## Counties Manukau District Health Board
### Disability Support Advisory Committee Meeting Agenda

**Wednesday, 26\(^{th}\) March 2014 at 3.30pm – 4.30pm, Manukau Board Room, Lambie Drive**

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Page No</th>
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</thead>
<tbody>
<tr>
<td>3.30pm</td>
<td>1. Welcome</td>
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<tr>
<td>3.30pm – 3.40pm</td>
<td>2. Governance</td>
<td>1-4</td>
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<tr>
<td>3.30pm – 3.40pm</td>
<td>2.1 Attendance &amp; Apologies</td>
<td>5</td>
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<tr>
<td>3.30pm – 3.40pm</td>
<td>2.2 Disclosure of Interests/Specific Interests</td>
<td>6-9</td>
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<tr>
<td>3.30pm – 3.40pm</td>
<td>2.3 Acronyms</td>
<td>10</td>
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<tr>
<td>3.30pm – 3.40pm</td>
<td>2.4 Confirmation of Previous Minutes (26 February)</td>
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<tr>
<td>3.30pm – 3.40pm</td>
<td>2.5 Action Items Register</td>
<td></td>
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<tr>
<td>3.40pm – 4.05pm</td>
<td>3. Presentation</td>
<td></td>
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<tr>
<td>3.40pm – 4.05pm</td>
<td>3.1 Be.Accessible – Minnie Baragwanath</td>
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<td>4.05pm – 4.15pm</td>
<td>4. Updates</td>
<td>11-20</td>
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<td>4.05pm – 4.15pm</td>
<td>4.1 Disability Advisory Group – update on direction of DAG – Ezekiel</td>
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<td>4.05pm – 4.15pm</td>
<td>4.2 Health Passports – Martin Chadwick</td>
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<td>4.15pm – 4.30pm</td>
<td>5. CMH Disability Action Plan/Driver Diagram</td>
<td>21-22</td>
</tr>
</tbody>
</table>

Next Meeting: Wednesday 16\(^{th}\) April 2014, Lambie Drive
# BOARD MEMBERS’ DISCLOSURE OF INTERESTS

