Disability Support Services
Strategic Reference Group Meeting
Minutes

6 November 2015
Venue: ASB Conference Centre, Wellington

Present:

Members:
Julie Haggie (Chair), Home and Community Health Association
Felicia Manase, Faiva Ora Pacific Disability Leadership Group
David Tamatea, Maori Disability Monitoring and Advisory Group
Wendy Duff, Consumer Consortium
Jodie Turner, People First
Garth Bennie, New Zealand Disability Support Network
Paula Booth, Disabled Persons Assembly

Also in Attendance:
Barbara Crawford, (Facilitator) Ministry of Health
Toni Atkinson, Ministry of Health
Jill Lane, Ministry of Health
Kathy Brightwell, Ministry of Health
Bernadine Mackenzie, Ministry of Health
Alexia Garbutt, (Support person), People First
Kelly Slater, Allen + Clarke
Hannah Stewart, Allen + Clarke

Guests Speakers:
Stuart Powell, Ministry of Health
Kate Challis, Ministry of Health
Christine Potts, Enabling Good Lives

Apologies: Megan McCoy, Ministry of Social Development

Apologies:
Laurie Hilsen, Carers New Zealand
Mark Brown, Life Unlimited and NASCA
Janice Gardner, Te Piringa, Maori National Network
The meeting opened at 9:40 am.
The group introduced themselves and Julie Haggie was nominated to be the Chair of the meeting. The minutes of the previous meeting were reviewed and accepted.
Moved: Julie Haggie
Seconded: Wendy Duff
Carried.

1. **Disability Support Services Update – Toni Atkinson, Group Manager, Disability Support Services**

In the recent newsletter from Disability Support Services (DSS) the Ministry of Health have asked providers for stories about innovative practice that they are doing to help disabled people. This has been established from one of the Putting People First (PPF) recommendations about recognising innovative and good quality practice from providers and a special edition newsletter will be produced in the New Year highlighting these stories.

**Enabling Good Lives**

Enabling Good Lives (EGL) Christchurch started in 2013 with about 50 high and complex school leavers and was a three year demonstration. About 180 people have taken part in EGL Christchurch to date and it will be finishing in June 2016. An evaluation on the EGL process will also take place in 2016.

**Residential Pricing Model**

It was discussed that currently there are different funding models being used across the country, the Ministry of Health are working with KPMG on establishing a single pricing model for providers. This will ensure more consistency for disabled people accessing this service. One of the key areas the Ministry of Health want to understand is the financial risk and impact for providers and the Ministry, this will ensure when they move to a single pricing model that no one is at a disadvantage. The timeframe for completing this piece of work will be October 2016.

**Internship in the Ministry of Health**

The internship is a 12 week paid employment programme which started in August 2014 and responds to an action in the Disability Action Plan - which is to make all work places open to employing disabled people. This is a rolling programme and the initiative will be looked at for being introduced in other departments in the Ministry.
Low Vision

The Ministry reported to the group that there is no standard or comprehensive package of services for New Zealanders with low vision (these people do not meet the criteria for Blind Foundation support) and that services vary depending on the person’s age and where they live. The Ministry of Health are developing a strategy of support for these people. A reference group will be established and will have representation from people with low vision, low vision service providers, New Zealand Association of Optometrists, New Zealand College of Ophthalmology and other relevant stakeholders such as occupational therapists. The key task for this reference group will be to provide advice on the development of a national model of support.

Carers strategy

The Ministry have contracted with Standards and Monitoring Services (SAMS) who have sub contracted with Parent to Parent to develop the National Carer Learning and Wellbeing Resource. This will be an online suite of information resources for carers, including resources for the safety of carers, managing respite, and flexible working arrangements. Carers NZ has been contracted to develop a National Carer Matching Service which will enable people to find carers in their region, this is particularly useful for people using Individualised Funding (IF).

Purchasing guidelines

An evaluation report on Enhanced Individualised Funding (EIF) in the Bay of Plenty demonstration reported that the Ministry of Health should review the application of the Ministry’s Purchasing Guidelines. The Ministry is aware that there is a lack of clarity and consistency in the way the Guidelines are applied. This means it can be difficult for some people to determine what can be covered by Ministry funding. The review of the Guidelines will look at how to make the Guidelines clearer.

