Northern Sydney Local Health District

Disability Action Plan 2011-2016

Enhancing the strength and Impact of our Local Health District

Please Note: This plan is available in alternative formats on request.
Leaders in healthcare… Partners in community wellbeing

July 2012
November 2013 (Revised)

NSW GOVERNMENT Health Northern Sydney Local Health District

Northern Sydney Local Health District
Disability Action Plan:
2011-2016

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Chief Executive's Message

The Northern Sydney Local Health District (NSLHD) Disability Action Plan (DAP) identifies priority actions and responsibilities to be implemented by 2016. Many of the actions are ongoing in nature and part of core health business which must respond to the ageing of the population and the recognition that about 20% of the population report having some level of disability.

The NSLHD DAP is designed to help us reduce barriers and better meet the needs of people with disabilities. It reflects concerns identified in an extensive consultation process by a range of local and state government organisations and community agencies and from clinicians and staff of the NSLHD.

A common theme in the consultation feedback was that the plan must be actively implemented as part of core business. As a result the NSLHD Disability Action Plan Steering Group has been established to oversight the implementation process. This group consists of senior members of the NSLHD executive and staff and a number of community representatives.

The group's first actions were to assign executive sponsors for each priority action area and allocate actions to key Managers and Executive Members. The performance criteria of the DAP were aligned with the National Standards for Accreditation, which provides a clear mechanism for implementation and monitoring as part of core business.

The NSLHD Board developed and released the NSLHD Strategic Plan 2012 to 2016 which outlines the strategic directions for the LHD. Enhancing the strength and impact of our Local Health District is One of the Three strategic priorities.

The DAP is reflected in this priority through the improvement of community and patient experience and the development of strategic relationships with a range of service providers and non-government organisations to achieve a system wide improvement for those with a disability.

NSLHD will continue to improve our services for patients and Carers by listening and acting upon the feedback we receive, involving them in decision making and by building and strengthening partnerships with our consumers, Carers, general practitioners, and the government and community agencies.

NSLHD has recognised the importance of learning from our patients' and Carer's experiences to identify the most effective means of improving their journey through the health care system and involve them in decision making. The DAP is an example of such an approach adopted to achieve positive patient outcome.

Adj. Associate Prof. Vicki Taylor
Chief Executive
Northern Sydney Local Health District

Date: 20-11-2013

Table of Contents

1 Introduction

Approximately one in five Australians currently report having a disability. This includes people of all ages and cultural backgrounds. As the population ages the number of people living with disabilities will increase.

A person's disability may be a lifelong condition or acquired later in life as a result of injury or medical condition. It may be chronic or episodic in nature. Disabilities may also be age related, such as arthritis or may arise from conditions such as dementia, heart failure or cancer in the last years of a person's life.

The way a person's particular disability impacts on their lives can vary enormously depending on the nature and extent of their condition and the degree to which the community they live in enables them to function independently and access services.

People living with a long term disability may also have acute health and longer term chronic illnesses associated with their disability or specific physical problems that bring them into contact with health services.

The impact of disabilities on individuals can be increased by environmental factors which are avoidable. For example, negative attitudes about disability, lack of involvement of people with disabilities in making decisions about their care, poor physical access to buildings, or incorrect assumptions about the employability of someone with a disability can make the disability or impairment more disabling.

It is important that our health services and staff are respectful, flexible, and adaptable in our work to meet the needs of all people with disabilities, and their Carers, families and support systems.

Under the Disability Services Act (NSW) 1993, NSLHD is required to develop a Disability Action Plan. The NSLHD Disability Action Plan 2011 - 2016 builds on Disability Action Plan 2010 - 2015 of the former Northern Sydney and Central Coast Area Health Service and follows extensive consultation with consumers, Carers, key stakeholders and staff. It considers NSW government initiatives and policy direction, and achievements to date within the LHD or as part of the previous Area Health Service.

The Plan sets the direction to the year 2016 and outlines the actions that need to be taken within NSLHD and in partnership with others, to improve access for people with disabilities and Carers to our services, programs and facilities.

The NSLHD Disability Action Plan needs to be read and implemented together with the NSLHD Strategic Plan (SP 2012) and Clinical Services Plan (CSP 2012). These plans emphasise the need for models of care which are patient centred and set the strategic directions for services within the NSLHD to 2016. The active implementation of these plans is critical to address the needs of people with disabilities to ensure that health services are more accessible, appropriate, easy to navigate, integrated and supported by partnerships and collaboration with other service providers.

2 Context

2.1 Northern Sydney Local Health District

The NSLHD is one of fifteen local health districts in NSW. NSLHD is responsible for the provision of public health care services to residents and other eligible people within the geographic area covered by its eleven constituent local government areas (LGAs).

NSLHD was established in July 2011 as part of the national health reform. Prior to 2011 the health district was part of an amalgamated area health service for Northern Sydney and Central Coast. Some of the issues, achievements and actions identified in this plan relate to the former area health service. Though NSLHD is now a separate entity, these are included when relevant to the new organisation.

Map of NSLHD including LGAs and major facilities

2.2 Geography

The area covers 646 square kilometres, including long-established and relatively prosperous suburbs, some national parks and state forests. NSLHD encompasses 11 LGAs and is divided into three health services:

- Hornsby Ku-ring-gai Health Service (HKHS): Hornsby and Ku-ring-gai LGAs
- Northern Beaches Health Service (NBHS): Manly, Pittwater and Warringah LGAs
- North Shore Ryde Health Service (NSRHS): Hunter's Hill, Lane Cove, Mosman, North Sydney, Ryde and Willoughby LGAs.

2.3 Facilities

The District is serviced by five acute hospitals, an acute and subacute psychiatric facility, and nearly 90 community health facilities including community health centres (CHCs) and Early Childhood Health Centres.

Three facilities are operated by affiliated health organisations: the Royal Rehabilitation Centre Sydney (RRCS) at Putney; and two facilities operated by HammondCare Health & Hospitals (HHH) Greenwich Hospital and Neringah Hospital at Wahroonga. The specialist disability services provided by RRCS are detailed in appendix 9.

2.4 Non-Government Organisations

Non-government organisations (NGOs) perform a valuable role in the delivery of health welfare and disability services to the community in partnership with government agencies. They make major contributions to people’s health and well being by maximising access, particularly for those individuals who would not otherwise access mainstream services, by building community capacity and identifying health needs.

NSLHD has had close working relationships with a range of NGO services through the NSW Health NGO Grant Program. In 2010/11 this program administered 26 grants to not for profit NGOs in Northern Sydney. These NGOs provide a broad range of statewide and local services addressing mental health issues, information and support for specific conditions or illnesses, drug and alcohol services including health promotion and residential rehabilitation, supported accommodation and other services for people with mental illness, and a dental service.

A recent review of the NSW Health NGO Grant Program issued a final Recommendations Report in July 2010. This is expected to change some of the governance arrangements for the program with some grants to be administered at a statewide level while others will continue to be administered locally. However it is not expected to change the delivery of the services.

In addition to the health funded NGOs there a number of services provided to people with disabilities such as the Cerebral Palsy Alliance and Sunnyfield. The Cerebral Palsy Alliance formerly known as the Spastic Centre is located in Allambie Heights and provides a range of therapy and support services for children and young people with cerebral palsy including group programs. Group programs, assessment, advisory and support services are provided for adults as are some supported

employment services and community living arrangements. The Centre also provides a statewide program providing mobility advice and assistance.

Sunnyfield provides specialist support, housing, employment services, aged care and day programs for people with intellectual disabilities who may also have a secondary physical or other disability. Sunnyfield services are located at Allambie Heights and Chatswood.

Autism Spectrum Australia (Aspect) is a national not-for-profit autism specific service provider and is located in French's Forest. It provides information, diagnosis and assessment, behaviour support, early intervention and schools and provides services to children, adolescents and adults including parents and families.

In addition to these services the New Horizons service located in Ryde provides accommodation and employment opportunities to people who are seriously disabled by mental illness.

The Ageing Disability and Home Care (ADHC) NGO sector play a significant role in the care of people in the community who have a disability - there are over 500 organisations.

3 The Communities of NSLHD

3.1 Population Profile

The population of NSLHD in 2010 was estimated at 831,735 people and is projected to grow between 2010 and 2020 by 65,402 or 7.9% to 897,138 people. Population growth in North Shore Ryde and Hornsby Ku-ring-gai is estimated at 8.6% while Northern Beaches is expected to have lower growth rate of 6.0%. While the District is expecting growth of 27% for people aged 70 to 84 years and 21% for people 85 years and older, this growth will be greatest in Hornsby Ku-ring-gai and North Shore Ryde.

3.1.1 People with disabilities

People with disabilities face social, architectural, environmental and/or attitudinal barriers that can restrict their ability to participate fully in society. People with disabilities may come into contact with the health service in a variety of ways including management of health issues relating to the disability, for other acute or chronic conditions, or as participants in community programs. People with disabilities may also have contact with health services as employers and employees.

Some population groups warrant additional consideration in that they have higher rates of disability or social circumstances which place them at further disadvantage. Of particular note are people from Aboriginal and culturally and linguistically diverse (CALD) backgrounds, children in out of home care and women.

Disability action planning also applies to groups who are not necessarily classified as having a disability. For example, people with reading difficulties or low literacy may also experience difficulty accessing health information and need access to information in plain English or using pictures. Other groups may face similar disabling difficulties and stigma as people with disabilities as defined above. People living with a mental illness or HIV/AIDS may be considered in this category.

3.1.2 Defining disability

Some major disabilities include:

- **Physical disabilities:** such as spinal cord injury, arthritis, cerebral palsy, acquired brain injury (ABI), multiple sclerosis and a number of other conditions of the muscular, nervous and respiratory systems. These conditions tend to result in some degree of restricted activity in the areas of mobility and manipulation, such as restricted arm and hand movements and communication.
- **Intellectual disabilities:** include conditions caused by various genetic disorders and infections. These conditions result in a limitation or slowness in an individual's general ability to learn and difficulties in communicating and retaining information. There are many types of intellectual disability with varying degrees of severity.
- **Mental Health impairment:** may result from underlying medical conditions such as schizophrenia, Bi-Polar disorder, phobias and neuroses. People with mental health illnesses vary greatly in their needs for assistance. A proportion of individuals with mental illness experience severe and persistent symptoms which impact on their ability to function within the community.
- **Autism Spectrum Disorder (ASD):** is diagnosed more frequently than previously. It is estimated that in Australia there are 62.5 per 10,000 children between 6 and 12 years of age with an ASD. It is a neurodevelopmental, life long, behavioural disorder and is characterised by a unique combination of impairments in social interaction, communication and repetitive and stereotypical play. Seventy percent of people with an ASD have intellectual impairment.
- **Vision impairment:** while some people have a total absence of vision, approximately 90% of people classified as legally blind have some useable vision.
- **Hearing impairment:** approximately 30,000 people in Australia have no useable hearing and use Auslan (Australian Sign Language) as their first language. Between 1-3 million Australians have varying degrees of hearing impairment but use mainly oral communication.

A number of populations within NSLHD have special needs which require consideration in the disability action plan including:

- Aboriginal people
- People from CALD backgrounds
- Children and young people in out of home care
- People with a mental illness.

3.1.3 Aboriginal and Torres Strait Islander Population

Aboriginal people generally experience a higher rate and severity of disability than non-Aboriginal people and a higher proportion of people with caring responsibilities. In 2006, the estimated Aboriginal and Torres Strait Islander population in NSLHD was 1,895 which represented 0.25% of the district's total population at the time. According to the 2006 census:

- 65 Aboriginal people in NSLHD were estimated as having a profound or severe disability. This accounted for 3.4% of the Aboriginal population compared to 3.0% for the total NSLHD population.

3.1.4 Culturally and Linguistically Diverse populations

People from CALD backgrounds are estimated to make up one in four people with disability. Within NSLHD one in five people speak English as a second language and 3% of people do not speak English well:

- The number of people who speak English as a second language is highest in North Shore Ryde (74,844, 25.9% of total Health Service population) followed by Hornsby Ku-ring-gai (53,678; 21.3% of total Health Service population). Within North Shore Ryde, the highest proportion of people born in a non English speaking country were from China (12,125, 4.2%), followed by Hong Kong (6,611, 2.3%) and South Korea (4,815, 1.7%).
- 11,774 (4.1%) North Shore Ryde residents do not speak English well or at all.

3.1.5 Refugees

NSLHD is home to a number of people who have arrived in Australia under the Refugee and Humanitarian Program including:

- The majority of humanitarian entrants currently arriving in NSLHD are Tibetan speaking and are settling around Dee Why on the Northern Beaches.
- Humanitarian entrants from Iran, Afghanistan, Pakistan, Sri Lanka and Iraq have settled in the Hornsby and Ryde LGAs.
- Many older people who arrived as refugees from Europe in the post World War II period or later conflicts in South East Asia and Central and South America. Some of these people may experience a re-emergence of some issues associated with being a refugee as they age.

3.1.6 Children and Young People in Out of Home Care (OOHC)

Children and young people in out of home care are more likely to experience a higher prevalence of acute and chronic health problems, behavioural and emotional issues and developmental disability than the general population. In NSLHD approximately 50 children enter OOHC each year. In 2010/11, 16 children between the ages of 0-5 years have been referred to NSLHD for health checks of these children approximately 18% identify as Aboriginal or Torres Strait Islander. NSLHD has yet to implement the pathway for children 6-18 years.

3.1.7 People with a mental illness

People with a mental illness who are estimated to require some level of clinical care comprise 16.6% of the population and those experience psychosocial risk factors comprise 19% of the population. This later group would benefit from prevention strategies.

3.1.8 Pensions

Receipt of pensions by residents of NSLHD at 30 June 2009:

- 55,973 residents receive the aged care pension which comprised (6.8%) of the estimated NSLHD population in 2009.

- 10,346 residents received a disability support pension or 1.3% of the estimated 2009 NSLHD population.

3.1.9 Ageing population

Across the district there are almost 87,900 (10.6%) people aged over 70 years with almost 21,300 of those aged 85 years or more. Older people use health services more than the rest of the population. The demand for health services will exceed the rate of population growth, as the aged population is expected to grow at a disproportionate rate. People aged 70 to 84 will be the fastest growing age group with 27.2% growth across the Area between 2010 and 2020. North Shore Ryde will experience the highest growth, both in actual numbers and proportional growth. The population aged 85 years and older will grow on average by 21% across the district with Hornsby Ku-ring-gai expected to grow by 28.3%.

The prevalence of people living alone increases with age; this impacts the level of prevention, early intervention and post-acute support required for this group. The trend peaks for people aged 85 years and older when just over 1 in 3 people or 34.7% live alone. North Shore Ryde has the highest number of people aged 85 years and over (2,299 or 35.5%) living alone while Hornsby Ku-ring-gai has the lowest (1,806, 30.0%).

3.1.10 Role of Carers

Carers play a vital role in supporting people with a disability and for many people with disabilities it would be impossible to live in the community without their assistance. Consequently the pressure on Carers can be unrelenting. Carers are mostly women, are commonly family members, and may experience significant health issues themselves related to the high levels of stress involved. Many Carers are also ageing.

In NSW approximately 10% of the population aged over 15 years are involved in caring activities.

- Of the NSLHD population, 62,063 people currently provide unpaid assistance to a person requiring assistance with core needs. This comprises 7.8% of the total NSLHD population.
- 1,368 people in NSLHD received a carer's payment (or 0.2% of the estimated 2009 population of NSLHD or 2.5% of the people in NSW who reported that they provide unpaid assistance).
- Hidden carers are those who may not identify their caring role and as such demographics are not available – they are:
    - Young Carers are under the age of 25 and are known to be as young as 7years old.
    - CALD Carers
    - Male Carers

The NSW Government Carer Action Plan identified 5 key strategies:

1. Carers are recognised, respected and valued
2. Carers are partners in Care
3. Hidden Carers are identified
4. Services for Carers are improved
5. Carers are supported to combine work and careThe NSW Carer Recognition Act 2010 provides further opportunity to recognise the important role that Carers have in our communities.

3.2 People living with a disability – implications for NSLHD population

The Australian Institute of Health and Welfare in 2008 reviewed the needs of people with intellectual disability and in 2010 reviewed the health status and risk factors of Australians with disability. Some of the issues arising in these reports include:

- People with an intellectual disability often have severe communication problems. The proportion of people with intellectual disability who needed help with communication was 57%. In contrast, people with other disabilities (and no intellectual disability) had considerably lower need for this help: physical/ diverse (3%), acquired brain injury (6%), psychiatric (8%) and sensory/speech (25%) disabilities.
- Transition from home to school and from school to adult life is likely to be more difficult for people with an intellectual disability.
- People aged under 65 years with a severe or profound disability had a higher prevalence rate of long term health conditions than people without disability.
- Almost half of people with a severe or profound disability had mental health problems compared to 6% of people without.
- People with a severe or profound disability were more likely to have acquired a long term health condition earlier than those without a disability.

The following information is obtained from the Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers 2003 (SDAC) and the Census of Population and Housing (2006) and the population estimates are calculated using the NSW Health Population Projection Series 1.2009 for 2006.

Based on the proportion of people with disabilities identified in the Survey of Disability, Ageing and Carers 2003 (SDAC):

- The number of people who live with disabilities from mild to profound or severe comprises 20% of the total population. This is estimated as 159,976 people with a range of low to high level disabilities live in NSLHD
- 8% population have a cognitive impairment – 63,990 people
- 6% have a severe disability – 47,993 people
- 3% have an intellectual disability – 23,996 people. Mental health disability is commonly associated with intellectual disability (ie 57% of people under 65 years who had an intellectual disability also had psychiatric disability).

According to the Australian Bureau of Statistics (ABS) 2006 census:

- People requiring assistance with core needs are those requiring help or assistance in one or more of the three core activity areas (self-care, mobility and communication). People needed assistance with core needs due to a long-term health condition (lasting six months or more), a disability (lasting six months or more), or old age.
- 23,755 NSLHD residents had a profound or severe disability (ie requiring help or assistance in one or more of the three core activity areas of self-care, mobility and communication) of this NSRHS has the highest number of people requiring assistance 9,109. This represents approximately 3.0% of the NSLHD population.
- There were 1,383 children aged 0-14 years which is 1.0% of the 0-14 years population, 818 young people aged 15-24 years (0.8% of the 15

to 24 year population) and 21,554 adults aged more than 25 years (3.9% of 25 years plus population).

- The number and percentage of population with a disability increases significantly from 75 years onwards with 6,494 (15.6%) of people aged 75 to 84 and 7,679 (43%) of people aged over 85 years reporting having profound or severe disability.

3.3 NSLHD staff

At 30 June 2012, 9,835 staff were employed by NSLHD. The NSW Public Service Commission Workforce Profile reported Equal Employment Opportunity data for NSLHD at 30 June 2012. 1.37% of NSLHD staff were estimated as having a disability and 0.24% of staff were estimated as people with a disability requiring work related adjustments. The LHD target for people with a disability requiring work related adjustments is 1.5%. (Note that this data is reported as headcount rather than full time equivalent positions).

3.4 Policy context and legislation

All sections of government, including local health districts, are required to abide by legislation covering people with disabilities. Australian laws are based on the human rights principles that people with disabilities must have the same opportunities to participate in society as other people. The policy and legislative context relating to disability is derived from a number of international, national and state strategies and legislation.

3.4.1 National

The *Commonwealth Disability Discrimination Act (DDA) 1992* makes discrimination on the grounds of disability unlawful. The act covers private and public agencies and major life activities, including employment, education, sport, goods and services, and facilities.

The *National Disability Agreement* between the Australian Government and State and Territory Governments came into effect on 1 January 2009 and aims to improve and increase services for people with disability, their families and Carers. As part of this Agreement a *National Disability Strategy* was released by the Australian Government in 2010.

The Strategy is viewed as an important mechanism in ensuring that the principles underpinning the *UN Convention on the Rights of Persons with Disabilities 2008* are integrated into policies and programs affecting people with disabilities, their families and Carers. The Strategy was developed following a consultation process in which nearly one third of submissions from consumers and peak agencies reported problems with health care (FaHCSIA 2009). The Strategy identifies four policy directions for health and wellbeing including:

All health service providers (including hospitals, general practices, specialist services, allied health, dental health, mental health, population health programs and ambulance services) have the capabilities to meet the needs of people with disability.
Timely, comprehensive and effective prevention and early intervention health services for people with disability.