26th March 2014

<table>
<thead>
<tr>
<th>Member</th>
<th>Disclosure of Interest</th>
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</thead>
</table>
| Dr Lee Mathias    | • MD Lee Mathias Limited  
• Trustee, Lee Mathias Family Trust  
• Trustee, Awamoana Family Trust  
• Chair Health Promotion Agency  
• Deputy Chair Auckland District Health Board  
• Director, Pictor Limited  
• Director, iAC Limited  
• Advisory Chair, Company of Women Limited  
• Director, John Seabrook Holdings Limited |
| Sandra Alofivae   | • Chair of the Auckland South Community Response Forum (MSD appointment)  
• MSD Member, Auckland Social Policy Forum, Auckland Council  
• Member, Fonua Ola Board  
• Appointed to the Ministerial Forum on Alcohol Advertising & Sponsorship |
| David Collings    | • Chair, Howick Local Board of Auckland Council  
• Member Auckland Council Southern Initiative |
| Colleen Brown     | • Chair Parent and Family Resource Centre Board (Auckland Metropolitan Area)  
• Member of Advisory Committee for Disability Programme Manukau Institute of Technology  
• Member NZ Down Syndrome Association  
• Husband, Determination Referee for Department of Building and Housing  
• Chair, Early Childhood Education Taskforce for COMET  
• Member, Manurewa Advisory Group  
• Member, Child Advocacy Group – Manukau  
• MSD Member, Auckland Social Policy Forum, Auckland Council  
• Deputy Chair, Auckland City Council Disability Strategic Advisory Group  
• Chair ECE Implementation Team Auckland South |
<table>
<thead>
<tr>
<th>Name</th>
<th>Positions and Roles</th>
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</thead>
</table>
| George Ngatai    | • Arthritis NZ – Kaiwhakahaere  
• Chair Safer Aotearoa Family Violence Prevention Network  
• Director Transitioning Out Aotearoa  
• Director BDO Marketing |
| Dianne Glenn     | • Member – NZ Institute of Directors  
• Member – District Licensing Committee of Auckland Council  
• Member – Auckland Conservation Board  
• Life Member – Business and Professional Women Franklin  
• President – National Council of Women Papakura/Franklin Branch  
• Member – UN Women Aotearoa/NZ  
• Vice President – Friends of Auckland Botanic Gardens and Member of the Friends Trust  
• Member – Friends of Regional Parks  
• Life Member – Ambury Park Centre for Riding Therapy Inc.  
• CMDHB Representative - Franklin Health Forum/Franklin Locality Clinical Partnership |
| Reece Autagavaia | • Executive Member, Pacific Lawyers’ Association  
• Member, Labour Party |
| Sefita Hao’uli   | • Trustee Te Papapa Pre-school Trust Board  
• Deputy Chair: Anau Ako Pasifika Inc. (Pacific ECE provider)  
• Member Tufungalea Tonga Inc. (Promoting and Growing Lea Tonga)  
• Member Tonga Business Association & Tonga Business Council  
Advisory roles:  
• Counties Manukau District Health Board  
• Toko Suicide Prevention Project (Ministry of Health)  
• Tala Pasifika (NZ Heart Foundation Pacific Tobacco Control)  
• (On short-list for the Pacific Advisory Board, Auckland Council)  
• Primary ITO & MBIE: Ola e Fonua Project.  
Consultant:  
• Government of Tonga: Manage RSE scheme in NZ  
• Alliance Health: Community Engagement & Communication Advice.  
• Ministry of Business Innovation and Employment: Policy Advice and Leadership Training |
| Ezekiel Robson                                      | • Auckland Council Disability Strategic Advisory Group  
|                                                | • Department of Internal Affairs Community Organisation Grants Scheme Papakura/Franklin Local Distribution Committee  
|                                                | • Be.Institute/Be.Accessible ‘Be.Leadership 2011’ Alumni  |
| Wendy Bremner                                     | • CEO Age Concern Counties Manukau Inc  
|                                                | • Member of Auckland Social Policy Forum  
<p>|                                                | • Member of Health Promotion Advisory Group (7 Age Concerns funded by MOH)  |</p>
<table>
<thead>
<tr>
<th>Director having interest</th>
<th>Interest in</th>
<th>Particulars of interest</th>
<th>Disclosure date</th>
<th>Board Action</th>
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<td>Abbreviation</td>
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<td>ACC</td>
<td>Accident Compensation Commission</td>
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<td>ADU</td>
<td>Assessment and Diagnostic Unit</td>
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<td>ARDS</td>
<td>Auckland Regional Dental Service</td>
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<td>BT</td>
<td>Business Transformation</td>
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<td>CADS</td>
<td>Community Alcohol, Drug and Addictions Service</td>
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<td>CAMHS</td>
<td>Child, Adolescent Mental Health Service</td>
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<td>CNM</td>
<td>Charge Nurse Manager</td>
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<td>CT</td>
<td>Computerised Tomography</td>
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<td>CW&amp;F</td>
<td>Child, Women and Family service</td>
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<td>DNA</td>
<td>Did not attend</td>
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<td>ESPI</td>
<td>Elective Services Performance Indicators</td>
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<td>FSA</td>
<td>First Specialist Assessment (outpatients)</td>
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<td>FTE</td>
<td>Full Time Equivalent</td>
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<td>ICU</td>
<td>Intensive Care Unit</td>
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<td>iFOBT</td>
<td>Immuno Faecal Occult Blood Test</td>
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<td>MHSG</td>
<td>Mental Health service group</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MTD</td>
<td>Month To Date</td>
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<td>MOSS</td>
<td>Medical Officer Special Scale</td>
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<td>OHBC</td>
<td>Oral health business case</td>
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<td>ORL</td>
<td>Otorhinolaryngology (ear, nose, and throat)</td>
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<td>PACU</td>
<td>Post-operative Acute Care Unit</td>
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<td>PHO</td>
<td>Primary Health Organisation</td>
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<td>PoC</td>
<td>Point of Care</td>
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<td>SCBU</td>
<td>Special care baby unit</td>
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<td>SMO</td>
<td>Senior Medical Officer</td>
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<td>SSU</td>
<td>Sterile Services Unit</td>
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<td>TLA</td>
<td>Territorial Locality Areas</td>
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<td>WIES</td>
<td>Weighted Inlier Equivalent Separations</td>
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<td>YTD</td>
<td>Year To Date</td>
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Minutes of the meeting of the Counties Manukau Health

