as baseline	report due December 2020	19/20 underspend currently No funding approved for 20/21
Adolescent Transition	WDHB	MAY 2020 COVID delayed	Explore current practice and whānau experience. Co-design a proposed pathway.	45%	1. Parent and young person interviews complete 2. Exploring use of shared care portal 3. Co-design of proposed 'transition pathway'.	Qualitative data collected Phase 3 of project (yet to commence), will implement and evaluate	Evaluation report due June 2021	2020/21 funding approved
First Appointment (Welcome to service)	ADHB	March 2020	Design and test an entry to service model to improve timeliness of access, and to streamline gathering of information	60%	1. Co-design with whānau through workshop and interviews complete 2. Staff training in F word tool complete 3. 8 pilot assessments completed.	8 children received new model of entry to service	Interim evaluation report due in March 2021	2020/21 funding approved
Autism Friendly Hospital	CMDHB	July 2020 (New innovation approved by MoH in June 2020).	To develop a skilled workforce skilled in working with children and young people with ASD. Change the experience for clinicians and Tamariki/ whānau	25%	1. Partnering with Altogether Autism 2. Site visits completed 3. Development of training package 4. Champions identified and role description developed	No qualitative data as yet.	Early stages of project	2020/21 funding approved
Entry/Exit Criteria	NRA	July 2020 (New innovation	Align entry /exit criteria, and processes across the region with the	15%	1.Regional stocktake of current state 2. Project charter	Too early for benefits to be realised	Draft entry/exit principles by June 2021	2020/21 funding approved

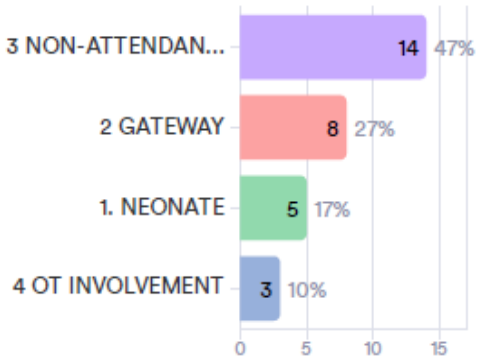
		approved by MoH in June 2020).	goal of improving equity of access.		complete 3. Identified priority areas for entry and exit alignment		Draft standard assessment of need tool by 30 June 2021 for testing within 1 DHB in the region	
Outcomes	NRA	July 2020 (New innovation approved by MoH in June 2020).	Develop a standard child/whānau outcomes framework for CDS the region	10%	1. Regional stocktake of outcome measures currently in use 2. Project Charter complete 3. Literature review underway	Too early for benefits to be realised	Draft standard outcomes framework by 30 June 2021 for testing within 1 DHB in the region	2020/21 funding approved
Casemix (Patient Classification System)	NRA	March 2020	To optimise outcomes by matching services to need, through defined casemix groups and their related bundles of resource.	10%	1.Literature search 2. Stocktake of data collection across services in the region 3. Project charter complete 4. NRA agreement regarding proposed approach to taking this project forward.	Too early for benefits to be realised	Draft patient classification system by 30 June 2021 for testing within 1 DHB in the region	2020/21 funding approved
Workforce Development Plan	NRA	September 2020 (New innovation approved by MoH in June 2020).	To develop a regional workforce development plan	Scoping innovation	1.Scoping the project with input from DAH's is underway 2. Consultation with Janice Mueller	Too early for benefits to be realised	Early stages of project	2020/21 funding approved

Te Mātua Taute o Manukau

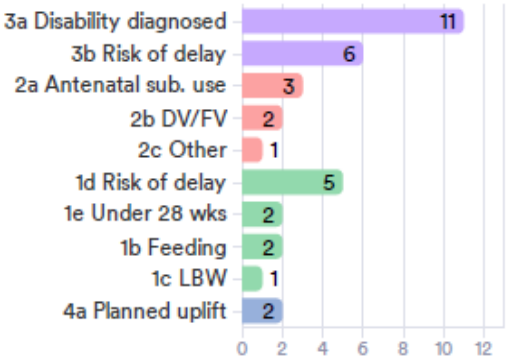
Equity Pilot Project – monitoring dashboard