Universal health reforms and initiatives address the needs of people with disability, their families and Carers.

Factors fundamental to wellbeing and health status such as choice and control, social participation and relationships, to be supported in government policy and program design.

The Strategy identifies the need to consider the results of the Australian Government Productivity Commission inquiry into new approaches to long term disability care and support. The Commission's report *Disability Care and Support February 2011* proposes the introduction of a National Disability Insurance Scheme (NDIS) to minimise the impacts of disability and to provide targeted funding to people living with permanent disabilities for individualised supports and early intervention. Older people with disabilities would receive support through aged care services.

The productivity commission identified the need to have a long period of development for the introduction of the NDIS which is likely to be longer than the timeframe for this Disability Action Plan, but if implemented as proposed the NDIS will provide individual consumers with greater flexibility and choice in accessing services but will require service providers to make significant changes in the organisation of their disability services.

The National Disability Insurance Scheme Act 2013 was registered in April 2013. The object of the scheme is to

- support the independence and social and economic participation of people with disabilities
- provide them with reasonable and necessary supports,
- enable them to pursue their goals and to exercise choice and control over the delivery of supports to meet these goals.

The Scheme is now known as DisabilityCare Australia and is being implemented in stages across Australia. It is aimed at people with significant and permanent disability. It is being implemented at four sites some of which specifically target children or young people. The Hunter area is currently the site for implementation within NSW. The scheme will be rolled out to other sites in other states between 2014 and 2016.
NSLHD will work with DisabilityCare Australia and their participants and any relevant providers should the scheme be expanded to this region in the future

3.4.2 NSW State Legislation

A number of Acts inform the development of a disability action plan including:

- The *Anti-Discrimination Act (NSW) 1977* also makes it unlawful to discriminate against people with disabilities in certain areas of public life (such as employment, premises and access to goods and services). It enables people with disabilities to lodge complaints with the Anti-Discrimination Board. It also requires government authorities to prepare management plans on employment practices for a range of disadvantaged populations including people with disabilities.

The *NSW Guardianship Act 1987* protects the legal rights of people over the age of 16 years, who have a disability which affects their capacity to make decisions. Guardians are appointed to make lifestyle decisions on behalf of another adult who has a disability and can make decisions in areas including accommodation (deciding where a person may reside), medical and dental treatment, health care and services.

The *Disability Services Act (NSW) 1993* promotes the provision of services which will enable people with disabilities to maximise their potential, integrate into the community and achieve positive outcomes. It requires NSW government departments and agencies to develop a *Disability Action Plan* and report annually on progress.

In addition key policy directions are relevant for the development of disability services within NSW such as the Department of Ageing, Disability and Home Care *Stronger Together 2006 to 2016, A New Direction for Disability Services in NSW* released in May 2006. This established five reform directions:

- making access fairer and more transparent
- helping people to remain in their own home
- linking services to need
- expanding options for people living in specialist support services
- creating a sustainable support system.

The first phase of Stronger Together (2006/07 to 2010/11) aimed to increase the capacity of the specialist disability system in three main areas:

- strengthening families - enabling children with a disability to grow up in a family and participate in the community
- count me in - promoting community inclusion - supporting adults with a disability to live in and be part of the community
- improving the system's capacity and accountability - fairer and clearer ways to access services, greater accountability and more opportunities for innovation.

The second phase of Stronger Together 2011/12 to 2015/16 released in December 2010 aims to continue and grow the service expansions and reforms begun in the first phase.

The NSW Carer Recognition Act 2010 No 20
The object of the Act are:

a) to enact a Carers Charter to recognise the role and contribution of carers to our community and to the people they care for, (page 6 of the Act)
b) to increase the awareness of the valuable contribution that carers make to our community

The Carer Recognition Act is on the Carer Support intranet site

3.4.3 Northern Sydney Local Health District

NSLHD has a legislative responsibility under the NSW Disability Services Act (DSA) 1993 to develop a disability action plan, providing the opportunity to plan for inclusive services that meet the needs of all customers including those with a disability.

The *NSLHD Disability Action Plan 2011 - 2015* needs to be considered in the context of the broader clinical strategies and initiatives of the local health district. It links to the *NSLHD Strategic Plan (SP) and Clinical Services Plan (CSP) 2012 and the NSCCAHS Primary and Community Health Strategic Plan (PaCHSP) 2010*, as these plans identified the need for new models of care to make services more accessible, easier to navigate and more individually tailored and responsive to the needs of consumers and Carers including those living with disabilities.

3.5 NSLHD disability services summary

Clinical services in NSLHD provide assessment, diagnosis, treatment and/or case management, and coordinate with general practitioners and community services to provide care for all people including those with disabilities.

Some specific services have a greater level of involvement with people of all ages who have disabilities, such as emergency departments, spinal injury and trauma services, hand and eye surgery, palliative care and primary and community health services such as aged care and rehabilitation, chronic care, early childhood and child development services as do clinical networks such as Rehabilitation and Aged Care, Critical Care, Neurosciences, Child, Youth and Family.

Royal North Shore Hospital (RNSH) provides some statewide services such as the spinal injury unit. The affiliated health service, Royal Rehabilitation Centre Sydney (RRCS) located at Putney provide a range of specialist statewide services including for people with acquired brain injury, spinal cord injury, developmental disability, and degenerative neurological conditions and individuals with complex support needs e.g. high levels of complex physical support needs or mental health co-occurring with other disabling conditions. NSW Developmental Disability Unit which is located on the RRCS site provides specialised health (medical and allied health) assessments for people with developmental disability in NSW.

NSLHD residents also have access to other statewide services through the Specialist Children's Hospitals and access to equipment through EnableNSW service.
Mention Multicultural Disability Advocacy Association and Transcultural Mental Health

A detailed summary of services is provided in appendix 10.

4 NSLHD Disability Action Plan

Disability action planning is about:

- Planning to eliminate, as far as possible, discrimination in universal mainstream services, programs and facilities and public sector employment for people with a disability
- Planning to improve infrastructure and services for people with a disability
- Planning for specialist and adapted services for people with a disability.

It applies equally to services that are provided specifically for people with disabilities and services that are provided to the whole population; it applies to services that are provided in hospitals and in the community setting; it also applies to how we as an organisation can improve employment opportunities that support people with disabilities.

4.1 Our commitment

NSLHD is committed to:

- Promoting full and equal access for people with disabilities and their Carers to all its services, programs and facilities
- Providing high quality health services that are fair, responsive and appropriate to the individual needs of people with disabilities
- Improving community participation for people with disabilities
- Improving the employment opportunities for people with disabilities as outlined in the NSW State Plan (Priority F2) and recognises the important role we can play in this regard
- Ensuring that employees with a disability can use their skills effectively and can contribute fully in their role.

4.2 Our principles

NSLHD has adopted principles which reflect the NSW Government principles of an inclusive society contained within the NSW Government Disability Policy Framework (NSW Government 1998):

- People with disabilities are full and valued members of the community
- People with disabilities will have access to services provided to the general community
- When we deliver services to people with disabilities we will consider the whole of life needs of individuals in their own communities
- We will strive to achieve better outcomes for people with disabilities through collaboration among service providers and with the active participation of people with disabilities
- Our services will support, and be sensitive to the diversity of people with disabilities including those from CALD communities
- The unique needs of Aboriginal people with disabilities will be recognised
- The unique requirements of children and young people with special needs and their Carers will be recognised
- People with disabilities will have the right to self determination.

4.3 Developing the NSLHD Disability Action Plan

The NSLHD Disability Action Plan 2011-2016 builds on the disability action plan of the former Northern Sydney Central Coast Area Health Service (NSCCAHS DAP 2010 to 2015).

The NSCCAHS DAP followed a review of the Disability Action Plans of other Area Health Services in NSW and involved consultation with senior management of the Area Health Service. At the time of its development it was recognised that broader community and stakeholder consultation was required.

In May 2011 the NSCCAHS DAP was released for consultation with a broad range of consumers, Carers, key stakeholders and staff. Over 160 letters and emails were sent to other government and non government agencies, disability services and networks, individuals, clinicians, administrators and staff to invite feedback on the NSCCAHS DAP which was then to be incorporated into the NSLHD DAP.

A total of 35 responses were received from representatives of other state and local government agencies, disability services, clinical networks, and community participation committees. 9 respondents identified priorities for implementation. A number of issues of concern were raised and are highlighted as key messages or included in the sections which describe why action is required for each priority area. Other feedback resulted in minor editing and additions to performance indicators and service descriptions. All the feedback is documented in Appendix 11.

4.4 Key messages from the consultation feedback

There were a number of consistent messages from the respondents including the need for proactive implementation and review of the NSLHD Disability Action Plan. Issues of concern to the respondents which need to be addressed in the implementation of the Plan are summarised as follows:

- Strategies to improve access and services for people with disabilities need to be embedded in the core business of health services and integrated into all policy and service areas and not seen as an add on to be done if there is the time or interest.
- Person centred models of care and involvement of people with disabilities and their Carers in the decision making process to develop and implement their individual health care plans are crucial to ensure their wishes are respected. This may require services to use particular strategies or technologies to enable this to occur.
- While the policies and strategies look good in the Plan, if these are not actively implemented it will not be possible to achieve the desired outcomes for people with a disability or their Carers.
- There is a need to actively review and evaluate the implementation and intended outcomes of the plan and involve people or staff with disabilities in this process. Review and evaluation needs to occur in the acute and primary care setting and address the needs of people with a disability who may find it hard to advocate for themselves or whose needs may not be initially recognised. These include people with a disability who:
    i. have an intellectual or cognitive disability
    ii. are homeless
    iii. experience alcohol related dementia or Parkinson's
    iv. having challenging behaviours
    v. experience hospitalisation of $\geq$ 14 days

vi. adults (18 to 65 years) who may have particular needs which are not immediately apparent in the health care setting.

In addition to this respondents identified a need for:

- community participation structures to include a broader range of people with disabilities was supported.
- active collaboration and communication with other agencies particularly in the coordinated delivery of services for people with complex and specific needs and for transparency in this process.
- services to build relationships with clients and a can do attitude to rehabilitation and other services.
- advocacy to meet the needs of people with disabilities which may require a response at other levels of government to achieve change eg provision of post discharge packages and PADP to better meet the needs of people with disabilities and the inclusion of goods and services provided by disability services as part of the health services purchasing policy.

4.5 Priorities for action

The NSLHD Disability Action Plan sets the direction for disability action by the local health district to the year 2015. It considers NSW government initiatives and policy directions and feedback from the consultation process. It identifies the local health district's achievements to date and outlines the actions to be taken by NSLHD and in partnership with others, to improve access for people with disabilities and Carers to our services, programs and facilities.

The strategies and performance indicators which NSLHD will use to address the seven priority areas of the NSW Government Disability Framework (DADHC 2008) are outlined in Chapter 7. The seven priority areas include:

1. Identifying and removing barriers to services for people with a disability

2. Providing information in a range of formats that are accessible to people with a disability

3. Making Government buildings and facilities physically accessible to people with a disability

4. Assisting people with a disability to participate in public consultations and to apply for and participate in government advisory boards and committees

5. Increasing employment participation of people with a disability in the NSW public sector

6. Using government decision-making, programs and operations to influence other agencies and sectors to improve community participation and quality of life for people with a disability

7. Providing quality specialist and adapted services where mainstream services are not responsive or adequate to meet the needs of people with a disability.

5 Priority achievements to date

As part of its commitment to providing quality health care and employment opportunities for people with disabilities, NSLHD implements a range of activities across all seven priority areas of the NSW Government Disability Planning Framework. This chapter outlines some recent initiatives within NSLHD that have been identified in these areas. Some of the achievements listed are described under the umbrella of the former Northern Sydney Central Coast Area Health Service (NSCCAHS). Other achievements which are specifically those of the local health services are attributed to the health service.

5.1 Priority 1: Identify and remove barriers to services for people with a disability

Over the last five years NSLHD as part of the former NSCCAHS has:

- Developed a CSSP (2008) and Areawide clinical networks to guide service delivery and support improved care and expertise.
- Developed Area plans to guide service delivery for significant target groups affected by disabling health problems eg Mental Health Strategic Plan.
- Developed a PaCHSP which promotes models of care that facilitate access for people with complex health needs.
- Corporate Communications has established a monthly update for staff of newly released NSW Health policies via internal newsletters and global emails.
- Health promotion programs and information are available via websites.

Aged Care and Rehabilitation services have:

- Supported access to ComPacks, a program which assists frail older people and people with disabilities and reduces avoidable delays in hospital discharge.
- Provided transitional aged care program with time-limited support and low level rehabilitation following discharge from hospital, to people who would have otherwise been placed in residential care. This program helps a number of people with disabilities.

Local health services have each developed a range of strategies to improve service provision to all consumers including people with a disability. Some examples include:

- NBHS liaises with local organisations which provide disability services such as Sunnyfield and the Spastic Centre when their clients are admitted to help reduce their stress and allow multi-disciplinary team to care for them in an optimal way.
- NBHS has developed care planning guidelines for people who are legally blind or have low vision while in hospital and has identified the need to consult with service consumers who have a brain injury to improve services to this group particularly in terms of access to the Sydney Road Opioid Treatment Centre (SROTC).
- The NBHS social work department has worked with Young Care to raise funds and awareness of the issues facing young people with disabilities.

- The pain management service at NBHS has identified pain scales to assist with objective assessment of pain for patients with cognitive impairment.
- HKHS has developed a comprehensive approach to provide ongoing assessment of special needs through their services such as the aged care services in emergency team (ASET), geriatric rapid acute care evaluation (GRACE) services and aged care liaison nurses.

APAC and Community Nursing provide services to people in their homes
Mental Health and Drug and Alcohol (MHDA) services:

- MHDA provides a community based 'in reach' service to consumers and their families. The Central Intake for mental health services is telephone based.
- MHDA has established a Governance Support Unit to oversight policy, procedure and guideline development, implementation and compliance. Policies specific to MHDA are broadcast to the appropriate audience by this team.
- MHDA involve Carers and family, with the cooperation of the primary consumer, in discharge planning and care planning in relation to signs and symptoms of relapse.
- MHDA consumers were involved in the development of the MHDA Operational Plan 2010-2012 and consumers and Carers were invited to join User Groups during the process planning and building MHDA facilities.
- Mental health services routinely survey consumers of services using the MH-Copes methodology. This survey provides facility specific feedback of their experience of having been treated there. This information is provided to the MHDA Executive and then fed back to the sectors with action plans. These actions are reviewed by the Executive and the process is driven by the Community Participation Coordinator.
- An Aboriginal workforce has been employed within the MHDA establishment to ensure engagement with their community is culturally appropriate. MHDA have facilitated workshops with those working in a CALD environment on the subject of mental illness. MHDA have developed a Multicultural Mental Health plan and Mental Health Services for Older People have developed a CALD Action Plan.
- MHDA have facilitated a series of 'Physical Healthcare Workshops' designed to embed an holistic approach to providing care to mental health consumers.

Carer Support Service:

The NSLHD Carer Support Service provides information through the Internet site; brochures and telephone information line to family Carers. The Service provides guidance and support to family carers particularly for complex cases, or where the Carer has multiple caring responsibilities. NSCarer Support works in close collaboration with ADHC: Department of Education & Schools and the NGO sector in our region.

The Carer Support Service has a role to support NSLHD in implementation of the Carer Recognition Act. Seeking to assist NSLHD to be more responsive to the needs of Carers.

Women's Health:

- The NSLHD Women's Health Service Well Women's clinical services are provided in accordance with the NSW Cervical Screening Program 'Preventive women's health - care for women with disabilities - Guidelines for General Practitioners (published 2003).
- The NSLHD Women's Health Service links with the NSW Women's Health Plan 2009-2011. There are five priority actions in this Plan. The fourth priority action - improve the health of women especially with those with the poorest health outcomes – women with an intellectual disability. NSW Health has prioritised in this plan, developing education kits in plain English for women with an intellectual disability.

BreastScreen:

- BreastScreen's general policy is that wherever possible access to screening is provided to women whatever their disability. All clients are asked at the time of booking whether they have a disability. Longer appointment times are allocated to women with disabilities. Carers or partners are encouraged to attend as assist clients as required.
- Wheelchair access is provided at the majority of sites. Women requiring such access are offered screening at these sites.
- Access arranged for guide dogs of women who are vision impaired and all documents related to informed consent and the procedures involved are read to the client by a counsellor prior to, during and subsequent to screening.
- Auslan arranged through the Interpreter Service for women with hearing impairment.
- Group breast screening appointments are arranged for women living in group homes, women with Aboriginal and Torres Strait backgrounds and women from various CALD background – e.g. Chinese, Korean, Tibetan.
    i.

Oral Health Services:

- Oral Health Services are in the process of recruiting staff to assist people with special needs in local clinics and school rather then these clients having to attend centralised clinics as is required at present, which will enhance the capabilities of the Oral Health Workforce to provide better service to clients with special needs.
- Oral Health Services have worked with NSCCMHDA to ensure access to oral health services for people with disabling mental illness.
-

5.2 Priority 2: Provide information in a range of formats that are accessible to people with a disability.

The former NSCCAHS Area Health Advisory Council (AHAC) surveyed external users about the user friendliness of the internet website and identified the need for improvements.

The NSCCMHDA have provided information for their consumers and Carers in other formats for instance a high quality publication (Uncharted Waters) has been developed for distribution to consumers, family and Carers in both printed and CD-Rom formats.

Ryde Hospital Speech Therapy Department has commenced a project to develop a pictorial aid to communication about every day needs and nursing care including photos of items such as the shower, medication, drinks and hearing aids.

Hornsby Mental Health clinicians, in consultation with Department of Ageing, Disability and Home Care (ADHC) staff have developed a psycho education package "Understanding Mental Illness" which targets persons with mild to moderate intellectual disability and mental illness.

Carer Support provides a wide range of brochures for Carers in the LHD in a range of languages.

5.3 Priority 3: Make buildings and facilities physically accessible to people with a disability.

Recent examples of disability access improvements include:

- **Hornsby Linkway 2008** - upgrade between emergency, radiology and theatre with bumper guards and handrails installed on the entire linkway (Building Code of Australia (BCA) compliance D2.17 Para B)
- **Byrnes Children's Home Dalwood 2008** - construction of new building to accommodate staff and clients - As a Class 5 office building, ample compliant accessible areas were provided throughout the building for allocation to people or staff with disabilities in accordance with BCA Performance requirement DP1 and DP7 of the BCA 2007. As part of the BCA requirement (BCA Clause D3.5) a disabled car park space with a compliant access (1:14 gradient ramp) from the disabled car park to the front of the new building was provided.
- **Ryde Hospital Upgrade 2009** - refurbishment of Wards 2 and 7. The main focus of these works was to provide additional bathrooms and hand washing facilities. Each ward was provided a disabled access toilet and bathroom.
- **Mona Vale Renal Dialysis Unit 2009** - the 6 chair dialysis unit included the provision of a disabled access toilet and new disabled car parks and covered access way to the Unit.
- **RNSH Position Emission Tomography (PET) 2010** – the renovation works included provision of a disabled access en suite bathroom with toilet.
- **Safe Assessment Rooms 2010** – during the renovation doorways were made disabled access compliant.
- **RNSH Psychiatric Emergency Care Centre 2010** - the 4 bed PECC unit included a disabled access ensuite bathroom with toilet.

New developments which incorporate disability access improvements include:

- **Chatswood CHC 2010 and St Leonards CHC 2011** - a new building to accommodate a range of community health services has good disability access.
- The new **Royal North Shore Hospital Acute Services Building** was commissioned in late 2012.

In addition to these improvements the NBHS has made a number improvements including:

- Reconfiguration of Emergency Department triage area to provide a wheelchair accessible triage counter.
- Increased the disabled parking allocations at Manly Hospital and widened the disabled parking spaces at Mona Vale Hospital.
- Improved access to Queenscliff Community Health Centre through repairs of entrance paths, building of cement entrance ramp, provision of a wide footpath from parking area to the front entrance, new signage and redefined disabled parking spot. Enclosed reception with access for communication at appropriate height for person in a wheelchair. The need for a lift has been identified on capital works list.
- Sydney Road Centre, Opioid Treatment Program has also made changes to enable wheelchair access to the centre.

While the Asset Strategic Plan (ASP) does not focus on disability access, the 2010/11 ASP has one disability access issue identified in relation to Queenscliff Health Centre and the revised ASP for 2011/12 will include disability access issues.