Disability Support Advisory Group
Wednesday 26 February 2014

held at Counties Manukau Health Boardroom, 19 Lambie Drive, Manukau
commencing 3.30pm

COMMITTEE MEMBERS PRESENT:
   Dr Lee Mathias (Board Chair)
   Ms Colleen Brown (Committee Chair)
   Mr George Ngatai
   Ms Dianne Glen
   Apulu Reece Autagavaia
   Mr Sefita Hao’uli
   Ms Wendy Bremner

ALSO PRESENT:
   Mr Geraint Martin (Chief Executive)
   Mr Benedict Hefford (Director, Primary Health & Community Services)
   Ms Karyn Sangster (Chief Nursing Advisor, Primary & Integrated Care)

APOLOGIES:
   Apologies were received and accepted from Mr Ezekiel Robson, Ms Sandra Alofivae, Mr David Collings and Mr Martin Chadwick (Director Allied Health).

WELCOME
   The Committee Chair welcomed those present.

2.2 DISCLOSURE OF INTERESTS

   The Disclosures of interests were noted with no changes.

2.2 SPECIFIC INTERESTS

   There were no specific interests to note with regard to the agenda for this meeting.

2.3 ACRONYMS

   Noted the acronym list was considered too lengthy. A shortened version will be adopted for future meetings. Acronyms specific to a particular paper will be set out as a glossary at the beginning of the paper and then normal academic practice will follow.
3. PRESENTATION

Drivers of Disability in our Population

Dr Doone Winnard provided this powerpoint presentation. A copy of the presentation is available on request from the CMDHB Board Sub-Committee secretary.

Some of the matters highlighted during the presentation were:

- Better statistics required on our Asian/South Asian populations.
- More gender specific statistics would be useful in any future presentations.
- Ascertain where dementia sits – under the heading Intellectual or Psychiatric/Psychological.
- Definition of ‘disability’ and who makes that determination – currently based on self identification and coding from Outpatients.
- We are likely to see more disabled facilities built around our region as the Wilson Centre changes it’s model to smaller community housing.
- Presentation to be updated to DiSAC in six months time with updated MoH information.

4. CMH DISABILITY ACTION PLAN

Noted this document is a work in progress and comes to this committee from the previous Disability Advisory Group (DAG).

Noted that Ms Dianne Glen will provide the Director of Allied Health with a copy of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) – NZ Convention Coalition Monitoring Group Report 2012 in which there are several recommendations to the UN CRPD Monitoring Committee for DHBs.

Resolution (Moved Ms Wendy Bremner/Seconded Ms Dianne Glen)

That the Disability Action Plan is discussed further with the Director of Allied Health for further direction.

Carried

5. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (Moved Ms Colleen Brown/Seconded Dr Lee Mathias)

That in accordance with the provisions of Schedule 3, Clause 32 and Sections 6, 7 and 9 of the NZ Public Health and Disability Act 2000:

The public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

<table>
<thead>
<tr>
<th>General Subject of items to be considered</th>
<th>Reason for passing this resolution in relation to each item</th>
<th>Ground(s) under Clause 32 for passing this resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Minutes of the Meeting of DAG 20.11.13 with public excluded</td>
<td>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under</td>
<td>Confirmation of Minutes For the reasons given in the previous meeting.</td>
</tr>
</tbody>
</table>
2. Action Items Register

That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.  