Music video of Pati Umaga

A video clip was shown of SIVA, a new music video directed by Pati Umaga’s (President Elect of Disabled Persons Association) which was funded by the Ministry of Health, Ministry of Social Development and ACC which promotes more inclusion of the disabled community.

2. DSS Annual Quality Report – Stuart Powell, Ministry of Health

Stuart introduced his background and how he came into working in the public health sector.

It was discussed that the 2014/2015 audit and evaluation programme which is the joint responsibility of Disability Support Services (DSS) and National Quality Group (NQG), assesses how well the Ministry’s service providers support the safety and well-being of people with disabilities, and provide recommendations for improvement.
The NQG and DSS ensure services are delivered to their contractual requirements, they have a Programme of Certification, evaluations, issues based audits, no-notice audits, complaints and incidents reporting etc.

In line with the Putting People First (PPF) recommendations, which included “the frequency of evaluations needs to increase and reflect the risk profile of each provider” and “conduct no-notice audits whenever there is sufficient concern that the safety or wellbeing of a disabled person is at risk”, the NQG is developing a schedule so that each service (in particular those not covered by certification requirements) is visited once every three years.

**Table 1** illustrates the routine audits and evaluation:

<table>
<thead>
<tr>
<th></th>
<th>Routine evaluation</th>
<th>Certification audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>Every 3 years</td>
<td>Every 3 to 5 years</td>
</tr>
<tr>
<td>Managed by</td>
<td>NQG</td>
<td>HealthCert</td>
</tr>
<tr>
<td>Derived from</td>
<td>Contract</td>
<td>Legislation</td>
</tr>
<tr>
<td>Subject to</td>
<td>All funded services</td>
<td>Residential services</td>
</tr>
</tbody>
</table>

There was a discussion on how disabled people in residential services can make a complaint. The Ministry of Health is looking into this area and one of the suggestions was for people to identify an advocate on their personal plans who could speak up or communicate on their behalf. It was noted that the advocate should know the person for a period of time (ideally before they are in the residential care) therefore they can observe and are aware of any changes of personality or behaviour.

**Table 2** illustrates the top five issues compared to the previous year’s audit, this is based on providers and services:

<table>
<thead>
<tr>
<th></th>
<th>2014/15</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>People have safeguards</td>
<td>People have safeguards</td>
</tr>
<tr>
<td>2</td>
<td>People choose and realise personal goals</td>
<td>People choose where and with whom they live</td>
</tr>
<tr>
<td>3</td>
<td>People are satisfied with services</td>
<td>People make decisions about their daily routine</td>
</tr>
<tr>
<td>4</td>
<td>People choose where and with whom they live</td>
<td>People have time, space and opportunity for privacy</td>
</tr>
<tr>
<td>5</td>
<td>People make decisions about their daily routine</td>
<td>People experience continuity and security</td>
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</table>

Finding 4 was discussed and it was noted that often people living in group homes may not have the choice of who they live with and often if a person needs to be housed urgently they may not be able to live in an area they want to live in.
In the year 2014/2015 a total of 426 incidents were reported and of these 159 were related to disability support service and 267 were related to High & Complex (H&C) services. This a decrease from last year and there were more incidents relating to Home and Community Support Services (HCSS) reported than in any other year. The Ministry acknowledged that some providers are better at reporting incidents than others. The Ministry of Health has weekly triage meetings to review these reported incidents and identify follow up actions.

The Ministry of Health are working with the police to ensure that when a complaint is made, the person has the correct advocate and that they feel safe to report what has happened.

3. Renewal of the New Zealand Health Strategy – Kathy Brightwell, Ministry of Health

It was discussed with the group how the New Zealand Health Strategy sets the platform for the Government’s action on health. It identifies the Government’s priority areas and aims to ensure that health services are directed at those areas that will ensure the highest benefits for our population, focusing in particular on tackling inequalities in health. The Strategy provides the framework within which District Health Boards and other organisations across the health sector will operate.