NSLHD utilises the NSW Health GL 2009/010 Wayfinding for Health Facilities as best practice document for compliance with signage and has already applied this to all new significant capital developments and where possible to refurbished areas.

NSLHD ensures application of the Health Facility Guidelines (HFGs) and Technical Standard 11 Engineering for all new and refurbished capital works where possible. The HFGs assist with providing the framework for compliance with disability access. The HFGs Part C advise on space standards and dimensions for commonly occurring building elements, guidelines for designing for access for persons with disabilities and an outline of signage requirements for health care facilities.

NSW Health Infrastructure (HI) is responsible for major capital development projects valued at over $10 million. Currently external project consultant teams are responsible for ensuring BCA compliance including providing certification for buildings demonstrating this compliance. This is further enhanced for some projects by the engagement of Area BCA and Disability Discrimination Act (DDA) specialists to assist in ensuring compliance eg in Gosford Mandala project in March 2010 as per the NSLHD / NSCCAHS BCA Policy.

Oral Health facilities are procured and maintained through a statewide capital program. All new Oral Health Clinics within NSLHD provide sufficient space for people with motorised wheelchairs and mobility aids to access services. The local health services have worked to ensure that new equipment to be purchased or leased meets the needs of people with disabilities and maximise safety and patient independence. For example the purchase of electronic low beds and a wide bore CT scanner to accommodate bariatric patients and those with low mobility at NBHS.

5.4 Priority 4: Assisting people with a disability to participate in public consultations and health service advisory committees

NSLHD currently has community representatives with disabilities and Carers on advisory committees and other key community participation structures. NSLHD is explicit in its advertisement, recruitment and selection processes ensuring that they are inclusive of people with disabilities and Carers and encouraging them to participate as community representatives in District business advisory committees and other community participation structures. NSLHD staff have effective networks

with disability groups, peak organisations and Carers support groups eg NSLHD Carers Support Service.

MHDA have developed a Community Participation Framework in order to engage the community on matters relating to service plans and service provision. The MHDA Office NSW Health is currently seeking expressions of interest from family or Carers of people with a mental illness to form an advisory committee on matters relevant to their experience.

5.5 Priority 5: Increase employment participation of people with a disability in NSLHD

NSLHD has a Workers Compensation and Injury Management Policy and Procedure with emphasis on accommodation of reasonable workplace adjustments and clear Equal Employment Opportunities (EEO) policy which is incorporated in to orientation and training programs:

- Permanently modified duties have been put in place for 52 staff members. This covers both workplace injuries and non work-related injuries/illnesses.
- Opportunities have been made available for apprenticeships for people with a disability. Apprenticeships were offered in engineering, plumbing, electrical, painting, carpentry and horticulture. Of the eight apprentices employed, four have completed their apprenticeships, three left NSCCH and one is due to complete his apprenticeship.
- Mentoring and training in managing employees with disabilities was delivered to managers on a one to one basis by Workforce Services staff as needed.
- Traineeships have been developed and are accessible for people with a disability.
- Resources have been developed that are readily accessible for people with a disability. (eg employment website, online learning resources)
- Services such as Mental Health Services and Rehabilitation Services provide work experience and opportunities for people with mental and physical disabilities and actively help people develop work skills.

MHDA promote positive messages about mental health through the free local press and provide information to the broader community via initiatives such as an annual Mental Health Month They have also led the way in increasing employment participation of people with a disability. MHDA workforce includes:

- a VETE (Vocational Employment Training and Education) team who work with community based employment providers to secure jobs for mental health consumers.
- Mental Health Consumer workforce positions across the entire Mental Health service are part of the MHDA recurrent budget and aim at improving consumer input across all levels of service development.
- a recurrently funded Aboriginal workforce whose role it is to work in a culturally appropriate way with the Aboriginal community including Aboriginal run organisations and people with mental illness. This workforce works with other Government Departments (eg. Housing) to ensure appropriate services are provided.
- Both generic and specific training opportunities are provided to the MHDA consumer and Aboriginal workforces in order to provide them

with the skills, resources and supports required for the roles they undertake.
- *Support for staff who are Carers of a person with a disability???*

5.6 Priority 6: Using government decision-making and programs to influence other agencies to improve community participation and quality of life for people with a disability.

NSCCMHDA meets formally with police and ambulance services, Housing NSW, ADHC, the Aboriginal Medical services employment services and the education sector including TAFE to promote improved access to services by persons with mental health disability. They have longstanding partnerships with government agencies as well as NGOs in relation to managing consumers with complex needs:

- HASI (Housing Accommodation Support Initiative) involves Dept of Housing, Community Housing, Uniting Care, New Horizons, Mission Australia and NSCCMHDA in providing supported accommodation to mental health consumers. This relationship is subject to Joint Guarantees of Service and is supported by a committee structure.
- MHDA and ADHC developed a contemporary Memorandum of Understanding (MoU).
- NSLHD Carer Support is a member of the ACI Intellectual Disability network.
- NSLHD work with disability, NGO sector, education, to promote service improvement on behalf of Carers.

5.7 Priority 7: Providing quality specialist and adapted services where mainstream services are not adequate to meet the needs of people with a disability

The Royal Rehabilitation Centre Sydney (RRCS)

Royal Rehabilitation Centre Sydney provides a number of specialised services for people with an acquired disability in addition to their broad range of services for people with disabilities. These services are aimed to maximise the individuals functioning, independence and wellbeing. Some specialist services are funded by client payment, these include:

- The **Driver Assessment Centre** offers driver assessment and driver training for people with an acquired disability. The service promotes safety and independence in driving for people with a range of disabilities or medical issues and is a business unit of and supported by RRCS.
- The **Sexuality Clinic** is a service available to people with acquired disability that may have sexuality and sexual health concerns. The main impairment types seen by the clinic include stroke, neurological conditions, brain injury and spinal injury cord injury.

The work of other services such as the Northern Sydney Multicultural Access Project and BreastScreen, Carer Support have been mentioned earlier

Research:

While most services will participate in quality activities which will benefit people with a disability, a number of services undertaken specific research into disability issues these include:

- BreastScreen is participating in a University of Sydney research project (headed by Dr Ann Poulos) for women with disabilities, particularly cerebral palsy, to assess these clients' needs in regard to participating in the screening program.
- The Centre for Disability Studies is currently involved in research into depression screening and falls in people with intellectual disability who attend the NSW Developmental Disability Health Unit (DDHU).
- RRCS designs and develops research, teaching and clinical practice to inform policy and practice which impacts on people who have disabilities.

6 Implementation

The Action Table in chapter 8 identifies performance indicators, responsibilities and timeframes of the strategic actions to be implemented in NSLHD. This chapter considers communication, governance and reporting structures to ensure that the key initiatives are achieved.

6.1 Communication Strategy

The NSLHD Disability Action Plan 2010 - 2015 will be promoted through a range of strategies including the CE newsletter, community participation structures, the NSLHD website and intranet, and in staff orientation programs.

All senior managers have been briefed about the Plan and have responsibility for key performance indicators. The Plan will be further promoted to Clinical Networks. Innovative approaches adopted within NSLHD to improve access to services for people with disabilities and Carers will be acknowledged in NSLHD media and communications such as newsletters and websites.

6.2 Action Plan Governance

An Executive Sponsor for each priority action area in the Plan has been identified. Implementation will be overseen by the Area Executive Team and the Area Clinical Council. Progress against key performance indicators will be reported and reviewed on an annual basis. A reporting template will be developed to assist the process.

Clinical services, people with disabilities, Carers and local agencies will be consulted regarding effectiveness of the Plan's implementation, and this process will identify issues and potential strategies for incorporation into later iterations.

Hospitals and community health services are expected to develop and build on existing organisational structures to support implementation, monitoring and reporting. These structures should also link with clinical governance, quality processes and accreditation.

6.3 Reporting

A copy of this Plan will be submitted to the Ageing, Disability and Home Care, NSW Department of Human Services (ADHC) and to the Australian Human Rights Commission. Progress in implementing the NSLHD Disability Action Plan will be reported regularly through the Area Policy, Procedure and Guideline Implementation Committee, the Internet and Intranet Steering Committee and the Capital and Asset Management Committee and within Accreditation processes. Employment outcomes will also be detailed in the Annual EEO report.

Progress reports will be sent to relevant NSLHD executive, Board and advisory groups including District and Health Service Clinical Councils, Allied Health Forum, Directors of Nursing Meeting and the Senior Medical Staff Executive Council. A progress report will also be incorporated into the NSW Health Annual report. These will be coordinated by the Director of Corporate Communications.

7 Recommended Priority Actions

The following chapter outlines why strategic action needs to occur within each of the priority areas and the tables summarise the strategic initiatives and priority actions for implementation by NSLHD to improve access for all people with disabilities to NSLHD services. The summary includes executive sponsors, performance indicators, responsibilities and timeframes.

Specific initiatives will be developed at facility and clinical service levels across NSLHD. For some initiatives, responsibility has been attributed to more than one position where implementation is required across the acute and community sectors. Unless otherwise specified, actions will be implemented from within existing resources. The summary action table expands on, and complements the current and recent initiatives identified in chapter 5. It may not list all the potential strategies to be undertaken over the next five years.

Priority 1. Identifying and removing barriers to services for people with a disability

Why do we need further action?

Health services will need to respond to the growth in the aged population and increased number of children and adults with disabilities living in the community. NSLHD will need to maximise the use of its resources and develop new models of care to meet current and growing demand. Consumer consultation has indicated that it is crucial for health services models of care, procedures and guidelines to be tailored to the needs of the particular person. There is a need for services to build relationships with their consumers, through consistency in care planning and a proactive or can do approach to the diagnosis, treatment and rehabilitation of disabling conditions and chronic disease.

People with disabilities do not all have the same needs. Some manage their lives and health care without support of families or Carers. Others have Carers who provide ongoing support and help, and at times advocacy. These differences, together with diversity in cultural beliefs and expectations and language, need to be recognised and incorporated into clinical management. Where Carers are involved with consumers it is important for the health service to involve them as key partners in understanding and addressing the health needs of people with disabilities.

Inpatients with moderate to profound intellectual or physical disabilities are often unable to feed or care for themselves and require additional support. Staff need to be aware of the patient's basic care plan, need for personal support in feeding and toileting, and requirements for equipment, such as communication aids or lifters. Added frustration and accidents may occur for patients, clients, staff and Carers if appropriate equipment, such as lifters or communication aids (eg visual aids) are not used in the hospital or at home or if personal aids, such as hearing aids are removed.

Waiting for long periods in noisy or busy environments, such as Emergency Departments, can be anxiety provoking and contribute to increased agitation or aggression in people with intellectual disabilities, a mental illness, a history of head injury, or dementia. These behaviours can be reduced through changing the environment and clinical practice.

Assessment and diagnosis may be poorer where a child or adult with an intellectual disability or mental illness or their carer is not consulted about the current physical symptoms and medical and other history or when symptoms are incorrectly attributed to the disability (rather than an underlying health condition).

Review and evaluation of service access and care planning needs to occur in the acute and primary care setting and address the needs of people with a disability who may find it hard to advocate for themselves or whose needs may not be initially recognised. These include people with a disability who:

i. have an intellectual or cognitive disability
ii. are homeless
iii. experience alcohol related dementia or Parkinson's
iv. having challenging behaviours
v. experience hospitalisation of $\geq$ 14 days
vi. adults (18 to 65 years) who may have particular needs which are not immediately apparent in the health care setting.

A number of respondents to the consultation process identified the following priority actions as their highest priority for action:

1.1.5 Ensure preadmission and discharge planning processes adequately identify and address needs of people with a disability and involve Carers as partners in care.

1.2 Improve access to services and facilities for people with complex needs and their Carers

Priority 1. Identifying and removing barriers to services for people with a disability Executive Sponsor: Primary: Director, Clinical Governance; Secondary: Director, Nursing & Midwifery				
Ref.	**Actions**	**Performance Indicator**	**Responsibility**	**Target Date**
1.1 Develop local policies, procedures and guidelines which ensure coordinated care and compliance with NSW Health policy that relate to people with disabilities and their Carers eg • People with Disabilities: Responding to their needs during hospitalisation (PD 2008_010) • Discharge Planning for Adult Mental Health Inpatient Services (PD 2008_005) • Memorandum Assistance of people with writing difficulties (C2008-10) • NSW Carers Action Plan 2007-2012 and the implementation of the Communication and Care Cues process • Memorandum of Understanding between ADHC & NSW Health in the provision of services to people with an intellectual disability and mental illness (PD 2011_001) • Disability Access - Guidelines on the Implementation of Premises Standards Information Bulletin (IB2011_019) • Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals (PD 2011_015) (Note, transfer of care planning was formerly referred to as discharge planning) • EnableNSW - Assistive Technology for Communication, Mobility, Respiratory Function & Self-Care (PD2011_027) • Prevention of Falls and Harm from Falls among Older People 2011-2015 (May 2011) • Carer Recognition Act 2010 implementation and Guideline Engaging with Carers as partners in Care (in draft as at 2012) • BreastScreen NSW - Primary and Community Health Services Strategic Plan (2010 – 2020) • NSW Health and Ageing and Disability and Home Care (ADHC) Joint Guideline (GL2013_001)			
1.1.1	Senior managers within local health services of North Shore Ryde, Northern Beaches and Hornsby Ku-ring-gai have responsibility to: • ensure staff are aware of NSW Health policies in relation to disabilities • oversee development of district wide and local policies, procedures and guidelines which reflect NSW Health policies in relation to disabilities • oversee the implementation and compliance with relevant district wide or local policies, procedures and guidelines • Use feedback from patient experiences, complaints and incidents to inform standardise policy or procedures. • Endorse, educate and utilise the Communication &	Disability issues identified in NSW Health Policies are incorporated into the NSLHD Policy, Procedure and Guideline approval and implementation process. Local health services procedures and guidelines reflect NSW Health policies. Local health services review feedback from complaints and incidents to inform local procedures and guidelines.	Director Clinical Governance Chair Policy and Procedure Implementation Committee General Managers through local Quality Units/ Clinical Governance Unit/ Director Mental Health Drug and	Ongoing as NSW Health policies are released Ongoing Ongoing

Priority 1. Identifying and removing barriers to services for people with a disability Executive Sponsor: Primary: Director, Clinical Governance; Secondary: Director, Nursing & Midwifery				
Ref.	**Actions**	**Performance Indicator**	**Responsibility**	**Target Date**
	Care Cues form to engage with family Carers of a person with cognitive impairment		Alcohol/ Director Primary and Community Care	
1.1.2	Corporate Communications continues to inform staff of newly released NSW Health and NSLHD policies via internal newsletters and global emails.	Evidence of implementation.	Chair – Policy and Procedure Implementation Committee	Ongoing
1.1.3	Develop, implement and evaluate guidelines that: • identify patients who have specific disabilities or patients who are responsible for the day to day care of children and adults with a disability, • plan and implement adapted and flexible care pathways and interventions to meet the needs of the patient and or person with a disability.	Guidelines developed, implemented and evaluated by services in agreement with all Clinical Network Directors	General Managers Director Primary and Community Care Director Mental Health Drug and Alcohol Chair Policy and Procedure Implementation Committee	2011-2012 and ongoing Annual Review
1.1.4	NSLHD preadmission and discharge planning forms clearly identify people with disabilities and their Carers and their particular needs in relation to their disability. Information is entered into eMR and First Net. Alerts are activated.	NSLHD preadmission and discharge planning forms identify people with disabilities and their Carers and their particular needs in relation to their disability. Information entered into eMR	Chair Forms Committee	2012

1.1.5	Ensure preadmission, admission and discharge planning processes adequately identify and address needs of people with disabilities and involve Carers as partners in care: • Current practices in admitting, caring for, and discharging inpatients with moderate-profound disabilities are identified • Utilisation of Communication & Care Cues form for people with a disability who have cognitive impairment. • Appropriate tools to promote a consistent approach to assessing patients with disabilities are identified • Identification of clients with special needs (eg intellectual disability) is improved • Carers are identified and involved in planning care needs and in discharge planning.	Evidence that the needs of people with disabilities are identified preadmission for planned services is regularly reviewed at local health service policy committees and include: • Evidence of ongoing documentation of issues included in care plans or in medical records and identifies outcomes of discussion of specials needs and early referral from multidisciplinary team meetings / discharge planning / family conferences • Evidence that families/Carers are involved in discharge planning from onset of admission.	General Managers Chair Patient Flow and Sustainable Access Committee Chair Policy and Procedure Implementation Committee Head of Patient Experience	2011-2012 and ongoing Annual review
1.1.6	Ensure all new and revised strategic plans and operational plans for LHD services and networks address the special needs of people with disability and their Carers and reflect the relevant policies and requirements of the Area Disability Action Plan.	Evidence of consumer input to new and revised strategic plans and operational plans for services and networks as appropriate.	Director Operations Director Corporate Services Manager Health Service Planning Director Primary and Community Care	Ongoing

1.2 Improve access to services and facilities for people with complex needs and their Carers				
1.2.1	Increase capacity of mainstream services to provide models of care that are sensitive and responsive to needs of people with disabilities and Carers eg home based and community services, services which in reach to hospital to facilitate early access to rehabilitation and other services, supported transport, phone and computer based services. Ambulatory care appointments are made to specific time to accommodate needs of clients who are 'unable to sit and wait' for periods of time.	Incorporate this principle into models of clinical care as identified in the NSLHD Clinical Services Plan (CSP 2012) and the NSCCAHS Primary and Community Health Strategic Service Plan (PaCHSSP 2010).	General Managers / Director Primary and Community Care / Director Operations / Director Mental Health Drug and Alcohol	2011 – 2012 and ongoing
1.2.2	Ensure programs and services are culturally appropriate to people with disabilities and their Carers from Aboriginal and CALD backgrounds. The Multicultural Health Service and Aboriginal Health Service will provide advice and support to individual program/service in relation to implementation of guidelines in the workplace.	Programs and services for Aboriginal and CALD backgrounds develop culturally appropriate strategies. Relevant services and partner agencies are consulted. Working group established. Consultation occurs.	General Managers / Director Primary and Community Care / Director Operations / Director Mental Health Drug and Alcohol Manager Aboriginal Health/ Manager Multicultural Health	2011- 2012
1.2.3	Ensure that people with disabilities and Carers have access to appropriate information in client centred language about healthy behaviours and screening programs eg for hearing, oral health, mammograms, sexual and reproductive health, healthy lifestyle etc and that relevant information is available on the NSLHD internet.	Health education is included in clinical audits. People with disabilities included in target groups for population health services.	Director Primary and Community Care/Director Corporate Communications/ Director of Health Promotion/Mental Health Drug & Alcohol	2011 - 2012 2012

1.2.4	Ensure that a variety of mechanisms to provide feedback about local health services are available to people with disabilities and their Carers. Inclusive of the complaint process.	Evidence that feedback mechanisms are established such as community participation processes within local health services. Feedback received is used to develop strategies to improve the care experience. To be included in the web-based design.	Director Operations Clinical Governance Directorate Director Mental Health Drug and Alcohol General Managers / Director Primary and Community Care/ Chief Information Officer Director of Corporate Communications	2011 - 2012
1.2.5	Ensure a mechanism is available for people with a variety of disabilities to have input to service planning of NSLHD.	Evidence that feedback mechanisms are established and provide community, consumer and carer input to service planning processes.	Director Operations / General Managers / Service Directors	Ongoing
1.2.6	Ensure a mechanism is available for people with a variety of disabilities to have local input to facilities planning or other facility issues.	Evidence that consumers and Carers are invited to join user groups and their feedback is used during the process planning of large new facilities or major refurbishment of existing facilities as appropriate.	Director Operations / Director Mental Health Drug and Alcohol / General Managers / Service Directors / Director of Corporate Communications	Ongoing

		Evidence that consumers and Carers have mechanisms to raise issues regarding existing facilities. Utilisation of the Carer Support Service to bring 'carer voice' to planning.	Director Operations General Managers / Director Primary and Community Care	Ongoing
1.2.7	Ensure availability of the Disability Action Plan and related resources to staff and consumers.	Disability Action Plan is publicised in Area newsletters / communication. Disability Action Plan published on the LHD Intranet and Internet sites. Disability Action Plan is available in different formats.	Director Corporate Communications	2011
1.3 Ensure workforce development and education programs provide information about people with disabilities and complex needs				
1.3.1	Ensure training is available to staff on topics such as: • types and impact of disability • identifying people with disabilities and responding to their needs • adapting services to meet needs of people with co-existing disabilities and other health issues • planned and unplanned admissions of people with disabilities • use of specialised equipment • rights of people with disabilities • working with Carers and other agencies • Range and type of services available.	Existing training programs reviewed. Revised training programs designed. Training programs made available & marketed across LHD. Training programs evaluated.	Director Workforce and Culture Director CTD	2011 2012 2014

		Number and categories of people trained.		
1.3.2	Improve data collection of employees with disabilities and reporting of training programs which raise staff awareness of disability issues.	Evidence of disability issues in training data collection and reports.	Director Workforce and Culture Director CTD	2014

Priority 2. Providing information in a range of formats that are accessible to people with a disability.