[NZPH&D Act 2000 Schedule 3, S32(a)]

**Confirmation of Action Items Register**

For the reasons given in the previous meeting.

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**Carried**

4.55pm – 5.10pm – Public excluded session.

6.1 CONFIRMATION OF PREVIOUS MINUTES

Confirmation of the Minutes of the Counties Manukau Health Disability Advisory Group meeting held on 20 November 2013 (agenda pages 33-34).

Resolution (Moved Ms Wendy Bremner/Seconded Ms Colleen Brown)

That the minutes of the Counties Manukau Health Disability Advisory Group meeting held on 20 November 2013 be approved.

**Carried**

6.2 ACTION ITEMS REGISTER

Resolution (Moved Ms Colleen Brown/Seconded Ms Dianne Glen)

The Action Items Register of the Counties Manukau Health Disability Support Advisory Group will be discussed further with the Director of Allied Health for further direction.

**Carried**

Resolution (Moved Ms Colleen Brown/Seconded Dr Lee Mathias)

That the committee move out of Confidential.

**Carried**

5.10pm – Open meeting resumed.

The Committee Chair thanked those present for their participation in the meeting.
The meeting concluded at 5.15pm.

Signed as a correct record of a meeting of Counties Manukau Health’s Disability Advisory Support Group meeting held 26 February 2014.

Chair

Ms Colleen Brown
## Disability Support Advisory Group Meeting
### Summary of Action Items as at 26\textsuperscript{th} March 2014

<table>
<thead>
<tr>
<th>NO.</th>
<th>DATE ITEM ADDED</th>
<th>ITEM</th>
<th>DETAIL</th>
<th>RESPONSIBILITY (GM/ADVISORY COMMITTEE)</th>
<th>COMMENTS/UPDATES</th>
<th>FOR REGIONAL MEETING</th>
<th>WHEN COMPLETE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>July 2011</td>
<td>Health Literacy</td>
<td>How do we make information explicit to individuals</td>
<td>Martin Chadwick</td>
<td>March - Franklin April – East May – Manukau June – Mangere/Otara</td>
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<td>2.</td>
<td>Aug 2011</td>
<td>Policies</td>
<td>That policies need to be sent for review to DiSAC before implementation of policy and the Committee to receive a brief analysis to be put in papers for following meeting.</td>
<td>M Chadwick</td>
<td>Ongoing</td>
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<td>3.</td>
<td>November 2012</td>
<td>Wayfinding</td>
<td>Further update on Wayfinding</td>
<td>Janet Kamau</td>
<td>TBA</td>
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<td>4.</td>
<td>February 2012</td>
<td>Stroke guidelines</td>
<td>Information on the CMDHB stroke unit rehab project</td>
<td>M Chadwick (Dana Ralph-Smith)</td>
<td>TBA</td>
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<td>5.</td>
<td>February 2012</td>
<td>Dignified patient handling</td>
<td>Further update in June including info on staff training</td>
<td>M Chadwick (Denise Kivell)</td>
<td>TBA</td>
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<td>6.</td>
<td>March 2012</td>
<td>Whaanau ora</td>
<td>How does Whaanau Ora work to meet the needs of the disability communities and health of older people</td>
<td>M Chadwick</td>
<td>TBA</td>
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<td>7.</td>
<td>26 February 2014</td>
<td>Drivers of Disability in our Population</td>
<td>Updated presentation from Dr Doone Winnard</td>
<td>Martin Chadwick</td>
<td>July 2014</td>
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Counties Manukau District Health Board
Disability Advisory Group Action Areas/Ideas

Recommendation

It is recommended that the Disability Support Advisory Committee receive the report below.