Pilot participant demographics

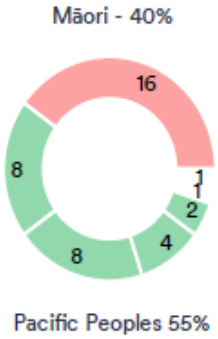
Referral categories



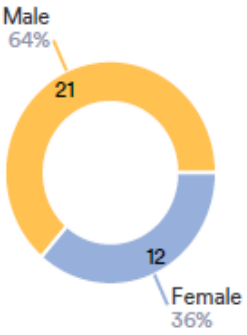
Referral criteria



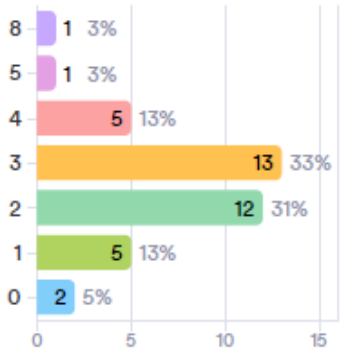
Māori and/or Pacific Peoples



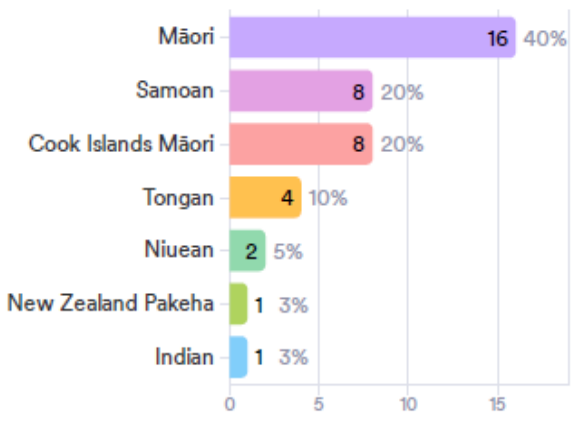
Gender of children



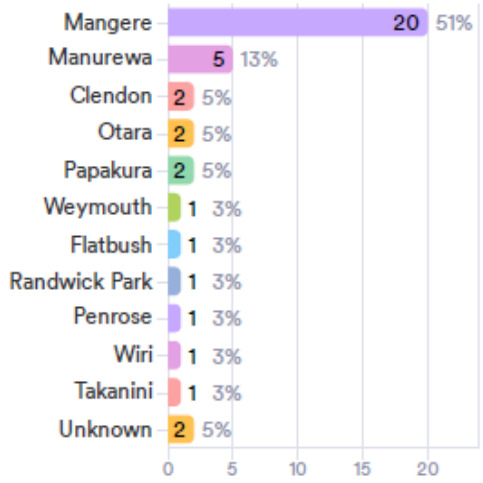
Ages of children



Ethnicities

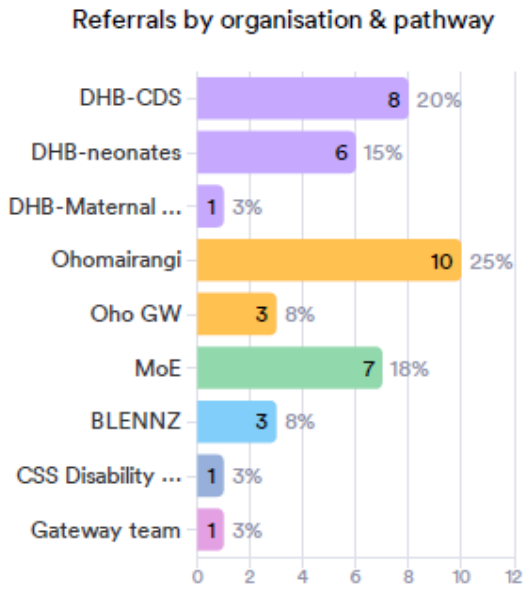


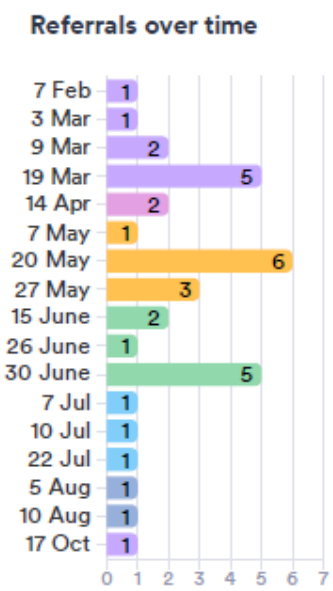
Residential addresses



@ 24 Nov. 2020

Partner organisation inputs





Amended Terms of Reference DiSAC January 2021

Recommendation:

That the report "Amended Terms of Reference DiSAC January 2021" be received.

Prepared by: Marlene Skelton (Corporate Business Manager)

Purpose

This paper advises the appointment of a further member to the Disability Support Advisory Committee and the amendment of the terms of reference that allowed this to occur.

Background

The Board Chair, Pat Snedden and the DiSAC Chair, Jo Agnew received a request from Zoe Brownlie to be appointed to the Disability Support Advisory Committee. This appointment was duly ratified by Board at its meeting on 27 January 2021.

Amendment to Terms of Reference

To allow this appointment to occur a simple change to the Terms of Reference was made to allow an increased number of Board members to sit on this committee. There is currently provision for three and with the appointment of Zoe Brownlie this now stands at four.

Auckland DHB Local Disability Support Advisory Committee Membership

The membership is now as follows:

Disability Support Advisory Committee	
Chair	Jo Agnew
Member	Michelle Atkinson [26 February 2020]
Member	Zoe Brownlie [27 January 2021]
Member	Tama Davis

Auckland District Health Board

Disability Support Advisory Committee (DiSAC)
Terms of Reference

Amended – January 2021

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 Auckland 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 Auckland 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-four 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.