Why do we need further action?

Access to information on the internet and intranet is increasingly important for consumers, Carers and clinicians. The World Wide Web Consortium (W3C) is an international community that develops standards to ensure the long-term growth of the Web. As part of W3C the Web Accessibility Initiative (WAI) has developed standards for website compliance which aims to improve the accessibility of websites for people with disabilities and for all users. There are three levels of compliance standards Level A, Level AA and Level AAA. Level AAA is the highest compliance standard but the WAI does not recommended that Level AAA conformance be required as a general policy for entire sites because it is not possible to satisfy all Level AAA Success Criteria for some content. It is therefore appropriate for the local health districts to work towards Level AA compliance standards to improve the accessibility of the district websites.

Adaptive technology (also known as assistive technology) is any device that helps compensate for the effects of a disability. This may include computer-based devices (hardware) and computer programs (software) which can be used by people who are blind or have low vision to access information which was previously not accessible to them. Other technological solutions are able to make information more readily available than in the past. Adobe Reader which is used to convert documents into PDF format also has a text reader built into the product and can read out loud when required.

There is a need for NSLHD to keep in touch with organisations such as Vision Australia and other related organisations to ensure that health and service information is provided in formats which maximise its accessibility. There is a need for information to be provided as much as possible in plain English that can be read and understood by people with reading difficulties or with intellectual difficulties.

Provision of a range of health and service information on the NSCCH internet site will increase the availability of this information to all consumers including people with disabilities who can access it using their own adaptive technologies. NSCCH has taken action to improve its internet website following the feedback from the AHAC survey. This process needs to be ongoing.

A number of respondents to the consultation process identified the following strategy as their highest priority for action:

2.1 Provide quality health information in a range of formats

Priority 2. Providing information in a range of formats that are accessible to people with a disability. Executive Sponsor: Director, Corporate Communications; Secondary: Chief Information Officer				
Ref.	**Actions**	**Performance Indicator**	**Responsibility**	**Target Date**
2.1 Provide quality health information in a range of formats				
2.1.1	When developing or reviewing health information to be provided by local services ensure the needs of all users are considered particularly people with a disability. The Commonwealth Government Better Information and Communication Practices Guidelines are available to assist in this process. Consult with organisations and groups which represent or advocate for people with various disabilities and their Carers when new health information material is developed.	Facilities and services review health information needs. New health information formats introduced as required (eg information provided on the NSLHD internet site, audio CD, DVD, PDF, podcast, vodcast, colour coding, large print, language that is easy to understand, pictorial brochures, translations).	Director Operations Director of Health Promotion General Managers / Director Primary and Community Care Director of Mental Health Drug & Alcohol Director Corporate Communications Head of Patient Experience Clinical Governance Directorate	Ongoing
2.1.2	Improve accessibility of LHD documents by promoting availability in a range of formats (eg disk- ASCII format, PDF, audio, large print, language that is easy to understand, pictorial brochures), to be available n both hard and soft copies at a local level.	District documents such as reports and plans are available in alternate formats on request.	Director Corporate Communications	Ongoing

2.1.3	Include information on supports for people with disabilities in general facility literature, including web pages. LHD internet pages identify the option for users to contact LHD with a request to provide information presented on the internet pages in an alternative format.	Annual monitoring by the Intranet and Internet Steering Committee.	Director Corporate Communications / Chief Information Officer	2012
2.1.4	Improve availability of information about alternative sources of equipment and aids eg equipment loan pools (ELP) and private providers.	Information available to consumers and Carers through physiotherapy and occupational therapy services across NSLHD.	General Managers / Director of Primary and Community Care/ Director Mental Health Drug and Alcohol Manager Clinical Products	Ongoing
2.2 Improve accessibility of websites for people with disabilities and all users				
2.2.1	Develop a policy to distribute to staff and post on the intranet and internet in relation to the World Wide Web Consortium's (W3C) Web Accessibility Guidelines. Review compliance of the website with W3C Level AA Standards.	Intranet and Internet Steering Committee will develop a policy for NSLHD compliance with W3C's Web Accessibility Guidelines and reviews compliance following implementation. A newsletter is developed and distributed to inform staff of considerations for impaired users when developing web content.	Director Corporate Communications / Chief Information Officer / Director Workforce & Culture Director Corporate Communications	2011
2.2.2	Improve accessibility by reviewing current content over time to ensure it conforms to W3C's Web Accessibility Guidelines and Standards.	The updated web content conforms to Level AA standards.	Director Corporate Communications / Chief Information Officer	2012

2.2.3	Explore options for voice activation and video clips for specific content as requested by the Director of Corporate Communications.	Options for voice activated and video content investigated and a recommendation made to the Internet and Intranet Steering Committee for action.	Chief Information Officer	2012
2.2.4	Investigate SharePoint capabilities for Web Accessibility Guidelines.	Recommendation made to the Internet and Intranet Steering Committee for action.	Chief Information Officer	2012
2.2.5	Development of information for Carers that support them understanding and accessing our LHD services. Information needs to be made available for Carers who are decision makers for patients with disability.	Provision of information to the Carer Support Service for loading onto their website	Chief information Officer	2013
2.3 Adopt information technology that is accessible for consumers and staff				
2.3.1	Incorporate disability requirements into specifications for new information technology solutions.	Specifications for new systems incorporate functionality and equipment requirements relevant to people with disabilities as supported by NSW Health Information Strategies.	Chief Information Officer	Ongoing
2.4 Use community networks and information services to provide comprehensive information to people with disabilities				
2.4.1	Ensure communication is available to local councils, disability agencies, community networks and information services with information about new services and health promotion programs. This may include local council libraries, local Council Aged and Disability workers, HACC Development Officers and relevant community advocacy and support groups.	Information about new services and health promotion programs provided to relevant organisations. Collaboration with Medicare Locals and GP Council Health Contract Centre	General Managers/ Director Primary and Community Care/ Director Health Promotion/ Manager Community Participation and	Ongoing

			Partnerships / Director of Mental Health Drug & Alcohol	

Priority 3. Making buildings and facilities physically accessible to people with a disability

Why we need further action

The Disability Discrimination Act prohibits unlawful discrimination in the provision of access to public buildings. However, the Disability Discrimination Act does not provide design specifications to assist planners and builders in meeting the non-discrimination requirement. It focuses on outcomes rather than specifications. The Building Code of Australia provides building regulations for new buildings or those buildings undergoing significant refurbishment regarding access requirements and references Australian Standards for access and mobility where appropriate.

To ensure consistency between the BCA and Australian Standards and to ensure compliance with the Disability Discrimination Act the Commonwealth Government has developed the *Disability (Access to Premises – Buildings) Standards 2010* (Premises Standards) which will come into effect from 1 May 2011. The Premises Standards set performance requirements and provide references to technical specifications to ensure dignified access to, and use of, buildings for people with a disability. They clarify the general non-discrimination provisions of the Disability Discrimination Act 1992 in relation to the design construction and management of buildings. The Premises Standards will be harmonised with the BCA. NSLHD will be required to ensure compliance with the Premises Standards.

Appropriate physical layout of rooms and bathrooms for bariatric or morbidly obese patients was an issue of concern raised in the consultation process. Staff may need to use lifting equipment to move bariatric patients and if doorways are not wide enough to accommodated the equipment and patient manual handling issues may arise. Given the increase in obesity this issue may need to be dealt with in addition to the compliance with the Premises Standards.

Services such as Oral Health and MHDA routinely audit all buildings it occupies or in which its consumers reside. It would be useful to incorporate this into a more formal disability access assessment and to identify disability access issues and priorities within the Area Risk Management Plan as part of the accreditation (EQuIP) standards. There is a need to identify the relevant governance structure within NSLHD to monitor and report on accessibility problems across NSLHD and to ensure that all facility planning and procurement documents adequately reflect the requirements for disability access.

A number of respondents to the consultation process identified the following strategy as their highest priority for action:
3.1 Improve physical access to buildings and facilities

Priority 3. Making buildings and facilities physically accessible to people with a disability Executive Sponsor: Director Finance				
Ref.	**Actions**	**Performance Indicator**	**Responsibility**	**Target Date**
3.1 Improve physical access to buildings and facilities				
3.1.1	Identify relevant governance structure within the organisation to monitor and report on disability accessibility problems across NSLHD.	Governance structure identified.	Director Operations/ Director Corporate Services General Managers / Director Mental Health Drug & Alcohol / Service Directors	2011
3.1.2	Identify priority disability access issues through audits of buildings owned or leased by the NSLHD Consult with suitably qualified persons as required eg Occupation Health and Safety (OHS), Occupational Therapy, Maintenance Operations, Technical Support and Consumer Participation.	Audits identify and prioritise improvements in consultation with service providers such as MHDA and local health services. Included in Accreditation and Risk Management Registers. Outcomes/actions of the disability audit of existing facilities are included in the Area Asset Strategic Plan for staged implementation.	General Managers Director Mental Health Drug and Alcohol Director Primary and Community Care Director Corporate Services Service Directors	2012 Ongoing
3.1.3	Review and ensure adequate references to Premises Standards / BCA Section D3 and AS 1428 Design for access and mobility Pt 1 - 5 are incorporated into NSLHD capital planning and procurement policies and procedures. Implement education program on disability access for Facility Planners, Capital Works, Engineering, Technical Support Group etc to raise awareness.	Evidence of review and updates policies and procedures. Evidence of education in staff induction, ongoing training and awareness raising at commencement of new projects.	Director Corporate Services	2011 Ongoing

Priority 3. Making buildings and facilities physically accessible to people with a disability Executive Sponsor: Director Finance				
Ref.	**Actions**	**Performance Indicator**	**Responsibility**	**Target Date**
3.1.4	Ensure consultation with stakeholders, inclusive of Consumer Participation, and other suitably qualified people in relation to disability access in Capital Planning.	Evidence of stakeholder consultation, specialist consultation and quality reviews.	Director Corporate Services	Ongoing
3.1.5	Ensure that new capital developments managed by NSLHD comply with Premises Standards/ BCA Disability standards, Health Facility Guidelines (HFG), Technical Standard 11 (Engineering) and all relevant legislation. Use of government pre-qualified consultants and contractors to ensure BCA and disability standards and legislation is understood and required to be met in capital planning and procurement. Ensure disability access issues are addressed in the planning and design documentation for capital projects.	Buildings are disability access compliant – BCA certification and Post Occupancy Evaluation reports where appropriate. Engage qualified BCA and DDA consultant/s where appropriate. Evidence of disability access issues identified in planning and design documentation.	Director Corporate Services	Ongoing
3.1.6	Ensure all NSLHD leasing and commercial contracts include provision for Premises Standards and BCA are incorporated into new/ renewal of leasing, rental and commercial agreements in light of planned use of facility. Where leased properties are to be `fitted out', ensure Project Manager aware of the Premises Standards and BCA.	Evidence that disability access standards are considered for all commercial and leased rental properties.	Manager Capital Works	Ongoing

3.1.7	Include signage in building audit review, develop a rolling plan and incorporate signage renewal as part of the Asset Strategic Plan. Ensure Director of Multicultural Health and Manager Carer Support are consulted as part of this process. Upgrade and provide additional signage to new and refurbished capital works projects. Ensure signage for identification of clinics etc is at eye level not up high.	The NSW Health Guideline 2009/010 Wayfinding for Health Facilities is used to assess signage compliance. Evidence of staged implementation of signage upgrades.	General Managers / Director Primary and Community Care/ Director Mental Health Drug and Alcohol/ Director Multicultural Health / Director Corporate Services / Clinical Governance Directorate	2012 Ongoing
3.1.8	Review and implement strategies for local access to facilities to ensure provision of safe access for people with disabilities (eg safe crossing and drop off zones, adequate disabled parking) as part of a building audit and risk management processes.	Liaise and advise Local Councils, disability services and transport services to address problems with paths and streets accessing NSLHD Health facilities. In Consultation with Carer Support services	General Managers / Director Primary and Community Care / Director Mental Health Drug and Alcohol / Manager Carer Support Services / Director Operations / Manager Capital Works /Clinical Governance Directorate	2012 and Ongoing

3.2 Provide equipment that is adaptive and meets the needs of people with disabilities to maximise safety and patient independence				
3.2.1	Ensure equipment is appropriate for special needs and diagnostic groups (eg for bariatric patients, height adjustable tables, specialised wheelchairs). Review and develop an Audit Tool that is specific to above. Implement change rooms in all Acute buildings for people (over child age) with a disability who require continence aids, rooms to have appropriate hoist equipment.	Purchasing and leasing arrangements for new equipment demonstrate that the equipment is appropriate for special needs and diagnostic groups and complies with required risk assessment processes.	General Managers / Directors of Nursing and Midwifery / Clinical Governance / Chair Clinical Products Committee / Chair Procurement Committee / Manager Capital Works / Manager Workforce & Safety / Director Mental Health Drug & Alcohol	Ongoing
3.3 Increase awareness of accessible facilities and services				
3.3.1	Develop disability access maps (including accessible routes, toilets, parking, safe drop off points etc.) for all facilities and make them available to service users eg at facilities and on web pages.	Develop and distribute a Disability Access map for each facility, and include on the NSLHD Web Site.	General Managers / Director of Corporate Communications / Director Mental Health Drug and Alcohol / Director Corporate Services / Director Health Promotion	2012

Priority 4. Assisting People with a disability to participate in public consultations and health service advisory committees

Why we need further action

While the NSLHD community participation unit (CPU) engages and monitors the participation of people with disabilities in public consultations and health service advisory committees, there is currently no formalised process across NSLHD for engaging particular disability groups apart from consumers who may experience issues with Mental Health and Drug and Alcohol.

Transparency in the consumer participation process and the need for broad representation of consumers is important to promote a range of views.

A number of respondents to the consultation process identified the following strategy as their highest priority for action:

4.1.2 liaise with disability groups, peak organisations and Carers support groups to identify particular disability groups which should be consulted and engaged in LHD services and develop a formal process for implementing this.

4.1.5 explore options to enable participation of people with disabilities in LHD consultation processes

Priority 4. Assisting people with a disability to participate in public consultations and health service advisory committees Executive Sponsor: Director Clinical Governance + Director Workforce and Culture				
Ref.	**Actions**	**Performance Indicator**	**Responsibility**	**Target Date**
4.1 Strengthen participation of people with disabilities in decision making				
4.1.1	NSLHD will continue to encourage people with disabilities and their Carers to join advisory committees and other community participation structures and will explicitly include them in its advertisement, recruitment and selection processes for community representatives.	Participation of consumers with disabilities and their Carers in advisory roles. Action plan to be explored/devised.	Director Clinical Governance / Manager Community Participation & Partnerships / Director Mental Health Drug & Alcohol / Director Primary & Community Health	Ongoing
4.1.2	NSLHD will: • liaise with disability groups, peak organisations and Carers support groups to identify particular disability groups which should be consulted and engaged in NSLHD services • develop a formal process for engaging these groups eg through services such as RRCS and its Centre for Disability Studies, the Sunnyfield Association and the NSW Cerebral Palsy Alliance.	Process of engagement implemented and participation by relevant membership on advisory committees and other community participation structures.	Director Clinical Governance/ Manager Community Participation & Partnerships / Director Mental Health Drug & Alcohol / Director Primary & Community Health	2011 – 2012 and ongoing

4.1.3	Implement community participation structures for services and specific projects that focus on people with disabilities and their Carers in compliance with NSW Health Policy (eg Rehabilitation).	Participation structures established. Structures and participation evaluated within 3 years.	Director Clinical Governance/ Director Operations / Director Mental Health Drug & Alcohol / Director Primary & Community Health	Ongoing
4.1.4	Explore options to enable participation of people with disabilities and their Carers in health service consultation processes by: • identifying appropriate processes eg alternative formats, and opportunities for participation • providing appropriate supports and assistance for people with a disability eg transport, respite care, etc. conducting consultations in accessible venues and with appropriate technology.	Options identified and evidence of accessible venues and appropriate support provided for consultations.	Director Clinical Governance / Manager Community Participation & Partnerships / Director Mental Health Drug & Alcohol / Director Primary & Community Health	2011 - 2012
4.1.5	Utilise existing community participation structures to present views of consumers with disabilities and Carers. It is the responsibility of a person with a disability to mention a Carer is involved with their daily management.	Assessment of the effectiveness of existing community participation structures monitored as part of their annual review cycle.	Director Clinical Governance Manager Community Participation & Partnerships / Director Mental Health Drug & Alcohol / Director Primary & Community Health	Ongoing

Priority 5. Increasing employment participation of people with a disability

Why we need further action

All NSW Government agencies are required to report on their progress towards the benchmark established for particular EEO groups. These benchmarks are based on the group's estimated representation in the NSW working age population (ages 15 to 64). The benchmark for people with a disability is 12%. NSLHD is a large employer with over 6,500 staff of which 3% identify as having a disability or impairment. This is likely to be an underestimate as this information is collected as people are recruited. A large proportion of staff were recruited prior to this practice or staff may choose not to identify themselves as having a disability. As the workforce ages many older staff may acquire disabilities. NSLHD has an obligation as an EEO employer to:

- make reasonable workplace adjustments to ensure it current and future staff are able to continue their employment participation.
- reduce and remove other barriers to employment participation for people with existing disabilities.

A number of respondents to the consultation process identified the following strategy as their highest priority for action:

5.2.2 Increase disability awareness amongst all staff and managers to demystify disability issues and foster positive attitudes.

Priority 5. Increasing employment participation of people with a disability Executive Sponsor: Primary: Director, Workforce & Culture; Director, Operations; Supporting: Director, Nursing & Midwifery Services				
Ref.	**Actions**	**Performance Indicator**	**Responsibility**	**Target Date**
5.1 Increase employment of people with disabilities				
5.1.1	Ensure compliance with EEO policy in all services and in relation to recruitment of new staff and retention of current staff. Incorporate responsibility for EEO compliance in Orientation Program and Recruitment & Selection training. Performance Development Reviews to include compliance with EEO initiatives. NSLHD internet site promotes employment opportunities for people with a disability.	Conduct EEO survey to review compliance with policy. Training provided and reported annually. EEO compliance evident in performance reviews.	Director Workforce and Culture Strategic Recruitment & Metro Careers Officer	2011 – 2012 and ongoing
5.1.2	Ensure comprehensive EEO statistical data in regard to disability is obtained at recruitment and that staff with long term or permanent workplace injury restrictions are recorded in statistics. Investigate the opportunities to report on EEO data in relation to disability either through E-recruit or Staff Health.	Increased numbers of staff who identify as having a disability at recruitment. Options identified and implemented Data used to inform service development and planning for future needs.	Director Workforce and Culture	2011 – 2012 and ongoing

5.2 Increase support to employees with disabilities				
5.2.1	Enhance employment options for people with a disability by eg: • Promote awareness of the Workers Compensation and Injury Management Policy and Procedure with emphasis on accommodation of reasonable workplace adjustments and flexible work practices. • Promote EEO, anti-discrimination and diversity principles through policy, staff orientation and training for managers • Develop EEO page on Workforce Intranet site • Develop partnerships with specialist external employment agencies for people with a disability to discuss employment options and opportunities within NSLHD.	Policies and programs promoted to staff eg CE newsletter, on the Workforce intranet site, training programs and internet. Work opportunities provided. Targeted Positions to be explored. Uptake of available options.	Director Workforce and Culture	2011 - 2012 and ongoing
5.2.2	Increase disability awareness amongst all staff and managers to demystify disability issues and foster positive attitudes eg: • Disability awareness training is included in orientation and mandatory education programs and contains information on workplace modifications and retention or redeployment of staff with permanent disabilities • Managers are more aware of the opportunities for employment for people with disabilities • Participate in public awareness campaigns (eg International Day of People with a Disability, Diabetes week) including promoting stories of staff with disabilities.	Orientation programs reviewed and required revisions made. Evidence that managers are proactive in managing disability issues within the workplace. Participation in public awareness campaigns, articles in local press and newsletters. Information on the employment of people with disabilities on the Workforce Intranet site.	Director Operations/ Director Workforce and Culture/ Director Corporate Communications / Director CTD / Head of Patient Experience	2011 - 2012 Ongoing Ongoing

5.2.3	Identify and remove barriers to career progression for people with a disability by: • Flexible job analysis and design • Reasonable adjustments about a workplace environment • It is the individuals responsibility to identify themselves as having a disability when requesting assistance	Job analysis and design provides evidence that disability issues have been addressed.	Director Workforce and Culture	2013
5.2.4	Support people with a disability in applying for traineeships and cadetships offered in NSLHD or for specific positions eg MHDA consumer. Support may include generic and specific training opportunities.	Evidence of people with a disability being recruited to traineeships, cadetships and other positions.	Director Workforce and Culture / Director CTD / Aboriginal EEO Officer / Strategic Recruitment & Metro Careers Officer	Ongoing

Priority 6. Using government decision-making and programs to influence other agencies to improve community participation and quality of life for people with a disability

Why we need further action

The partnership approach allows services to work together and to avoid gaps or service duplication and to utilise resources more effectively. Although the former NSCCAHS had a number of partnerships with other services, there is a need for stronger partnerships and active engagement between the local health district and other agencies (government, non-government and support groups) which work (or could work) with people with disabilities and their families. Staff may not be aware of, refer to or work with these important services.