Prepared and submitted by: Ezekiel Robson

Disability Advisory Group Action Areas / Ideas - draft

- Address health disparities between disabled and non-disabled who have a “narrower margin of health because of poverty and other social determinants, and / or secondary health conditions such as pressure sores.” – US CDC
  - Awareness training to address mis-attribution of illness, unnecessary Rx, admissions etc. especially around those with intellectual impairments.
  - Projects which reflect priorities and aspirations of disabled Maori and Pacific peoples

- Preventative focus on population health issues
  - Diabetes, smoking, rheumatic fever, asthma, stroke, arthritis, violence causing illness or further disability
  - Training in disability rights, supported decision making, advanced directives

- Service and facility access – accessible journey. E.g.
  - Physical accessibility of mobile services to address lower rates of preventative screenings
  - Health promotion campaigns include disabled people, and information is in accessible formats
  - Equitable access to mainstream health initiatives such as vaccination programmes

- Communication and information exchange in preferred formats (usability and accessibility)
  - Piloting of the Health Passport, and other methods of medical records being available in accessible formats
  - Review of systems to minimise overruling of advanced directives or families being advised to terminate life support for people with intellectual impairments who had serious but still treatable illnesses, e.g. pneumonia

- Identifying and working with organisational Champions
  - Disability Strategy champions are individuals, who irrespective of whether they have a disability or not, play an instrumental role in advancing the Strategy within their agency or across government.
  - Dedicated staff resource – e.g. Disability Advisors at senior management level

- Systemic change
  - Facilitate consumer / stakeholder engagement in service planning and implementation, and feedback on service quality and reviews
  - Pro-active HR policies e.g. positive recruitment targets, guaranteed interview ‘tick’ scheme. See WDHB Recruiting & Retaining Employees with Disability policy
  - Strategic collaboration e.g. hA, NDSA, PHOs, with DISAC and Funding & Planning components of ADHB-WDHB
Set and Implement a Vision

- Board Statement of Intent
- District Strategic Plan
- District Annual Plan
- DISAC
  - Disability Action Plan
  - Our duties to plan, advise, monitor progress e.g. reports, dashboards, and make recommendations
- Management: consultation, make policies, service planning and delivery, evaluation

Aligned with NZ strategies/plans
- Whaia Te Ao Marama
- Faiva Ora National Pasifika Disability Plan
- Health Indicators for NZ’ers with Intellectual Disability
“Ideas for improvement”

• Piloting of the Health Passport, and other methods of medical records being available in accessible formats
• Awareness training to address mis-attribution of illness, unnecessary Rx, admissions etc.
• Health promotion campaigns include disabled people, and information is in accessible formats
• Equitable access to mainstream health initiatives such as vaccination programmes

Disability Rights in Aotearoa New Zealand 2012 – A systemic monitoring report on the human rights of disabled people in Aotearoa New Zealand
“Ideas for improvement”

• Physical accessibility of mobile services to address lower rates of preventative screenings

• Review of systems to minimise overruling of advanced directives or families being advised to terminate life support for people with intellectual impairments who had serious but still treatable illnesses, e.g. pneumonia

• Training in disability rights, supported decision making, advanced directives

Disability Rights in Aotearoa New Zealand 2012 – A systemic monitoring report on the human rights of disabled people in Aotearoa New Zealand
CMH Disability Action Plan

• Preventative focus on population health issues
  – Diabetes, smoking, rheumatic fever, asthma, stroke, arthritis, violence causing illness or further disability

• Address health disparities between disabled and non-disabled
  – who have a “narrower margin of health because of poverty and other social determinants, and / or secondary health conditions such as pressure sores.”