The Ministry of Health is consulting on the draft update of the New Zealand Health Strategy from 27 October to 4 December 2015. The current New Zealand Health Strategy was published in 2000 and many of the principles of this strategy still remain a focus but the draft strategy is looking to achieve better results. The 7 original guiding principles remain, with a new principle added: thinking beyond narrow definitions of health and collaborating with others to achieve a person’s wellbeing. This new principle signals the need for new ways of working and challenges the Ministry of Health to evolve from a good health system to a great one.

Priorities include prevention and wellbeing, more integrated services, support for innovation, better collaboration, new ways of working to reach our most vulnerable populations, giving every child a healthy start, and ensuring information and services are more accessible.

The strategy is being developed in conjunction with 2 external reviews recently completed:

1. A review of health system funding which looked at the arrangements to support a high quality health sector that integrates across the social sector and is sustainable in the long term.

2. A review of health system capability and capacity which will help ensure an adaptable and responsive health and disability sector able to support the updated strategy.

The updated Health Strategy will set a new vision and provide a road map for the next 3–5 years for the health sector, which feeds into the 10 year plan. The draft updated Strategy
covers challenges and opportunities for the health system, the future we want, including principles and behaviour that will enable it, and 5 strategic themes:

1. people-powered
2. closer to home
3. value and high performance
4. one team
5. smart systems.

Consultation is open until 4 December.

Discussion forum:
https://futuredirection.health.govt.nz/

4. Funded Family Care – Kate Challis, Acting Manager, Populations Policy, Ministry of Health

Funded Family Care (FFC) is a Ministry of Health-funded support option that was introduced in October 2013 to enable some disabled people with high or very high needs to pay a family member to provide personal care and household management supports.

A year after the policy came into place the Ministry of Health commissioned Artemis Research to carry out an independent evaluation of the implementation of Funded Family Care. Artemis used a mixture of surveys and interviews to see what was working well and what could be improved.

The evaluators sought the views of 45 disabled people and/or their family and whānau carers, along with Needs Assessment and Service Coordination agencies, and organisations that represent disabled people and family and whānau carers.

An additional 100 families who chose not to take up Family Funded Care were also interviewed to identify the reasons they didn’t take up this option, and it was found that many were happy with their existing support arrangements.

The evaluation showed that nearly nine in every ten Funded Family Care families interviewed said that the policy had impacted positively on them. Almost two-thirds of families said Family Funded Care had put their household on a better financial footing and nearly half mentioned improvements to the health of the disabled person or family carer. The formal recognition of
family carers as members of the paid workforce added to their sense of well-being. The evaluation found that almost all Family Funded Care families would recommend the policy to other people in similar circumstances.

From the evaluation it was noted that one of the biggest hurdles was ensuring the disabled person has the capacity to make informed decisions and to fulfil their obligations as an employer of their family member.

The report identified some areas for improvement, and, as a result, the Ministry will make changes to the following areas:

- The Ministry will clarify the role of the advocate and introduce supported decision making for the disabled person.
- The Ministry will continue to raise awareness with disabled people and their carers that Funded Family Care may be an option to consider for those eligible.
- The Ministry is also looking at ways to make the application process easier as some people found the process difficult.
- The Ministry will make the process of informed consent and supported decision making easier and clearer.
- The report indicated that some families wanted a decrease in follow-up monitoring. Therefore, there will be a decrease from monthly visits for the first six months of the arrangement, to one visit in the first month, and annual reassessments thereafter.
- The evaluation showed that four in every five said that Funded Family Care payments were going well and had no particular issues. However, the Ministry is looking at its processes to address some issues including the use of unused funds and payment of Kiwisaver.

Link to the independent evaluation report.


5. Waikato Enabling Good Lives – Christine Potts, Joint Director, EGL Demonstration Waikato.

Enabling Good Lives (EGL) is about the disability community and the Ministry of Health, Ministry of Education and Ministry of Social Development working together. EGL focuses on increasing choice and control for the disabled person and families, which is a new way of doing things that has the disabled people and families leading the approach.

In July 2015 EGL contacted disabled people, family and whānau who were interested in joining EGL Waikato. Tuhono/ Connectors have been working with 41 disabled people to assist them in
planning their goals and lives. In October and December another 45 participants will be taking part in EGL Waikato.