The changing organisational environment provides an opportunity for NSLHD to review their service partnerships.

A number of respondents to the consultation process identified the following strategy as their highest priority for action:

6.1 Improve services through a stronger focus on partnerships with other agencies

In 2011, the Government established Medicare Local to plan and fund extra health services in communities across Australia.

To ensure decisions about health services could be made by local communities in line with local needs, Medicare Locals were created as local organisations – 61 of them Australia-wide. Medicare Locals are working with GPs and other primary health care providers to ensure all Australians, regardless of where they live, can access effective primary health care services. For more information on Medicare Locals, visit the website at www.medicarelocals.gov.au

In 2013 DisabilityCare Australia was launched as the national disability insurance scheme targeting people with significant and permanent disability. The scheme provides eligible people with reasonable and necessary supports to live with independence and participate socially and economically. The scheme has been established at particular sites and works with individuals to develop their goals, identify the supports required to meet those goals and implement their care package. NSLHD will work with DisabilityCare Australia and their participants and any relevant providers should the scheme be expanded to this region in the future.

Priority 6. Using government decision-making and programs to influence other agencies to improve community participation and quality of life for people with a disability. Executive Sponsor: Director Nursing & Midwifery				
Ref.	**Actions**	**Performance Indicator**	**Responsibility**	**Target Date**
6.1 Improve services through a stronger focus on partnerships with other agencies				
6.1.1	Enhance coordination of services for people with specific and complex needs by collaborating with other government and non-government agencies eg: • Maintaining involvement in Justice and Human Services Regional Managers Cluster - Coastal Sydney • Participate in regional planning eg HACC regional planning. Disability; Carers; Respite networks	Joint activities implemented by NSLHD with member organisations external and internal eg Carer Support.	Director Primary & Community Care / Director Mental Health Drug & Alcohol	Ongoing
6.1.2	Enhance integrated pathways for identification, early intervention and treatment of people with disabilities through collaboration with external agencies such as ADHC, NGOs, MLs, Aboriginal Medical Services, Police and Ambulance services and the education sector.	Systems and procedures developed with external agencies to support people with special and complex needs Collaborative services provided with other agencies. Utilisation of Carer Support Service	Director Primary and Community Care / General Managers / Director Mental Health and Drug and Alcohol / Head of Patient Experience / Clinical Governance Directorate / Manager Aboriginal Health	2011-2012 and ongoing
6.1.3	Encourage NGOs supported by District to address special needs of people with a disability in service provision.	Provisions addressed in NGO funding agreements.	Director of Finance / Director Primary & Community Health	Ongoing

6.1.4	Work with affiliated organisations, other specialist non-government agencies and statewide networks (eg Centre for Disability Studies and the NSW Agency for Clinical Innovation (ACI) Intellectual Disability Network) to enhance services available for people with disabilities.	Recommendations and resource requirements identified. Implementation plan developed (based on approval /resources available). Carer Support involvement????	Director Operations Director Primary and Community Care	2011-2012 and ongoing
6.2 Engage in activities which promote people with disabilities within the wider community				
6.2.1	Increase disability awareness in the community to foster positive attitudes eg: • participate in public awareness campaigns (eg International Day of People with a Disability, Mental Health week, Carers week, Diabetes week) • promote stories of people with particular disabilities and their Carers • promote support groups across Area eg Carers program	Participation in public awareness campaigns. Stories published eg in local paper, CALD and Area publications. Topic included in group discussion and face-to-face sessions where appropriate eg with people from Aboriginal and CALD backgrounds.	Director Health Promotion / Director Mental Health Drug and Alcohol / Director Carer Support / Director Primary and Community Care / Head of Patient Experience / Manager Community Participation To be supported by Director Corporate Communications	Ongoing Ongoing Ongoing

Priority 7. Providing quality specialist and adapted services where mainstream services are not adequate to meet the needs of people with a disability

Why we need further action

There is a need for NSLHD to ensure that its residents have access to highly specialised services for people with a range of disabilities. Mainstream health services need to be adapted to ensure access for people with disabilities and to meet their particular needs. This is part of core business for all acute hospitals and primary and community health services.

A number of respondents to the consultation process identified the following strategy as their highest priority for action:

7.2 Provide adapted services that are responsive to the special needs of people with a disability.

Priority 7. Providing quality specialist and adapted services where mainstream services are not adequate to meet the needs of people with a disability Executive Sponsor: Director Operations				
Ref.	**Actions**	**Performance Indicator**	**Responsibility**	**Target Date**
7.1 Provide highly specialised services for people with a range of disabilities				
7.1.1	Ensure that NSLHD residents have access to specialist consultant /referral services for disability eg: • EnableNSW (operates services such as Program of Appliances for Disabled People (PADP), Home Respiratory Program for adults and children requiring long term ventilation • BIRP (Brain Injury Rehabilitation Program), Spinal Injury and Burns Rehabilitation through the RRCS • Assessment and monitoring services for people with an intellectual disability through the NSW Developmental Disabilities Health Unit (DDHU) • Promotion of Rehabilitation Services (ie: Graythwaite). • Paediatric Mental Health for example: Outreach Support Service (OSCA) at Chatswood	Service access monitored by Aged Care and Rehabilitation Network. Access to services at RRCS is defined by performance agreement. Residents of NSLHD continue to access services through DDHU	Director Operations / Director Aged Care and Rehabilitation / Director Finance / Director Primary & Community Health / General Managers / Directors of Nursing & Midwifery (Service access to the DDHU is monitored by NSW Health Centre for MHDAO).	Ongoing Ongoing
7.1.2	Identify opportunities to enhance service provision for people with highly specialised and multiple needs eg dementia and ageing in people with disabilities; physical health care of people with disabling mental illness.	Review evidence of planning, business cases or programs.	Director Operations / Director Primary & Community Health / General Managers / Director Mental Health Drug & Alcohol / Service Directors	2014
7.1.3	Contribute to knowledge of best practice Disability Services by participating in quality activities, research and service reviews.	Evidence of quality activities and research for specialist and mainstream services.	Director Clinical Governance Research Business Unit	Ongoing
7.1.4	Continue to provide access to the Driver Assessment Service at Royal Rehabilitation for people with an acquired disability, requiring specialist driver assessment and driver training.	Note: this service is self funded - Percentage of clients who uptake services	Director of Finance	Ongoing

7.2 Provide adapted services that are responsive to special needs of people with a disability				
7.2.1	Increase capacity of mainstream services to manage clients with multiple and complex needs eg: • Implement the NSLHD Clinical Services Plan and PaCHSSP particularly in relation to chronic and complex care. • Consulting with the clients and other care providers.	Evidence of implementation of new models of care as a result of the CSSP and PaCHSSP.	Director Operations / Director Primary & Community Health	Ongoing
7.2.2	Improve access and availability of services for children and adolescents by developing and implementing transition practice guidelines across the health service to support young people with chronic illness and / or disability moving from paediatric to adult care.	Identification of pathways and practice guidelines for particular illnesses or disabilities.	Director Primary and Community Care / Director Child and Family Network / Director Mental Health Drug & Alcohol	2012
7.2.3	Support young people with chronic illness and / or disability moving from paediatric to adult care.		Director Primary and Community Care / Director Child and Family Network / Director Mental Health Drug & Alcohol	2012
7.2.4	Increase options for people with disabilities to exercise safely. eg: • Extension of the Stepping: On Falls Prevention Program for disabled persons across NSLHD • Continue with cardiac and pulmonary rehabilitation programs such as Management of Cardiac Failure (MACARF) and Hornsby Huffers Program • Continue to make personal DVD programs available for home based exercise, as well as programs for residential care to conduct • Provide training on falls prevention exercise programs to suitable bilingual volunteers and workers to increase access to these programs for disabled people from CALD backgrounds. • Develop strategies to enable people with a disability from CALD backgrounds to access relevant programs and services.	Prevention and rehabilitation programs implemented Evidence that programs are reaching disabled people from CALD backgrounds and Aboriginal groups Training provided to bilingual volunteers and workers	Director, Aged Care & Rehabilitation Network Director Primary and Community Care Director of Health Promotion Manager of Aboriginal Health	Ongoing

7.2.5	Increase access and awareness to people with disabilities of the Sexual Health / Sexuality Clinics.	Ensure this aspect of holistic care is included in the care plans of people with disabilities.	Director Operations	Ongoing
7.2.6	Improve public awareness of services that have improved access for people with disabilities, eg: MHDA, BreastScreen and Oral Health.	Service actions promoted via website and newsletters to provide an example for other health services.	Director Corporate Communications / Director Primary and Community Care / Director Mental Health Drug & Alcohol / General Managers / Director Health Promotion	Ongoing

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9 Appendices

10 Disability Services provided within the catchment of the Northern Sydney Local Health District

This chapter provides an overview of the range of services available to people with disabilities and their Carers, but is not intended as definitive statement of all available services.

10.1 Services provided by Northern Sydney Local Health District

This plan provides a brief summary of services of NSLHD which provide assessment, care and treatment for people with a range of disabilities. More details are available in the NSLHD Clinical Services Plan (CSP) and the NSCCAHS Primary and Community Health Services Strategic Plan (PaCHSSP) and background papers.

10.1.1 Maternity and Newborn Care

Target Group: women who are delivering a baby in a NSLHD hospital and their new born baby.

Maternity and new born care services work in partnership with women:

- who have a disability which may require multidisciplinary or complex care during the pregnancy and birth
- whose baby is identified with a disability or disabling conditions either prior to birth or after birth.

Royal North Shore Hospital provides services to women whose pregnancies are identified as high risk or who have complex medical care requirements. These women are referred to the Maternal Fetal Medicine unit, by their general practitioner (GP), medical specialist or the booking clerk who asks about previous or current medical conditions. The care is coordinated by the clinical midwifery consultant (CMC) for high risk pregnancy. Other NSLHD maternity services do not have a maternal fetal medicine unit and CMCs for high risk pregnancies, but do have CMCs and use similar processes. The process includes:

- Discharge planning commences at the first appointment.
- The CMC and maternity discharge planner arrange an antenatal case review with the woman, her family and or carer and identified community supports (or relevant expert) to identify her specific requirements and create a plan of care.
- The plan of care may include but is not limited to extended length of stay, family support and or Carers can stay with women in hospital in a single room, education programs developed by the CMC for midwives in the unit.
- Other CNC's such as the spinal CNC and respiratory CNC also provide education for staff.

The needs of women with complex mental health needs and their babies are addressed by the Safe Start multidisciplinary case review meeting that provides a direct link with the community for women with complex mental health needs.

Women who are Carers for a person or child with a disability are offered social work support. Their needs are considered at a multidisciplinary case review meeting. If appropriate a plan for pregnancy, birth and postnatal care is developed. This can include but is not limited to increasing or commencing, home care cleaning, access to in home childcare, case conference and respite services, community mental health and availability of family support at this time. Communication with appropriate community services is also part of this care process.

For neonates the process is the same. If issues are identified in the antenatal period women are offered referral to community support groups and information at that stage. Follow up is arranged as part of the discharge process and the Newborn Care Centre discharge coordinators support the transition home.

10.1.2 Child, Youth and Family Services

10.1.2.1 Child and Family Health Teams

Target Group: children with problems related to speech and language problems, gross and fine motor movement, development or behaviour.
The Child and Family Health multidisciplinary team provides specialist assessment, diagnostic and treatment services to manage the care of children with complex and special needs including medical, developmental and behavioural disorders. Common presenting issues include speech and language problems, gross and fine motor movement problems and 'global' developmental and behavioural problems.

The team works in close collaboration with the child and young people's mental health team, as well as external agencies and government departments such as the Department of Education and Community Services and local government. Child and family health also offers an extensive range of health promotion, early intervention and community education programs. A range of professionals contribute to child and family multidisciplinary teams including specialists in physical, mental, developmental and behavioural issues including:

- Community Paediatrics
- Child and Family Health Nursing
- Child and Young People's Mental Health
- Allied health services including speech pathology, physiotherapy, occupational therapy, audiology, psychology and social work.

10.1.2.2 Child Development Service

Target Group: children of preschool age with developmental delay in at least two areas.
The Child Development Service located in the Herbert Street Community Health Centre in St Leonards and provides diagnostic and assessment services to families with children who may have a developmental disability or intellectual handicap. The comprehensive assessment is multidisciplinary and involves a detailed focus on the child's developmental history, current abilities and needs. It includes a full psychological and paediatric assessment and assessment of motor skills where appropriate. Recommendations for therapies, ongoing contact and follow up consultations are offered. Children and young people with an intellectual disability of school age and above are usually referred to ADHC.

The Child Development Service is a free service available to any family resident in the local health district, holding or eligible for a Medicare card. The Assessment Centre supports more generalised providers of health, education and therapy services and maintains close links with other therapy and early intervention services including speech pathology services.

10.1.2.3 Spilstead Early Intervention Service

Target group: children under 8 years who are at risk and vulnerable families who are in stress or experiencing difficulties in the care and parenting of their infant and preschool children. This service is not specifically for children with disabilities, however some children may experience developmental delays and or disorders or the parents may have a mental health illness or history of substance abuse.
The Spilstead Early Years Intervention and Support Service at Dalwood provides multidisciplinary health, education and support services. An early intervention model of service delivery based on neuro-developmental research is utilised incorporating strengths-based, family centred and child focused services. The Spilstead Model is unique in its ability to provide a holistic and integrated approach to the needs of vulnerable families and at risk children. All services for both parents and children are provided under one service umbrella and located on the one site. This enables maximum engagement with families and ensures optimal co-ordination and consistency of service delivery.

10.1.2.4 Screening programs

Target Group: babies and children under 4 years
Two statewide screening programs address hearing and eyesight and include comprehensive pathways for the referral and care of children where mild, moderate and severe problems are identified.

- The NSW Statewide Infant Screening - Hearing (SWIS-H) Program aims to identify all babies born in NSW with significant permanent hearing loss by three months of age.
- The Statewide Eyesight Preschool Screening (StEPS) program offers all 4 year old children free screening before they start school.

10.1.2.5 Out of Home Care (OOHC) Project

Target Group: children and young people in statutory care for 90 days or more.
The OOHC Project was established in March 2010 in response to the higher prevalence of acute and chronic health problems, behavioural and emotional issues and developmental disability experienced by these children when compared with the general population.

The program aims to provide each child entering out of home care with a comprehensive health assessment and health management plan. These plans will identify the ongoing health needs of each child in out of home care and enable their health needs and the options for addressing them to be tracked over time.

An OOHC Coordinator was appointed to cover the areas of Northern Sydney and Central Coast LHDs but is currently located in the Child Protection Unit in Gosford. The coordinators role is to develop and coordinate systems to support both primary and comprehensive health assessments for children and young people entering OOHC. The service in Northern Sydney has only been partially implemented to date

so has focused on 0 to 5 year olds. The final arrangements for coordination between the two LHD following the health reforms are yet to be made.

10.1.2.6 Brighter Futures services

Target Group: Families who are expecting a baby or have at least one child aged 0-8 years (with priority given to 0-3 years) and are experiencing one or more of the following issues:

- *Lack of extended family or social support*
- *Parental mental health issues or drug or alcohol misuse*
- *Domestic or family violence*
- *Parental learning difficulties or intellectually disability*
- *Child behaviour management problems.*

Brighter Futures early intervention services are provided to families referred under the Community Services early intervention program. The Benevolent Society provides Brighter Futures services for Ryde, Hunters Hill, Hornsby and Ku-ring-gai, while the Spilstead Centre in partnership with the Benevolent Society provides services for Pittwater, Manly, Willoughby, Lane Cove, Warringah, North Sydney and Mosman.

10.1.2.7 Child and Adolescent Mental Health Service (CAMHS)

Target Group: Children and adolescents between 0-17 years in Northern Sydney and with moderate to severe mental health problems.

The CAMHS program aims to reduce the prevalence and intensity of emerging mental health disorders (eg anxiety and depression) in children and young people by providing comprehensive mental health services such as early recognition, initial contact and assessment, through to acute community based support, recovery and ongoing care. CAMHS services are located within each local health service. They are managed locally and operate separately to the adult services. CAMHS is engaged with a number of Area and special projects/programs including Children of Parents with Mental Illness (COPMI), Integrated Perinatal and Infant care (IPC), School Link, Keep Them Safe and with other programs provided through NGOs such as Brighter Futures.

10.1.2.8 Youth Health

Potential target group: young people 12-24 years of age with primary health concerns

The NSCCAHS PACHSSP identified the need to establish a Youth Health Service in the Ryde area. Youth health services aim to promote young people's access to health services and ensure quality health services are available to them by providing health services at locations close to where they live or go to school.

10.1.2.9 Carers Support Service

Target group: Carers and NSLHD staff working with Carers.

Carer Support promotes and encourages recognition of Carers as respected and valued partners in health care as part of the NSW Carers Action Plan 2007-2012. And the Carer Recognition Act 2010. The service aims to:

- Educate and support staff to identify, understand and engage with Carers as partners in care, and to provide them with timely and accurate information.
- To improve LHD service provision to be more effective in meeting the needs of patients and their Carers

- To improve the provision of information that can assist Carers to navigate the health system
- To ensure Carers supporting patients in our hospitals are assisted/supported in this role
- Provides Carers with information, education and guidance.
- Provides complex case support to individual Carers
- Provides support across the range of Caring roles.
- Special services for Carers in these categories:
    - Young Carers
    - Male Carers
    - CALD Carers

10.1.3 Critical Care

10.1.3.1 Trauma services

Target Group: Adults and children who experience major trauma including spinal and burn injury.
RNSH, as a designated major trauma service, is the main referral hospital in NSLHD for patients with major injuries or requiring acute neurosurgery, cardiothoracic, complex abdominal or orthopaedic surgery, severe burns and spinal injury. RNSH provides acute resuscitation and surgery if required for paediatric trauma. Once stabilised, children are generally transferred to one of the specialist children's hospitals, particularly if paediatric ICU services are required.

The NSCCAHS Clinical Services Strategic Plan identified the need for the trauma service to move from being an ED based consultancy service to one with a comprehensive inpatient component providing the full spectrum of care including pre-hospital, emergency resuscitation, surgery, intensive care, inpatient ward care and subsequent rehabilitation and outpatient follow-up.

10.1.4 Mental Health and Drug and Alcohol Services

Target Group: Children, adolescents and adults with mental health problems and / or drug and alcohol problems.
Northern Sydney Central Coast Mental Health and Drug and Alcohol Services (NSCCMHDA) provide a range of acute and non acute treatment and rehabilitation services. Clinical inpatient and community based services include perinatal, child and adolescent, early intervention, acute assessment and treatment, rehabilitation, community support, consultation/ liaison, and dietary disorders. The service also conducts extensive training, education and research. (Mental Health services for children and young people are described under the Child, Youth and Family section).