  US Centre for Disease Control

• Effective ‘accessible journey’ to services/facilities
• Systems for communicating, sending / receiving info in accessible, preferred formats / languages
CMH Disability Action Plan

• Staff Disability Awareness / Responsiveness Training
• Pro-active HR policies e.g. positive recruitment targets, guaranteed interview ‘tick’ scheme
  
  *e.g. WDHB Recruiting & Retaining Employees with Disability policy*

• Facilitate consumer / stakeholder engagement in service planning and implementation, and feedback on service quality and reviews

• Reflect aspirations of disabled Maori and Pacific peoples

• Strategic collaboration e.g. hA, NDSA, PHOs, ADHB-WDHB (DISAC, and Funding & Planning)

• Dedicated staff resource – e.g. Disability Advisors at senior management level
“Recommendations to Govt”

• Article 21 Freedom of expression and opinion, and access to information
  – R20 That all government agencies ensure their own and government funded initiatives, for which they are responsible, comply with the Government Web Standards for accessibility and other accessible information and communication requirements.
  – R21 That the Government Web Standards become mandatory for all territorial authorities, District Health Boards, other Crown entities, and organisations receiving substantial government funding.

“Recommendations to Govt”

• Article 25 Health
  – That the Minister of Health direct District Health Boards, under the Public Health and Disability Act, to prepare and implement annual UNCRPD plans, working in collaboration with Disabled Peoples’ Organisations.

  … to ensure consistency in the way that disability issues and disabled people themselves are treated by DHBs and all publicly funded and/or contracted health services around the country.

Disability Rights in Aotearoa New Zealand 2012 – A systemic monitoring report on the human rights of disabled people in Aotearoa New Zealand
Next steps … (draft)

• DISAC recommends to the Board that a comprehensive community engagement strategy involving DISAC, Disabled People’s Organisations and their supporters is developed resulting in a robust CMH Disability Action Plan, underpinned by the principles of the UNCRPD.
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Recommendation

It is recommended that the Disability Support Advisory Committee:

- **Note** the work carried out by the previous Disability Advisory Group committee on this driver diagram.
- **Consider** specific change concepts that can help change the secondary drivers, this will form the basis of a second workshop.
- **Provide** feedback on the driver diagram.

*Prepared and submitted by:* Martin Chadwick, Director of Allied Health

From the work from our previous workshop, the suggestions and ideas that were raised and prioritises have now been put into what is called a driver diagram. In essence this tries to capture what the main goal or problem is, which is: We need to have a higher visibility and responsiveness as an organisation to the needs of the disability and older persons community.

As you start to move to the right in the diagram (see below), identified are the primary things that are contributing to this. These are your primary drivers.

As you continue to move to the right there are the secondary drivers that contribute to the primary drivers. All of this information was pulled from the feedback gained during the first session.

The intent is to try to break it down to points to see if something was changed that it would make a tangible difference to this point and then would start to build up to be a positive mirror image of what the current problem is.

The next step in this process is to look at specific change concepts that can help change the secondary drivers. This will form the basis of the second workshop.
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<thead>
<tr>
<th>Problem/Goal</th>
<th>1st Driver</th>
<th>2nd Driver</th>
<th>Change Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMH is responsive to the specific needs of the disabled and older persons communities</td>
<td>Lack of Consumer Health Literacy</td>
<td>Information provided is often not culturally appropriate</td>
<td>Lack of education in schools around disability issues</td>
</tr>
<tr>
<td></td>
<td>Lack of Clinician Literacy</td>
<td>Limited information around advocacy for disability communities</td>
<td>Need to make patient the expert</td>
</tr>
<tr>
<td></td>
<td>Lack of Community Dialogue</td>
<td>No celebration of disabilities within the workplace</td>
<td>Limited availability of education pertaining to disability issues</td>
</tr>
<tr>
<td></td>
<td>Lack of statistics Specific to Disabled communities</td>
<td>Lack of opportunities to purposefully engage with the disabled/older persons communities</td>
<td>Lack of purposefulness around collecting information on services available</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of a Health Needs Assessment specific to the disabled community</td>
<td></td>
</tr>
</tbody>
</table>