There are four key themes that are woven through all the EGL Waikato work:

1. Disabled people, whānau and families find the system easy to use – one set of principles, one person, one plan, one pool of funding and one evaluation.
2. Disabled people, families and whānau choose who will guide them through the planning and funding process.
3. Community building is culturally respectful and woven through each action area.
4. The sector is strengthened with a focus on building the leadership of disabled people, families and whānau and working with providers to develop culturally respectful and creative approaches to individual support.

People in EGL have reported that some of the positive results are having control, making their own decisions on their lives, making connections for funding and resources and being heard and assisted in making big life changes.

It was noted in the discussion, that some of the challenges from EGL Waikato was the high demand from people wanting to make big life changes and people not getting as much money as they needed to make those changes.

**6. DSS Operational Updates – Barbara Crawford, Contracts Manager, Ministry of Health**

**Engagement Guidelines**

The Ministry of Health and Disabled People’s Organisations (DPOs) are putting together practical advice on how to engage with people with disabilities which will be available for the Ministry of Health, other government departments, DHBs, disability providers, local bodies, schools and other agencies. It was discussed that the Engagement Guidelines could help to reduce barriers for disabled people and ensure they can fully participate in their community.

The Engagement Guidelines will be available electronically on the Ministry of Health’s website. The Guidelines will include practical considerations, some examples are venue hire, hearing loops, text size on documents and how to book sign interpreters.

**Service Specification Update**

DSS is implemented the new government streamlined contracting framework. **Phase 1** has been completed which involved working with a few providers who had multi contracts with the government and trying to reduce this one contract for them.
Phase 2 – Service specifications for the following services have been updated and will be implemented in December 2015.

- Day Activities
- Home and community support services
- Community residential
- Children’s residential
- RIDSAS
- Foster care
- Contract board

Phase 3 – Service specifications for the following services have been updated and will be implemented in 2016.

- Younger persons in aged care
- Respite
- Children’s respite
- Supported Living
- NASC and DIAS will be implemented after their review in September 2016
- 28 Services with small numbers of contracts will be updated as contracts are renewed.

It was discussed that part of the phase 3 implementation, providers will report using the new outcome measures with the new reporting template. In January to June 2016 the Outcome Agreement Management Plans (OAMP) will be trialled with 10 providers before it can be used nationwide. OAMP is an agreement between the provider and the Ministry about how the contract will be managed, this could include; frequency of meetings, who needs to attend, etc.

7. General Business

Updates from the group members:

Putting People First

- Hamish Tavner is presenting the award Leona Gitman self-advocacy award at the amazing disabled conference in Wellington.
- National Leadership and AGM in Auckland.
- People First are hoping to attend the International Association for the Scientific Study of Intellectual and Developmental Disabilities in Melbourne next year.
- Robert Marsan is attending a UN forum on Information and Technology speaking on People First’s easy read translation service and ensuring disabled people have their say.
DPA

- There is a restructure going on in DPA with a new acting CEO Waddy Wadworth.
- They are seeking a policy person.

Flava Ora

- Holding disability workshops across the country about engaging with Pacific people with disabilities.
- Developed a resource for church leaders, to encourage integration of Pacific disabled people into the Pacific community.

Te Ao Marama

- There was a refresh of members on this group and they held their first meeting this week.

New Zealand Disability Support Network

- Equal pay negotiations are under way
- Doing a work force survey with Te Pou
- Provider development programme for 2016, which is a series of workshops
- Working with providers regarding cultural awareness
- CEO forum (Leadership)
- Our website is being updated
- NZDSN are working with Careerforce on refreshing of the qualifications for people working in the employment support area. Next year we will be able to update you on the qualifications and pathways.

Consumer Consortium

- Director General of Health Chia Chuah and the Honourable Minister Peseta Sam Lotu-liga, Associate Minister of Health are attending the upcoming meetings.

Home and Community Health

- In between travel time ready for implementation 1 March 2016. The bill is with Parliament.
- We are waiting on the report from the Director Generals reference group in relation to In between travel which is expected in 2016.
- Employment standards legislation bill, which could affect people on Individualised Funding, regarding cancelation of shifts and the amount of notice given.
Unitech are doing a literature review on medication administration.

There was a review of the day’s discussion and suggested agenda items for the next meeting. **The next meeting is scheduled for June 2016.**

**Agenda items for next meeting**

- Maori Action Plan

The Meeting closed at 2.55pm.