Acute inpatient services are networked across the five acute hospitals with inpatients services located at RNSH, Manly, Hornsby Ku-ring-gai and Macquarie Hospitals. In addition, Macquarie Hospital provides centralised non-acute (recovery and rehabilitation) mental health inpatient services. These services specialise in the rehabilitation of consumers with challenging behaviours in addition to ongoing disabling mental illness, many of whom require medium to very long stays.

NSW Health has identified the need for improved strategies for short term rehabilitation, early intervention programs such as vocational training and

employment and supported accommodation programs in local health services to facilitate recovery and rehabilitation.

10.1.4.1 Specialist Mental Health Services for Older People (SMHSOP)

Target Group: People aged over 65 years with a mental health problem.

Clinical inpatient and community based services for older people, including specialist inpatient units and consultancy, assessment and management, community support, and capacity building. The SMHSOP works with residential facilities for people with severe behavioural and psychological symptoms of dementia. These services work in tandem with Aged Care Services.

10.1.5 Neurosciences

10.1.5.1 Neurology and Stroke Services

Target Group: People who have experienced a stroke or transient ischaemic attack (TIA), or have the following disorders: Parkinson's disease, multiple sclerosis, epilepsy, motor neurone disease, neuromuscular disease, dementia, and migraine.

Neurology services in NSLHD are networked across the five acute hospitals with RNSH providing a full range of diagnostic services and specialist and high level neurological services. Acute stroke services have been established at Hornsby, Manly and RNS Hospitals. RNSH provides tertiary and outpatient services including neurology, a motor neurone clinic, spasticity clinic, movement disorders clinic, and mitochondrial clinic all of which have a high proportion of inflows from other Areas.

The NSCCAHS Clinical Services Strategic Plan identified the need to:

- develop and expand public ambulatory and outpatient services and improve access to slow stream rehabilitation and transition care for neurology and stroke patients.
- improve access to brain injury rehabilitation for patients with an acquired brain injury.
- develop a multidisciplinary complex and ongoing care model in each local health service for the management of neurological conditions such as Parkinson's disease, motor neurone disease, multiple sclerosis and neurodegenerative conditions.

10.1.6 Primary and Community Health Services

10.1.6.1 Community Nursing Services

Target Group: People of all ages in the community.

Services include comprehensive assessment, wound management, medication monitoring, pain management and short term personal hygiene, continence and catheter management, post-surgical and post-hospital care including management of drainage devices, respiratory care (including asthma management), and chronic disease self-management.

10.1.6.2 Acute Post Acute Care (APAC)

Target Group: Adults requiring post acute care in the community.

APAC provides home-based acute care substitution for selected conditions and acute exacerbations of chronic and complex cases that can be safely managed in the community. APAC assesses and monitors people with a variety of medical, surgical

and age related problems. Selected patients are cared for within their home, hostel or nursing home by an expert multi-disciplinary team. This multi-disciplinary team includes Clinical Registered Nurses, Physiotherapists, Occupational Therapists, Social Workers, Pharmacists and Community Care Aides.

10.1.6.3 Ongoing & Complex Care Services

Target Group: People over the age of 16 years who have chronic health conditions including CVA, progressive neurological conditions (Parkinson's disease, multiple sclerosis, epilepsy, motor neurone disease), chronic pain, cardiac disease, respiratory disease and diabetes.

A range of services which address chronic disease management and rehabilitation are provided by community and hospital based programs across NSLHD these include a range of nursing and allied health interventions. These services focus on improving quality of life, minimising or avoiding hospitalisation. People with ongoing disability or functional limitations are advised of disease-specific support groups and services to promote community integration and continuing support.

10.1.6.4 Other Primary and Community Health Services

Target Group: People of all ages in the community.

A range of Primary and Community Health Services including Oral Health, BreastScreen, Women's Health and Multicultural Health and Aboriginal Health have all worked to improve access to their services for people with a disability.

10.1.7 Rehabilitation and Aged Care Services

Target group: Older people and people with disabilities.

Clinical inpatient, outpatient and community based services including assessment and treatment, rehabilitation, and community support. Includes aged care assessment teams (ACAT), rehabilitation and geriatric inpatient consultation services, inpatient rehabilitation, acute and subacute geriatric, transitional care, psychogeriatric units and consultation, aged care service emergency teams (ASET), outpatient services including wound, amputee, pain, continence, dementia, and orthotics, and therapy services, and ComPacks to enable early discharge from hospital.

10.1.8 Northern Sydney Multicultural Access Project

Target Group: Frail aged people, people with disability and Carers from CALD backgrounds.

The Northern Sydney Multicultural Access Project is funded by the Ageing, Disability and Home Care, NSW Department of Human Services through the Home and Community Care (HACC) Program. The project provides information, advice and support to assist HACC, and other aged, disability and community services to better support the current and future needs of the HACC target group from CALD backgrounds. The project also works closely with CALD community groups and organisations to improve knowledge and understanding of ageing, disability and health issues and relevant services in CALD communities.

10.1.9 Core Allied Health Clinical Services

Target Group: Adults and children.

Assessment, therapy and support are provided by physiotherapists, occupational therapists, speech pathologists, dietitians, clinical psychology, podiatrists, orthotists, social workers and psychologists.

10.1.10 Other Support Services

10.1.10.1 Transport for Health Program

Target group: Frail aged, people with disabilities, people with targeted health problems e.g. cancer requiring support with transport.

Non-emergency health related transport provided to outpatient/ambulatory clinics across the area. The Transport for Health policy promotes a "mobility management" approach to non-emergency transport through coordination between appointment systems and transport service providers and encouragement of closer cooperation and development of partnerships with the community transport system.

10.1.10.2 Equipment Lending Pools (ELPs)

Target group: Patients requiring equipment for a short period of time.

ELPs provide equipment to patients requiring equipment for a short period of time following hospital care.

10.2 Other Services for People with a Disability in the Northern Sydney catchment

These services listed are not a comprehensive review of the services available but give an indication of the range of services for people living with a disability.

10.2.1 Department of Education and Communities support services for students with disabilities

Target Group: Students of various ages with a range of disabilities

The NSW Department of Education and Communities provide a range of services to support students with disabilities in regular classes, support classes in a regular school and in special schools. Individualised support with learning programs, mobility, personal care, safety and health care procedures is available across the complete range of settings that may be agreed as the most appropriate for a child.

There is a range of itinerant support staff, specialist teachers who provide additional support to schools and individual students. These include services for hearing impairment, vision impairment, early intervention, behaviour, integration and transition Years 7-12.

Additionally, support classes are available for early intervention, intellectual disability, autism, physical disability, hearing impairment, language disorders, behaviour disorders and emotional disturbance.

For some students with disabilities, additional support technology and equipment may be provided to provide access to appropriate curriculum and participation in a range of educational activities.

10.2.1.1 Arranounbai School Physical Abilities Unit

Target Group Arranounbai School: students with physical disabilities and medical conditions including autism who are from locations across the NSW Department of Education Northern Sydney region which is similar to NSLHD.

Target Group Early Learning Program (ELP): Children in ages from 3 to 5 years with a diverse range of disabilities and medical needs.
Arranounbai School and ELP provide personalised educational programs and health care support where needed. The Physical Ability Unit (PAU), a Northern Beaches community health team, is based at Arranounbai School and provides a range of nursing and therapy services. A memorandum of understanding between the Department of Education and Training / Arranounbai School, NSW Health and the former NSCCAHS guides the service provision until updated for the NSLHD.

10.2.1.2 Stewart House

Target Group: While Stewart House services are not specifically for children with disabilities, for two separate weeks of the year services are provided to children with special needs who are accompanied by a carer.
Stewart House provides a respite, recreational and educational facility for vulnerable children who attend a NSW Department of Education school and are nominated and selected by the school principal on the basis of their social vulnerability. Stewart House is also an affiliated health organisation providing limited child health screening (hearing, optometry, oral health) services by agreement with NSW Health. NSLHD provides some of these services.

10.2.2 Cerebral Palsy Alliance

Target Group: Children and young people with cerebral palsy and their families who require early intervention programs.
The Cerebral Palsy Alliance is based in Allambie Heights in northern Sydney but provides a range of statewide and national services including:

- Lifepoints (previously Kids on the Coast) for children and young people offering help to identify goals and plan for life needs and including occupational therapy, physiotherapy and speech pathology for children with cerebral palsy 0-5 years and children with complex and significant needs, 5-18 years.
- Livewire is a free online peer support service
- Cerebral Palsy (CP) Helpline offering phone and email support to parents and families
- MyTime is a group for parents and grandparents who are caring for a child with a disability and there is also a parent to parent Peer Support program

10.2.3 Autism Spectrum Australia (Aspect)

Target group: children living with autism spectrum disorder
Aspect is a not for profit organisation base in Frenchs Forest but provides a number of services for children, young people and adults living with autism spectrum disorder including:

- *Building Blocks program* provides home and centre based early intervention services and includes a specialist outreach team.

- Assistance with seeking funding and access to approved providers for children who are under six and eligible for the Federal Government *Helping Children with Autism funding program*.
- Vern Barnet school for children and young people with autism spectrum disorder is based at Forestville.

10.2.4 Helping Children with Autism Funding Program

Target group: children who are under 6 living with autism spectrum disorder
This Federal Government funding program is available for children under 6 and is accessed through registered providers. A range of interventions are available which are family based, therapy based and address behavioural, developmental and social learning issues.

10.2.5 Home and Community Care

Target group: frail aged people, people with a disability and their Carers.
Home and Community Care (HACC) Services provide a comprehensive, coordinated and integrated range of basic maintenance and support services for frail aged people, people with a disability and their Carers. In addition the services provide support for these people to be more independent at home and in the community. The range of HACC services include:

- *Counselling, Support, Information and Advocacy for care recipients and Carers*
- *Case management and Assessment*
- *Community Options*
- *Centre based day care*
- *Emergency Personal Alarms services*
- *Community Nursing and Allied Health*
- *Multicultural Services*
- *Aboriginal Services*
- *Community Aid / Community Development*
- *Home Modifications and Maintenance*
- *Domestic Assistance /Home Care*
- *Linen Service*
- *Personal Care*
- *Dementia Support*
- *Respite Care*
- *Social Support*
- *Transport*
- *Meal and Food Services*
- *Living conditions program*

10.2.6 Community Transport Services

Target group: frail aged people, people with a disability and their Carers.
Community transport including health related community transport services are provided by a range of services providers across NSLHD. Accessible Bridge Services provides a coordinating role for these services, many of which are HACC funded. The NSCCAHS PaCH Strategic Plan identified the need to establish and sustain a Health Transport Network between the health service and community transport stakeholders to collaborate in the planning and provision of improved patient transport solutions.

10.2.7 Sunnyfield

Target group: adults living with intellectual disability
Sunnyfield services are located at Allambie Heights and provide a range of services to people living with an intellectual disability including:

- *Person centred planning*, *community participation, community education* and *day and art programs* to increase the independence and life skills that people need to participate in community living and encourage social and community involvement..

- *Housing and Support Services* are provided to people with intellectual disability on a 24 hour basis in group homes for four to six people.
- *Employment and training programs* for supported employees and transition to work.
- *Active ageing* for people aged 55 to 64 to transition to an active older life
- *Life choices* for people aged 25 to 54 years develop age appropriate daytime activities and matched to their skills and interests
- *Post school options* provides support to people with post school options funding to develop their skills and achieve greater independence and self-reliance including pre-employment skills for open or supported employment.
- Support for ageing parent Carers and respite care.

10.2.8 Royal Rehabilitation Centre, Sydney

Target Group: Adults aged 18 and over who have a range of complex conditions including acquired brain injury, spinal cord injury, high physical support needs, intellectual disability, mental health conditions, age-related conditions, and autism spectrum disorders.

The Royal Rehabilitation Centre Sydney (RRCS) located in Ryde is a specialist provider of rehabilitation and disability services and is an affiliated health organisation under the NSW Health Services Act. The Centre offers both specialist rehabilitation programs for people following injury or illness and a range of innovative residential and community support services for people with life-long disability who have complex, continuing care needs.

RRCS has an extensive range of expertise, applied across a range of centre and community based services. Included among these is the Brain Injury Rehabilitation Service which offers a statewide service to clients who have sustained a traumatic brain injury as part of the NSW Brain Injury Rehabilitation Program (BIRP). The service is composed of a 16-bed inpatient facility and a community rehabilitation programs available to those living in the northern, central and eastern Sydney areas.

The Spinal Injury Rehabilitation Service offers a state-wide service to clients who have suffered traumatic and non-traumatic spinal cord injuries. The service is composed of a 20-bed inpatient facility and the Spinal Injury Outreach Service (a NSW Ministry of Health initiative) supports the person's ongoing and complex needs following discharge from hospital. The service offers individually tailored, multi-disciplinary rehabilitation programs the main purposes of which are to restore as much function and independence as possible for the person, while facilitating adjustment to disability, promoting self determination and enhancing quality of life.

Specialist disability services at RRCS support people both in community and centre-based residential accommodation in a wide variety of locations within greater metropolitan Sydney. Accommodation service options range from 'drop-in' to full-time support. Clients can also have extensive additional support needs in the areas of high complex health care needs and significant behaviours of concern.

Other services provided at RRCS include a driver assessment service and a sexuality clinic for people with an acquired disability.

10.2.9 NSW Developmental Disability Health Unit (DDHU) / Centre for Disability Studies (CDS)

Target Group: people of all ages with a development disability. This is a statewide service though 38% of the consumers come from the NSLHD catchment.

The NSW Development Disability Health Unit (DDHU) / Centre for Disability Studies (CDS) is located in the outpatients department of RRCS at Ryde. It provides specialised health assessments for people with developmental disability in NSW. The Unit is sponsored by the CDS and RRCS. NSW Health funded the Unit's activities for the three year period, July 2008-June 2011. Services include:

- Medical Clinics - new patients have a comprehensive health assessment. Follow up appointments are offered 3-4 months after the initial assessment, to discuss outcomes of investigations, referral, and to review progress.
- Other clinics offered are a psychology clinic and rehabilitation and ageing and dementia clinics.
- Detailed written reports with recommendations arising from the evaluation are sent to patients, their families and Carers, general practitioners and support agencies.
- Telephone advice is also provided to general practitioners, support workers and families.
- Teaching and supervision is provided to medical students and a general practitioner registrar.
- Research efforts currently focus on depression screening and falls in people with intellectual disability.

10.3 Statewide or Specialist Services

Some services are so specialised that they are only available in one or two centres in NSW. Consumers and families living in Northern Sydney may need to travel to these hospitals to use these highly specialised services. For example, the Children's Hospital at Westmead and Sydney Children's Hospital at Randwick have specific expertise in the diagnosis and treatment of less commonly occurring illnesses and disabilities in children and adolescents. Similarly, services used by adults such as heart/lung transplant units are only available in one or two hospitals.

A range of services which provide equipment for people with a disability have recently been combined into a statewide service *EnableNSW.* This program incorporates the Program of Appliances for Disabled People (PADP), Artificial Limb Service (ALS) and the NSW Home Respiratory Program (HRP).

10.3.1 Coral Tree Family Service

Target Group: children of primary school age whose difficulties are generally long standing and have not improved through less intensive interventions.

Part of the NSCCH Child and Adolescent Mental Health Service (CAMHS), Coral Tree Family service, provides tertiary level, family orientated mental health care for children with emotional and behavioural difficulties. Services, located on the grounds of Macquarie Hospital in Ryde, are provided on a statewide basis not just to residents of NSCCH.

10.3.2 Transition services

Target Group: Young people with chronic and ongoing conditions who require assistance with transitioning to adult care services.

More than 90% of children with complex and ongoing illnesses and conditions now survive into adulthood, so successful transition from neonatal to paediatric/child and family services, and subsequently from paediatric/child and family services to adult care is critical. NSW Health and GMCT established a statewide Transition Program that aims to improve systems and processes for young people moving from paediatric to adult health services.

10.3.3 NSW Agency for Clinical Innovation (ACI) Intellectual Disability Network

NSW Agency for Clinical Innovation (ACI) has established a statewide Intellectual Disability Network to improve health care for people with intellectual disabilities across their life span. It includes clinicians, consumers, government and non government agencies. Its role is to:

- provide clinical leadership and coordinate a statewide approach to service delivery with a focus on management of co-morbidities such as mental health and chronic and complex conditions.
- develop service benchmarks, models of care and standardised treatment protocols.
- Improve service quality, education and research.

11 Consultation Feedback

This chapter outlines the feedback received from the May to June 2011 consultation process and the action taken to adjust the Northern Sydney and Central Coast Disability Action Plans.

Nominations for highest priority for implementation

Highest priority for implementation:	Respondents nominated priority:
1. Identifying and removing barriers to services for people with a disability • 1.1.5 Ensure preadmission and discharge planning processes adequately identify and address needs of people with a disability and involve Carers as partners in care. – *Sian Keane CC Carer Support; John McMurray_NS & CC Mental Health Drug & Alcohol; - Margaret Flynn_SMHSOPS* • Highest priority 1.1.5 but add in all admission processes, not only Pre Admission clinics and discharge planning, but Admission through ED and admission to clinics as well. – *Barbara Lewis_NS Carer Support* • 1.1.5 provides a good opportunity for specific reviews of procedures to scrutinise the issue of intellectual disability. To be effective this would as a minimum need to specify intellectual disability in a way similar to MPSP (Multicultural Policies & Services Program) administered by Community Relations Commission. • Perhaps the LHDs could institute a rolling program of reviews where specific clusters or types of disability are focussed on in order to gain a more detailed understanding of where we perform well and where we don't. *Pete Whitecross_ NS Community Participation Unit* • Also 1.1.3, 1.1.4, 1.1.1 & 1.1.6 - *Margaret Flynn_SMHSOPS* • Strategy 1.2 Improve access to services and facilities for people with complex needs and their Carers – *Eloise Buggy_Arthritis Foundation and - Sandra Faase_Manly Council* • 1.3.1 Highest priority as this makes staff aware of issues regarding people with disabilities and will give them the knowledge to decrease the barriers to health services. – *Gosford Council Ainslie Whitburn* • Priority 1Decision making and empowerment of the client requires further emphasis as	*9 respondents -* *1.1.5 identified by 5 internal respondents and* *1.2 identified by 2 external respondents as highest priority for implementation* *Priority noted- Priority Action 1.2.1 models of care sensitive and*

Highest priority for implementation:	Respondents nominated priority:
decisions are often made on behalf of the client which does not represent their wishes. Therefore the importance of active involvement in decision making and care planning to ensure residential care isn't the outcome which may be inappropriate particularly for those aged between 18 and 65 years)s • Priority 2 Reduction in the amount of documentation required to access support services which would require an interagency approach eg. companion card - *Angie Robinson_UnitingCare Ageing Hunter Central Coast New England (HCCNE)*	*responsive to people with disabilities and their Carers. The establishment of Health Contact centre which will address these concerns is Rec 4.5 of PaCH plan.* *Other comments included in consultation feedback.*
2. Providing information in a range of formats that are accessible to people with a disability • Strategy 2.1 Provide quality health information in a range of formats. – *Eloise Buggy_Arthritis Foundation; Sandra Faase_Manly Council* • 2.1 is the highest priority strategy when implemented it will ensure that all people with disabilities will be able to access information – *Ainslie Whitburn_Gosford Council* • 2.1.3 - *John McMurray_NS & CC Mental Health Drug & Alcohol* • 2.3.1, 2.2.4, 2.2.3, 2.2.1, 2.1.2 & 2.1.4 - *Margaret Flynn_SMHSOPS* • Highest priority 2.3 considerable improvements can be made through the use of Skype for Clinic appointments for example to save people having to attend a clinic in person when they may not need to, ie used already for MND in other client areas- *Barbara Lewis_NS Carer Support* • 2.4 Use Community Networks and information services to provide comprehensive information to people with disabilities – *Sian Keane_CC Carer Support* • P1 There isn't full representation of the existing services being offered in the NGO sector eg. Nareen Gardens UnitingCare Ageing, ADSII, Studio Arts. Life without barriers etc… • P2 The possibility of a news alert system eg. email distribution, chat rooms, regarding service support and initiatives that can be shared not just whilst in hospital – *Angie Robinson_UnitingCare Ageing Hunter Central Coast New England*	*8 respondents -* *2.1 identified by 5 as high priority for implementation* *- Noted for implementation* *- P1 updated* *- P2 Noted for implementation*
3. Making Government buildings and facilities physically accessible to people with a disability • Strategy 3.1 Improve physical access to buildings and facilities – *Eloise Buggy_Arthritis Foundation*; *Ainslie Whitburn_Gosford Council; Sandra Faase_Manly Council; Barbara*	*8 respondents* *3.1 or parts of it identified by 6 respondents as highest priority for*

Highest priority for implementation:	Respondents nominated priority:
Lewis_NS Carers Support • 3.1.2 *John McMurray_NS & CC Mental Health Drug & Alcohol* • 3.1.2, 3.1.1, 3.1.4, 3.1.5, 3.1.7, 3.1.8 & 3.1.6 – *Margaret Flynn_SMHSOPS* • 3.3 Increase awareness of facilities and service – *Sian Keane_CC Carer Support* • P1 Accessing services as an outpatient often requires navigating the entire health campus and it would be beneficial if relevant service could be located in a central area and/or use of volunteers to assist people with directions. Also in new development or redevelopment consideration of functional relationships between services • P2 Increase disability parking – *Angie Robinson_UnitingCare Ageing Hunter Central Coast New England*	*implementation* *Comments noted Functional relationships part of capital planning and design* *Update priority action 3.1.8 to include disabled parking*.
4. Assisting people with a disability to participate in public consultations and to apply for and participate in government advisory boards and committees • Strategy 4.1.2 – *Eloise Buggy_Arthritis Foundation* • 4.1.2 – *Sandra Faase_Manly Council* • 4.1.5 is the highest priority action as it will reduce the barriers for people with a disability to participate – *Ainslie Whitburn_Gosford Council* • 4.1.5 - *John McMurray_NS & CC Mental Heath Drug & Alcohol* • 4.1.3, 4.1.5 & 4.1.6 – *Margaret Flynn_SMHSOPS* • P1 Transparency of committee membership and expansion of the EOI process ensuring broad consumer representation rather than the representation of one point of view • P2 Access to public consultancy committees and forums requires further consideration – *Angie Robinson_UnitingCare Ageing Hunter Central Coast New England*	*6 respondents* *4.1.2 identified by 2 respondents and 4.1.5 identified by 3 respondents as highest priority for implementation* *- Noted for implementation*
5. Increasing employment participation of people with a disability in the NSW public sector • 5.1 increase employment of people with disabilities– *Sandra Faase_Manly Council* • 5.2.2 – *Eloise Buggy_Arthritis Foundation* • 5.2.2 is the highest priority action as this encourages managers and provides them with the information to employ and support staff with a disability – *Ainslie Whitburn_Gosford Council*	*6 respondents* *5.2.2 identified by 3 respondents as highest priority*

Highest priority for implementation:	Respondents nominated priority:
• 5.2.4 – *John McMurray_NS & CC Mental Health Drug & Alcohol* • 5.1.2 & 5.2.2 – *Margaret Flynn_SMHSOPS* • P1 Recommended consultation with the Australian Disability Enterprise website http://www.australiaanddisabilityenterprises.com.au for procurement of goods and services. This is in alignment with the ADHC guide, and identifying it in the plan may help NSW Health employees consider ADE's when looking for provides of relevant services – *Angie Robinson_UnitingCare Ageing Hunter Central Coast New England*	*- Comments noted - advocacy*
6. Using government decision-making, programs to influence other agencies to improve community participation and quality of life for people with a disability • *6.1 - Sandra Faase_Manly Council; Barbara Lewis_NS Carers Support* • 6.1.1 is the highest priority action. Often people with disabilities fall through the gaps or services are duplicated. This would allow services to work together to utilize resources more effectively- *Ainslie Whitburn_Gosford Council; Eloise Buggy_Arthritis Foundation* • *6.1.2 - John McMurray_NS & CC Mental Health Drug & Alcohol* • P1 How will integrated pathways assist clients eg. with challenging behaviors access the pathway and receive the support they need? How will it work in practice and how will the pathway knowledge be translated to the staff who identify people with needs (ground/field staff) so it doesn't become a high level organisation pathway? This is particularly relevant for ambulance and police who may be dealing with a client with special needs so they don't end up in the justice system • P2 6.1.3 NSW Health locally needs to be more involved and committed to interagency forums - *Angie Robinson_UnitingCare Ageing Hunter Central Coast New England*	*6 respondents* *6.1 and parts of it identified by 6 respondents as highest priority for implementation* *Challenging behaviours noted for evaluation* *Noted for implementation*
7. Providing quality specialist and adapted services where mainstream services are not adequate to meet the needs of people with a disability. • *7.2* Provide adapted services that are responsive to special needs of people with a disability. - *Sandra Faase_Manly Council* • 7.2.1 is the highest priority action. This would allow greater access to services and as they already exist resources would just need to be used to adapt the service rather than establish a separate one - *Ainslie Whitburn_Gosford Council*; *Eloise Buggy_Arthritis Foundation*	*5 respondents* *7.2 or parts of it identified by 4 respondents as highest priority for implementation.*

Highest priority for implementation:	Respondents nominated priority:
• *7.2.2 - John McMurray_NS & CC Mental Health Drug & Alcohol* • P1 Driver assessment services and access in regional and rural areas – knowledge of service availability is poor • P2 Improve adaptive equipment for prevention activities eg breast screening - *Angie Robinson_UnitingCare Ageing Hunter Central Coast New England*	*- Comment noted possible issue for interagency in Central Coast* *- Noted for implementation*

Comments on priority areas

General Comments	In plan / note comment for implementation
1. Identifying and removing barriers to services for people with a disability • Action 1.2.3: We feel it should be noted that, even if a particular group is a target group, they may not know how to access service information. It will be important in the implementation phase that this is taken into account._ *Eloise Buggy_Arthritis Foundation* • Actions contribute to improvement if they are actioned and given priority-*Sian Keane CC Carer Support* • Priority 1 There needs to be specific discussion of hospital in the home. Sometimes physically travelling to a clinic or hospital can be the most difficult part. Alternatively does the Health Service have MOUs with organisations like Kaddy or DARTS. *Adam Johnston _Community Participation member* • Add the Communication & Care Cues form, has been adopted to provide Carers with a voice on strategies that can help Health Staff keep their family member settled whilst they are in hospital. This form is for all patients who have memory/thinking problems. • Add to 1.1 the Carer Action Plan which is on Internet and Intranet pages. *Barbara Lewis_NS Carer Support* • Transport is regularly identified as an issue in our area. Although it is not provided through Health, partnerships with services such as Community Transport & NSW Transport could minimise some of the difficulties people experience. *Tania Gamble_Aged and Disability Coordinator _Hunters Hill Council*	*- Noted for implementation* *- Need for active implementation included in introduction and consultation sections* *In home care emphasised in 1.2.1* *- MOUs Noted for implementation* *- Noted for implementation* *- Updated* *Noted Health Transport Network is part of PaCH plan implementation Rec 7.1 – community transport included in appendix 10*

General Comments	In plan / note comment for implementation
• Information that is accessible in client centred language. • Where consultation processes are established an additional strategy is required in order to support people with a disability to participate eg. use of technology • The focus presents as being hospital focussed and the emphasis on the continuity of service and service transitions needs further emphasis. • A review is required for eligibility for post discharge services that supports transitions particularly for those aged between 18 and 65 years. • *Angie Robinson_ UnitingCare Ageing Hunter Central Coast New England* Active survey of direct staff required periodically review of details if hospitalised ≥14 days *Margaret Flynn_SMHSOPS* In PD2008_010 there are very few specific references to dealing with intellectual disability (I counted three). It may be argued by those who drafted the document that the generic wording is designed to cover all forms of disability, however all the subsections are particularly difficult if you have an intellectual disability eg pre-admission & discharge planning, communication, consent, guardianship, etc. Throughout the document there are calls for sensitivity, skill and care on the part of clinicians but no plan to ensure that such capacity building takes place. Items 1.1.3 & 1.2.1 for instance talk of adapted and flexible care pathways, which is quite appropriate, but there appear to be assumptions that a) adaptations will be in relation to physical and sensory disabilities and b) mental health services are the most appropriate services to manage intellectual disability. PD2011_001 & the MOU that goes with it is good and detailed but it is restricted to those with a dual diagnosis of mental illness and intellectual disability. Reading it I wondered why a comparable policy infrastructure did not exist for those with a dual diagnosis of physical illness and intellectual disability. *Pete Whitecross _NS Community Participation Unit*	*1.2.3 changed to include client centred language.* *Note Plan includes PaCH services* *Need for evaluation of access by people with intellectual disability noted in priority 1.*
2. Providing information in a range of formats that are accessible to people with a disability • The IM&T components have been reviewed and there is nothing that is LHN specific. The	*Noted*

General Comments	In plan / note comment for implementation
reports from our perspective can be separated with the same information included in both. *Garry Wade – Acting Director IM&T HRTON* • May want to consider local people with a disability being approached to scope health service information accessibility and provide feedback on successes/barriers. – *Sian Keane CC Carer Support* • Priority 2 Disability often involves many specialty services which love their jargon. In many areas of health policy to "plain English documents" We should include it here too. *Adam Johnston _Community member* • In regards to share point and web accessibility – it was unclear who the target audience was • Information is currently disjointed and not easily accessibility in a central place • Further consideration for the role of the carer responsibility • *Angie Robinson_ UnitingCare Ageing Hunter Central Coast New England*	*Noted for implementation* *1.2.3 changed to include client centred language.* *Share point explained in glossary. Health Contact Centre which aims to reduce the times people have to give information when referred to range of health services is part of PaCH plan implementation – priority action 1.2.1*
3. Making Government buildings and facilities physically accessible to people with a disability • Not all people are visually impaired or in a wheelchair. Need to focus on the needs of bariatric patients in all aspects eg width of doorways toilet facilities equipment. _ *Karen Schofield Patient Flow Manager, Gosford Hospital* • May want to consider local people with a disability and their carer being approached to scope local health service facility accessibility and provide feedback on successes/barriers. *Sian Keane _CC Carer Support* • Priority 3 Access should not just be about getting into a facility, but many aspects of care once we are say admitted to a hospital. This has impacts on patients, families and Carers. People can go without many things (meals etc) if they are non-verbal etc. *Adam Johnston*	*Doorways covered by Premises standards – have sought clarification is bariatric needs are addressed in this, but no response to date. Need for bariatric equipment is noted in 3.2* *- Noted for implementation of 1.2.4 feedback mechanisms*

General Comments	In plan / note comment for implementation
_*Community member*	*- issues addressed in priority 1*
• All new redevelopments need to have the input of the Carer Support service to ensure that issues such as drop off and car parking and push wheelchair access are addressed. That all facilities have somewhere for Carers to take time out to rest, shower or have a coffee if they are required to support their family member who has a disability whilst they are in hospital. *Barbara Lewis_NS Carer Support*	*Noted for implementation*
• There are still major gaps in government building accessibility for all disability types • Are audits undertaken to determine if facilities are compliant with accessibility guidelines? • There are significant amounts of information on doors, walls etc... Is this required or could the universal language guidelines be adopted to ensure people with a disability understand directions etc... *Angie Robinson_ UnitingCare Ageing Hunter Central Coast New England*	*Noted – some cannot be easily resolved, the audits are to review compliance against premises guidelines 3.1.7 - Review of signage in building audits will use NSW Health Guideline 2009/10 Wayfinding for Health Facilities*
4. Assisting people with a disability to participate in public consultations and to apply for and participate in government advisory boards and committees	
• May want to consider local people with a disability and their carer being approached to provide comment on the barriers to participation in advisory boards and committees. – *Sian Keane_ CC Carer Support*	*Noted for implementation*
• Priority 4 Add statement like “people with disabilities encouraged to apply” to advertisements / EOI’s etc *Adam Johnston _Community member*	*Noted for implementation*
• My experience is we consult fairly widely but do we implement? We have CPC and many Networks or subcommittees I attend have consumer participation, but do those Committees do much about that participation? *Barbara Lewis_NS Carer Support* • Canvass employees who have disability in evaluation process. *Margaret Flynn _SMHSOPS*	*Comment noted* *Noted for implementation*

General Comments	In plan / note comment for implementation
5. Increasing employment participation of people with a disability in the NSW public sector • This is very broad and light on detail. What are the targets for employment opportunities? Comment liaising with external agencies – how will this be done and what timeframe. Government departments provide a wealth of opportunity for disabled people, yet they are underutilised. This really needs "actions" not words. _ *Karen Schofield Patient Flow Manager, Gosford Hospital* • All EEO policy and legal obligations appear to have been recognized. Where appropriate a "working from home" policy may be a useful attachment to the disability strategy. *Adam Johnston _Community member* • Maybe include the *Carer Action Plan priority No 5 Carers are supported to combine Work and Care* – this is relevant to our workforce. *Barbara Lewis_NS Carer Support*	*Comment noted, NSW target of 12%people with a disability employed included in why we need further action section* *Comment noted – part of existing flexible workplace practices, but not easy to implement for front line staff* *Comment noted needs to be addressed in workforce and carer action plans*
6. Using government decision-making, programs to influence other agencies to improve community participation and quality of life for people with a disability • Perhaps, if this doesn't happen already, you should refer to support agencies and early interventions any baby born prematurely or with other birth trauma. *Adam Johnston _Community member* • Consider early recognition of disability and access to support. Child is born with a disability yet parents are not often supported to find organisations and have care plan developed to support them in their journey. Early support is the key to successful Carer Support. Our medical staff also need to be more responsive to some disability group needs. *Barbara Lewis_NS Carer Support* • Further involvement in the case management process • Unclear how you become a member organisation in 6.1.1 • 6.1.2 is very unclear in regards to the performance indicator.	*This is addressed by maternity and neonatal care pathways. – plan updated to include this information – appendix 9* *Comment noted –care pathways exist. – implementation needs to review actions eg 1.1.1 use feedback from complaints and incidents to inform local policy or procedures* *Comments noted*

General Comments	In plan / note comment for implementation
Angie Robinson_ UnitingCare Ageing Hunter Central Coast New England	
7. Providing quality specialist and adapted services where mainstream services are not adequate to meet the needs of people with a disability. • The plan identifies early intervention CALD, Aboriginal, care for stroke patients etc. What doesn't clearly appear is the disabled person between 30-65 years. We cannot be presumed to be well/healthy just because these are most people's productive years. *Adam Johnston _Community member*	*Comment noted included in consult feedback*
• This all looks good on paper but the reality is that these services are not sufficiently supported by the Department and the Driver Assessment Centre in particular is barely surviving. It is a vital service. Both give disabled people a greater chance at living a 'normal' life. This is true of all of RRCS's services, especially specialised rehab outside the 'glamour areas' of brain and spinal injury. – *Jane Rothman_NBCPC*	*Comment noted – Driver Assessment Centre is a self funded service of Royal Rehabilitation Centre Sydney*
• Ensure all services operate person centred rather than disease centred approaches. It is not fair that people miss out on a service because they don't meet the parameters. Too many 'packages' work within a spectrum, people often miss out. *Barbara Lewis_NS Carer Support*	*Comment noted – person centred approach reflected in the plan and implementation of PaCH models of care in particular. Issue of packages is not in the scope for this plan, but may be an issue for advocacy by interagencies and regional planning*
• Periodic review of access afforded minorities and stigmatised disease clusters including homelessness, alcohol related dementia and Parkinson's *Margaret Flynn_SMHSOPS*	*Updated 1.1.3 to include Implementation and Evaluation of Service Guidelines*
• Training of staff working with people with a disability is significant particularly as consumer directed care becomes more embedded in how clients manage their own services in the	*Comments noted - PADP eligibility is not*

General Comments	In plan / note comment for implementation
community • PADP scheme eligibility requires review as it has become more exclusive for those in need • Waiting list to access specialist services • Awareness of recreational services that are disability friendly • It is unclear how the connections between ADHC and peak bodies occurs in the plan eg NCOSS. *Angie Robinson_ UnitingCare Ageing Hunter Central Coast New England (HCCNE)*	*in the scope of this plan*

General Comments

With **pressure on staff members** we may need to consider an objective to mechanise care, where possible (see University of Auckland article "Older people have their say on robots in aged care" http://www.auckland.ac.nz/uoa/home/template/news_item.sip?cid=211710 downloaded 3/12/2010) *Adam Johnston _Community member - Information noted for implementation*
Other information received from Adam Johnston include: Australian Human Rights Commission - Access Guidelines and information Media Release – New National building standards to improve accessibility for disabled people (Premises standards) commenced 1 May 2011.
Warringah Council Disability Newsletter, Pittwater Council website, KADDY transport.
- Information Noted- these standards were included in the plan.

In-patient rehab care generally

- There is little explicit understanding generally reflected in the plan of the difference between acute medical care and rehab services Because rehab is often more long term, 'relationship' is especially important
- The physical environment can make a huge difference in terms of patient and carer morale
    - It needs to be less clinical, not in an acute hospital setting
    - It needs to be more 'homey', less regimented while still being realistic in terms of service delivery

- Staff turnover is a key issue. Ideally there needs to be less agency/temp staff, so relationships/understanding and mutual trust can develop
- Often possible future outcomes and the potential for improvement is somewhat unknown/unpredictable so staff attitude and a 'can do' approach is important. It can make a huge difference when the patient and carer really feel that the staff are 'on their team'. – *Jane Rothman_NBCPC* *Comments noted – need for relationships and can do attitude included in" Why we need further action" section of priority 1*

Integrated policies

Strategies that are to support People with disabilities within the health service should be integrated into all policy and service areas and not been seen as additional. *Tonina Harvey_Para Quad Association Comments noted included in Consultation section.*

Feedback from Central Coast Local Health District – Primary and Community Health

Feedback via *Kerry Stevenson,* Divisional Manager PACH re revised front chapters 1 to 4 for CCLHD

Dr Philip Watt, Community Paediatrics – wants more detail in child and family section - *updated*

Graham Lane Youth Health – added section on youth health - *updated*

Nicole Mc Donald O&CC– added section on ongoing and complex care - *updated*

Katie Beckett, Speech pathology – added speech pathology to services provided at Gosford East School.

Dawn Vanderkroft, Nutrition – query re used of "dietary disorders" under mental health and drug and alcohol - should this be eating disorders and disordered eating? – changed to eating disorders - *updated*

under core allied health clarification re What does this refer to ? Is it related to inpatients, outpatients or community CCLHC Nutrition Services only extends to inpatients. Outpatients and community is serviced by DADHC Dietitian - *updated*

– all updated except speech pathology at Gosford East this section has changed to a general section on education services 4.1.2.1 notes allied health role with Department of Education and Communities

Feedback from Northern Sydney Local Health District – Child, Youth and Family Service

Some respondents were satisfied with the contents of the document and had no further comments to add. Other comments include:

- Identification of Gaps - While Child and Family Health services that work with children with disabilities are described in the plan, the C&FH Ext. meeting noted that there is no description regarding the multidisciplinary child and family health teams (as located on the intranet site) and the role of child and family health in preventative care - targeting children in early years and vulnerable years as well as the work with CALD, ATSI families and agreed that the information contained on the Intranet site would be appropriate to include. - *updated*
- Also missing is any mention of Maternity services and the continuum of care for mothers with a disability giving birth and moving into the community - Child and Family Health Services - *updated*

- In the Summary Priority Action table - page 37 - Women's Health network title needs to be changed - *updated*
- Our name change should be completed now and services for patients with an intellectual disability of school age and above are usually referred to ADHC who seem to favour a generalist model of health care for their clientele. (Chatswood Child Development services is now St Leonards CDS) - *updated*
- The plan should include a quantified not just descriptive assessment of resources in the context of the fairly detailed population data, to be meaningful. – *comment noted Catherine Jones, Service Development Manager, Child Youth and Family NSLHD*

Royal Rehabilitation Service Ryde

P33 priority 7 seems to be a misrepresentation as the health services does not fund these RRCS services (sexuality clinic and driver assessment service) and they do not want clients expecting services to be government funded, only to find out there is a fee. It needs a statement indicating that NSLHD does not fund these services. *Delia Gray - Director Community Services at RRCS.* - *updated*

Implementation, governance and reporting

I have read the Disability Action Plan. It is very informative. I think you have answered to all my questions in pages 34 & 35 (Implementation, governance and reporting). *Georgia Sidiropoulos – Consumer Central Coast* - *noted*

Level of detail - Adolescent Health

I have some general comments about the Disability Action Plan - Central Coast section. I noticed that some of the descriptions of the various services are very limited and don't really do justice to the complexity of the service eg, Headspace bit over 2 lines & Carer Support Service with a bit over 1 line. I think same level of detail needs to apply across the board, some descriptions are a third/ quarter page long. - *updated*

Some information that was picked up through the rotational AHAC meeting last year on the Central Coast identified gaps in adolescent and Aboriginal mental/physical health services and the new Boards have been asked to monitor the situation. Just in case you are unaware, an adolescent health sub committee has been established who may wish to comment on the plan as well. – *Comment noted Carolyn Treharne, Community Participation Unit Central Coast Local Health District*

Waiting times, facilities, community participation, Centralised repository, APAC

1. Waiting lists and times for assessment and diagnosis services followed by treatment and therapy services are too long, with the result that children, young people and adults with a disability and their Carers miss out on vital assistance. – *comment noted*

2. The plan contains no specific discussion of community health facilities, including Cremorne Community Mental Health Centre, and their role in supporting people with a disability in the community. – *comment noted – capital infrastructure planning is included in PaCH plan (recs 5.2 and 5.3)*
3. The community participation structures and processes need to be more clearly defined for people with a disability and their Carers to be meaningfully engaged in health planning, management and service delivery. *comment noted – addressed in Priority Action 4.1*
4. One barrier to access is the need for information to be provided repeatedly in order to achieve eligibility for services. This is particularly an issue for members of our community with an intellectual disability, who are often required to be reassessed before being able to access different services. Rather than being required to provide the same information repeatedly, it is suggested that there be a central repository that can be accessed by different service providers. – *comment noted- the establishment of Health Contact centre which will address these concerns is Rec 4.5 of PaCH plan.*
5. We note that there is no mention of the role of APAC in the Action Plan although access to services can be more difficult for people with disabilities, and the role of APAC in providing care in their home environments is therefore extremely valuable. It would be helpful to make the role of APAC explicit in relation to the needs of the disabled. - *updated _Councillor A S Connon Mayor_Mosman Council*

Edits to section 6 – from Mental Health and Drug and Alcohol
Page 32 (increase employment participation of people with a disability in NSLHD) 2nd Para beginning with 'MHDA…. to change the term mental "illness" to mental health in first sentence. Also where (October 2010) is in brackets to be changed to '(held annually)'.
In the same paragraph point 2: Change from 'Mental Health Consumer advocate and Consumer co-ordinator' positions etc to...'Mental Health consumer workforce,' positions etc In same paragraph point 4: beginning "both...." to include 'resources and supports' after the word skills. Page 33 (under the heading Achievements) add '/impairment' after the word "disability". *John Mc Murray_Mental Health Drug and Alcohol – all updated*

Edits – from Ken Paul
- P7 (2.4) 2nd para. Are the NGP grants restricted to those areas mentioned? What about acute services, Palliative Day Care and inpatient care (eg. Greenwich)? They include people with disabilities.
- P8 (2.4) 2nd para. Sunnyfield also has aged care for people with intellectual disabilities.
- P8 (3.1.1) Insert "Culturally and linguistically diverse (CALD)"
- P18 (4.2.1) …..transferred to one of the specialised children's hospitals in Sydney's Children's Network at Randwick and Westmead (please check latest name changes and add for Central Coast if to John Hunter).
- P19 (4.3) 2nd para**.** Typo? NSCCMDHA. Shouldn't this be NSCCMHDA eg? "Mental Health Drug & Alcohol" (page 62 (10.1) Ditto)
- P19 (4.3) 1st para. This section on mental health doesn't list acute mental health hospitals as with other services (eg. 4.4.1):
    - RNS (Psychiatric Emergency Care…PEC)
    - Hornsby-Ku-ring-gai

- Gosford
- NGO's (Northside etc.)

Secure mental health Special Service External to NSCCH (Westmead is metropolitan Central Coast?). The only long term mental health of which I am aware is Macquarie. Other for NSCCHS?

- P19 (4.3.1) This section also doesn't list locations (Royal Rehabilitation Centre Ryde. Other?).
- P19 (4.4.1) Should a cross reference be made to 4.10? Also bottom dot point. Add (ABI) if first ref.
- P20 (4.5.2) Home nursing also includes checking on medication, showering, dressing. Balmoral Nurses are but one organisation.
- P20 (4.5) Primary & Community Health Services also have current support via Acute/Post Acute Care (APAC) located Level 12 RNS – pamphlets list multi-discipline services.
- P21 (4.9.1) 1st para. Add Royal Rehabilitation Centre before RRCS here or not if done in 4.3.1 comment.
- P22 (4.10) 1st para. See ref above (P19 4.2.1) as children's hospitals have changed recently. (personal grandfather experience)
- P25 Suggest add "SROTC" after name of centre. Also to expand on "Opiod" service with a few words (eg. for pain management with stronger than normal analgesics).
- P29 7th dot point Q for KP to DM. Where is the Position Emission Tomography (PET) unit located? Please also add above in full in text and acronym to 10.1.
- P31 Priority 3. 2nd last line adequately.
- P32 Priority 5. Last dot top section. Are police checks required for NSLHD employees? They are for CPD and other committees.
- P34 General note. I don't recall any mention of other oncology patients and their special needs apart from Breast Screen. These other patients require particular consideration also as their disabilities are often exacerbated by cancer.
- P38 Priority 1 (1.2.1) Please check if "Inreach" is mentioned elsewhere. If not is would be helpful to have a couple of words saying what it is about or does?
- P40 (1.2.5/1.2.6) It is good to see these provisions for consumers. It is evident in CPC and PCPC groups.
- P43 (2.2.1) What are double AA standards? A few words of explanation would assist.
- P45 (3.1.3, 3.1.4 & 3.1.5) It is most encouraging for these sections to be in an Action Plan. Also previous references on pages 30 and 31 to guidelines and standards. Although specialist hospital consultants should be aware of the requirements it alerts other health professionals of the information available.
- P52 (6.1.4) Centre for Disability Studies: "located at ……"/.
- P56-63 Excellent information contained in "References" and "Appendices".

Ken Paul _NSR Community Participation Committee – typos and explanations updated, some suggested details noted but not included

Need for periodic review and evaluation

1. Particularly evaluate disabled persons in acute care admissions (??? sob numbers)
2. Guardianship Tribunal applications

3. When person with intellectual disability or dementia (??? with or without) substance issues have no Next of Kin or advocate.
"Discharge" – "Transition of Care"
Margaret Flynn_SMHSOP *Need for periodic review and evaluation noted and include in consultation feedback*

Importance of human contact and nurturing in service provision.

- PA 1 Good opportunity for aboriginal involvement; workshops are a great idea.
- PA2 Human beings are mandatory for patients – who should feel nurtured and important. Appropriate action is advised to patients. Auslan/sign language should be available for ever; vision Australia.
- P3 Transport to and from treatment rooms/hospitals. Perhaps volunteers could ensure guide the patients feel able to 'find their way' to the treatment area. Pink ladies fantastic. Rural residents/patients especially (some of whom haven't been to any part of Sydney).
- P4 After consultation ensure patients know what to do next eg. go home etc.
- P5 Apprentices would/could inspire other people. Learning to care and share, work as a team.
- P6 Keep involving people who actually move around and are focused on every day living. Spreading hope and comfort.

P7 Perhaps drivers with disabilities would be able to suggest extra ideas. Keep liaising with RTA.
General Comments:
Excellent/endorse work groups. Carers should have specific time off for themselves. Perhaps TAFE hairdressing students and perhaps volunteer hairdressers could give Carers a haircut or hair do? Consider manicure and foot care and massage. Suggest outside caller to speak to Carers so Carers won't feel isolated.
People must feel loved and important. Everyone contributes to our community. Encourage people to go out each day; circulate, walk around the block and hopefully meet in groups regularly. Learn to speak the Australian language – isolation/shyness is terrible for them. Continue to endeavour, contact with human beings.
Mrs Ruth Murray_Community Participation Member_HKH *- Comments noted need for relationship and consistent care pathways identified in "Why we need further action" for priority 1*

Department of Education and Communities
The NSW Department of Education and Communities is strongly committed to supporting students with a disability to access and participate in education. This commitment is reflected in the extensive range of programs and services that support students with a disability and their teachers in government schools across New South Wales.
The Department is committed to ongoing work with NSW Health in a range of areas relevant to supporting students with a disability at school and welcomes the opportunity to comment on the disability action plan.
The plan highlights issues which are of particular interest to the Department, including the need for coordinated delivery of services for people with specific and complex needs by collaborating with other government and non-government agencies.

The Department welcomes opportunities to strengthen local and regional interagency practice for improving the delivery of health care services. *_Brian Smyth King_ Director, Disability Programs_ Department of Education and Communities – DEC's role in access to education updated and support for Priority Action 6.1.1 noted*

Websites and access to sites during building

Priority 1 – Oral Health Service as dental service are not covered by Medicare for disabled or anyone, I think?
Priority 2 - Websites are not kept up to date www.nscchealth.nsw.gov.au/service/hornsby/contact.htm was last updated 10 December 2009, information incorrect as at 24 June 2011.
Priority 3 – Access to RNSH during re building is difficult even for people without disability – path and roadway closure are different and unexpected.
Priority 4 – People with disabilities should be on hospital committee in the same proportion as they exist in the general community. However people with disabilities expend so much energy in just living, that I suspect that they do not have the energy to contribute to committees for a long term basis. Therefore able bodied people have to advocate for them.
Priority 5 – employment participation – This is an area where the Health Department excels.
Errors of fact – none detected Other Comments - A comprehensive and well prepared document.
Robert Glover – Hornsby CPC – Comments noted for implementation

Feedback from Stewart House

No specific comments – responded that the strategies listed are the right ones to achieve improvement within the priority and that the actions will contribute to improvement. No gaps were identified.
Graeme Philpotts – Stewart House - Comments noted

Rehabilitation Issues

The DAP does seem to have missed a few key priorities although I may have missed this in my haste.
1. Development of a Department of Rehabilitation for the LNSHD (established April 2011)
2. Establish teaching and Research in rehabilitation at RNSH and Ryde (increase academic appts to University of Sydney Northern clinical school for disability studies)
3. Build a 64 bed Rehabilitation Hospital on the Ryde Campus to service the needs of the residents in LNSHD (Graythwaite opening Feb 2013)
4. Increase availability of non admitted services in line with MOH Rehab Model of care eg Ambulatory and Home Based
5.Private Public partnerships for rehabilitation and minimisation of Disability
6.New relationships with Medicare locals for a transfer of non admitted services and multidisciplinary care to improve community management.
7. Opportunities for employment within LNSHD increased for people with disabilities.

Also:
Building a service to compliment acute care services at Ryde and RNSH.
Develop services to reduce disability in high risk diagnoses and conditions
Eg Aged related disability, Renal Dialysis, HIV/AIDS, Decrease COPD and CCF frequent presenters to hospital with
Increased access to Pulmonary and cardiac rehab services
Stephen Wilson – Head of Rehabilitation Services North Shore Ryde Health Service Comments noted – broader rehabilitation issues are beyond the scope of the DAP. Rehabilitation planning needs to occur separately to give it the required focus.

Feedback from Wyong Shire
The Disability Action Plan is comprehensive and the seven priority areas outlined adequately cover our local situation. Priority area one is of particular importance to an LGA such as Wyong with a high projected population increase over the next 25 years. We have found no major errors with the document nor can see any major improvements need be made to the proposed actions or performance indicators.
Glenn Cannard - Wyong Shire Council Comments noted

Errors of fact:

Page number	Correction to error of fact	Person
36	PD2007_092 has been replaced with Care Coordination (PD2011_015) - *updated*	Sian Keane, Carer Support CCLHD
Page 62 – under Glossary	HREOC is now known as the Australian Human Rights Commission - *updated*	Ainslie Whitburn Gosford Council
P18 of the revised CCLHN chapters one to four	To replace section 2.2.2.2 and 2.2.2.3 4.2.2.2 Department of Education and Communities support services for students with disabilities Target Group: Students of various ages with a range of disabilities The NSW Department of Education and Communities provide a range of services to support students with disabilities in regular classes, support classes in a regular school and in special schools. Individualised support with learning programs, mobility, personal care, safety and health care procedures is available across the complete range of settings that may be agreed as the most appropriate for a child.	Brad Laughlan Student Support Coordinator-Disability Programs Hunter Central Coast Region Department of Education and Communities Note: The identification of one particular resource representative of all the services DEC provides to

Page number	Correction to error of fact	Person
	There is a range of itinerant support staff, specialist teachers who provide additional support to schools and individual students. These include services for hearing impairment, vision impairment, early intervention, behaviour, integration and transition Years 7-12. Additionally, support classes are available for early intervention, intellectual disability, autism, physical disability, hearing impairment, language disorders, behaviour disorders and emotional disturbance. Glenvale School, a special school educating students with high support needs across a range of disability types, operates from two campuses – Narara and North Entrance. For some students with disabilities, additional support technology and equipment may be provided to provide access to appropriate curriculum and participation in a range of educational activities. - *updated*	students with disabilities (that housed at Gosford East PS), would markedly understate the quantity and range of service available. Clarification: Gosford East is only one of a number of district support services which target types of disability.

Suggested Revisions for DAP Actions and Performance indicators

Original Action Number	Revised Action	Revised Performance indicator
1.2.2	Establish a working group with key program/service managers and representatives from the Multicultural Health Service, *Aboriginal Health Services* and the Carer Support Service to develop guidelines to ensure inclusion of people with disability and their Carers from CALD *or Aboriginal* backgrounds in service provision. – *Eloise Buggy _Arthritis Foundation - updated*	
1.2.6		Evidence that consumers and Carers are invited to join user groups *and their feedback used* during the process planning of large new facilities or major refurbishment of existing facilities as appropriate.

Original Action Number	Revised Action	Revised Performance indicator
		– Eloise Buggy _Arthritis Foundation - updated
2.1.3		*Bimonthly/Quarterly/Annual* (Whatever timeframe is most appropriate) monitoring by the Intranet and Internet Steering Committee– *Eloise Buggy _Arthritis Foundation - updated*
2.4.1		Information about new service and health promotion programs provided to local council libraries, HACC Development Officers *and relevant community advocacy and support groups.* *– Eloise Buggy _Arthritis Foundation - updated* One suggestion – add to 2.4.1: In the PERFORMANCE INDICATOR: "Info …provided to local council libraries, local council Aged & Disability Workers and HACC Development Officers" *Sandra Faase_Manly Council - updated*
3.1.5		Evidence of disability access issues identified *and addressed* in planning and design documentation. *– Eloise Buggy _Arthritis Foundation – no change - if disability access issues are identified in the design documentation they are "addressed"*
4.1.6	Utilise existing community participation structures to present views of consumers with disabilities and Carers.	Assessment of the effectiveness of existing community participation structures monitored as part of their annual review cycle. *Pete Whitecross_ Community Participation Unit _NSLHD - updated*

12 Abbreviations and Glossary

ABI	Acquired Brain Injury
ABS	Australian Bureau of Statistics
ACAT	Aged Care Assessment Team
ADHC	Ageing, Disability and Home Care (now a Division of NSW Department of Family and Communities)
ADN	Aboriginal Disability Network NSW
AHAC	Area Health Advisory Council
AHS	Area Health Service
AIHW	Australian Institute of Health and Welfare
ALS	Artificial Limb Service
AMS	Aboriginal Medical Service
ARC	Australian Research Council
ASD	Autism Spectrum Disorder
ASET	Aged Care Services in Emergency Team
ASP	Asset Strategic Plan
AUSLAN	Australian Sign Language
BCA	Building Code of Australia
BIRP	Brain Injury Rehabilitation Program
CALD	Culturally and Linguistically Diverse
CAMHS	Child and Adolescent Mental Health Service
CCHS	Central Coast Health Service
CDS	Centre for Disability Studies
CHC	Community Health Centre
ComPacks	Community Packages
COPMI	Children of Parents with Mental Illness
CPC	Community Participation Committee
CPU	Community participation unit
CSSP	Clinical Services Strategic Plan
DAP	Disability Action Plan
DDA	Disability Discrimination Act
DDHU	NSW Developmental Disability Health Unit
DOCS	Department of Community Services (now know as Community Services and is a division of the NSW Department of Family and Communities)
DSA	Disability Services Act
EEO	Equal Employment Opportunity
ELP	Equipment Lending Pool
EQuIP	Evaluation and Quality Improvement Program`
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
GMCT	Greater Metropolitan Clinical Taskforce
GP	General Practitioner or General Practice
GRACE	Geriatric Rapid Acute Care Evaluation
HACC	Home and Community Care Program
HASI	Housing Accommodation Support Initiative
HFG	Health Facility Guidelines
HI	Health Infrastructure
HKHS	Hornsby Ku-ring-gai Health Service

HREOC	Human Rights and Equal Opportunity Commission now known as the Australian Human Rights Commission
HRP	Home Respiratory Program
IPC	Integrated Perinatal and Infant Care
LGA	Local Government Area
LHD	Local Health District
MACARF	Management of Cardiac Failure
MDAA	Multicultural Disability Advocacy Association of NSW
MH-Copes	Mental Health Consumer Perception and Experiences of Services
MHDA	Mental Health Drug and Alcohol
MoU	Memorandum of Understanding
NAIDOC	National Aboriginal and Islanders Day of Observance Committee
NBHS	Northern Beaches Health Service
NDS	National Disability Service
NDIS	National Disability Insurance Scheme
NGO	Non-Government Organisation
NHMRC	National Health and Medical Research Council
NSCCAHS	Northern Sydney Central Coast Area Health Service
NSCCH	Northern Sydney Central Coast Health
NSCCMHDA	Northern Sydney Central Coast Mental Health Drug and Alcohol Service
NSLHD	Northern Sydney Local Health District
NSRHS	North Shore Ryde Health Service
OH&S	Occupational Health and Safety
OOHC	Out of Home Care
PaCH	Primary and Community Health
PaCHSP	Primary and Community Health Strategic Plan
PADP	Program of Appliances for Disabled People
PAU	Physical Ability Unit
PET	Position Emission Tomography
PoWH	Prince of Wales Hospital
RACP	Royal Australasian College of Physicians
RRCS	Royal Rehabilitation Centre Sydney
SCH	Sydney Children's Hospital
SDAC	Survey of Disability, Ageing & Carers
SEIFA	Socio-Economic Indexes for Areas
SROTC	Sydney Road Opiod Treatment Centre
TIA	Transient ischaemic attack
VETE	Vocational Employment Training and Education
WHO	World Health Organisation
W3C	World Wide Web

13 Working Group Membership

NSLHD and CCLHD Disability Action Plan working group:

Name:	Position / Portfolio
Jan Tweedie	Director Nursing and Midwifery CCLHD
Kerry Stevenson	Divisional Manager Primary and Community Health CCLHD
Carolyn Treharne	Community Participation Officer CCLHD
Kim Field	Director, Primary and Community Health former Northern Sydney Central Coast Area Health Service.
Mark O'Dwyer	Community representative, CCLHD
Betty Johnston	Board member, NSLHD
Adam Johnston	Community Participation Committee representative, NSLHD
Anthony Dombkins	Director Nursing and Midwifery NSLHD
Pete Whitecross	Manager Community Participation NSLHD
Alison Beale	Planner, Health Reform Transitional Organisation Northern

Draft NSCCAHS Disability Action Plan working group:

Portfolio	Directors / Delegates	Position
Operations	Anne-Louise Biddle	Manager Clinical Operations
Nursing	Geoffrey Kidd	Manager Nursing Policy, Practice & Research
Workforce	Judy Cooper	Manager Workforce Policy, Performance & Quality
DPPP	Mark Newton	Director Population Health, Planning and Performance
	– David Miles	Manager Health Services Planning Unit
	– Pete Whitecross	Manager Community Participation Unit
Finance	Sarah McDonald	Business Manager, Capital Works & Asset Management
	Ross Gibbons	Manager / Asset Planning & Technical Support, Capital Works & Asset Management
	Garry Wade	A/Chief Information Officer
CCH	Karen Schofield	Patient Flow & Access Manager
HKH	Shelley Castree-Croad	General Manager HKH
NBH	Helen Eccles	Director of Nursing, Manly Hospital.
NSRH	Janelle Buncombe	Director Corporate Governance NSRHS
	Linda Davidson	Director of Nursing / Site Executive Ryde Hospital
PACH	Kim Field	Director Primary and Community Care
MH&DA	John McMurray	A/ Director Operations MHDA
	Eda Devoti	Clinical Partnerships Co-ordinator MHDA
Allied Health	Jenny Richardson	Director Allied Health
Communications	Jenny Dennis	Director Corporate Communications