



POARI HAUORA Ā-MOTU



MANATŪ HAUORA

Disability Support Services **Strategic Plan**

2010 to 2014

Towards a more flexible disability support system

Nothing for us without us

2012

Our vision:

**Disabled people can live in their homes and take part
in their community in the same way other New Zealanders do.**

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Introduction

This Strategic Plan sets out the overarching direction for the work of Disability Support Services (DSS) from 2010 to 2014.

Around one in five New Zealanders has a disability.¹ This equates to nearly 750,000 people. Seventeen percent of all disabled people are Māori.² DSS manages supports to approximately 33,000 disabled people (including 4500 Māori), and often also their families/whānau, through over 1200 contracts with service providers.

Supporting disabled people and their families, whānau and aiga to live in their own homes and take part in their communities is the driving force behind our strategic direction over 2010–2014 and beyond. We want to help build better, stronger, more inclusive communities in a spirit that reflects partnership and participation between disabled people, their carers, service providers, the Ministry of Health and other government agencies.

Disability Sector Context

A number of government agencies currently fund disability support services, including:

- the Ministry of Health (through DSS)
- district health boards
- the Ministry of Social Development
- Child, Youth and Family
- the Ministry of Education
- the Accident Compensation Corporation (ACC)
- the Ministry of Transport
- the Department of Internal Affairs
- Housing New Zealand Corporation
- the Ministry of Economic Development.

There are also four key government agencies that help to protect the rights of disabled people and/or monitor progress in improving the lives of the disabled:

- the Office of the Health and Disability Commissioner
- the Office for Disability Issues
- the Human Rights Commission
- the Office of the Ombudsman.

The ‘voice’ of disabled people and their families/whānau is represented by a number of well-established consumer forums, including the DSS Consumer Consortium, the Consumer Coalition, the Disabled Persons Assembly and regular consumer forums held nationally.

¹ New Zealand Disability Survey 2001

² Māori Disability in New Zealand 2006

Ministry of Health's Disability Support Services

DSS is responsible for managing Ministry-funded disability support services for people (generally under 65 years of age) with a long-term physical, intellectual and/or sensory impairment that will require ongoing support.³

These services help disabled people carry out their daily life and include home help, assistance with personal care, and supported living in group homes. Also, for all age groups, disability support services include the provision of equipment such as wheelchairs and modifications to housing and vehicles. They may also cover the carer taking a break from the usual caring arrangements, or support for the disabled person to live with other people.

The Ministry of Health contracts with Needs Assessment and Service Coordination Service (NASC) organisations throughout the country to assist disabled people to find out about and organise the Ministry-funded supports they can access.

In the 2011/12 Budget the Government allocated around \$998 million from the Vote Health budget to the disability sector through DSS. The following table shows the annual budget by service in 2011/12.

Service category	Budget 2011/12 (\$)
Assessment, treatment and rehabilitation	\$27,486,534
Child development	\$22,938,841
Day programmes*	\$32,503,877
Residential services	\$410,295,459
Community care (eg, home help)	\$222,827,999
Environmental support services	\$122,029,978
High and complex and IDCC&R**	\$82,960,999
NASC management	\$18,219,143
Information and advisory services	\$7,930,853
Other	\$51,208,317
Total	\$998,401,999

* The Ministry is responsible for funding day programmes for people who have moved to the community from institutional care under a formal deinstitutional plan and for people cared for under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003.

** IDCC&R = Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003.

³ District health boards provide supports for people with a disability who are over 65 and those aged 50–65 years with similar support needs.

In the 2011 Budget the Government provided an extra \$130 million for disability support services over the next four years, with around \$32.5 million of this additional funding allocated to the 2011/12 year.

The Development of the DSS Strategic Plan 2010–2014

Over the past 10 years, increasing independence of disabled people and advocacy for disabled people's rights has led to calls for more choice and flexibility around the supports that disabled people receive. The DSS Strategic Plan 2008–2010 was developed after consultation with the disability community through various forums and strategic planning groups. The primary concerns identified by disabled people at the time were the need for improved systems of service delivery to allow choice and flexibility of support services, along with the need to respect and honour families and whānau and involve disabled people and their families in our planning. From this we developed four priority areas: **flexibility**, **workforce**, **families** and **information**.

In June 2010, DSS developed a new strategic plan after further consultation. The DSS Strategic Plan 2010–2014 supports our vision and reflects priorities identified in the:

- New Zealand Disability Strategy 2001
- National Health Committee's 2003 report *To Have an Ordinary Life*
- United Nations Convention on the Rights of Persons with Disabilities (2006)⁴
- NZ Carers' Strategy and Five-year Action Plan 2008
- 2008 Government response to the Social Services Select Committee's Inquiry into the Quality and Care and Services Provision for People with Disabilities
- 2010 Disability Action Plan, agreed to by the Ministerial Committee on Disability Issues as a framework for agencies to collaborate on implementing the New Zealand Disability Strategy and the United Nations Convention on the Rights of Persons with Disabilities.

In developing the 2010–2014 strategies, DSS considered that the areas of **workforce** and **information** are now part of business as usual, and they are included in our annual business planning. We have expanded on the priority areas of **flexibility** and **families**, and as a result we have developed two additional strategies, which were consulted on and agreed during 2010 through forums with the DSS Consumer Consortium and other disability consumer groups.

Although the 2011 Budget has delivered additional funding to disability support services, future increases are not guaranteed and we need to ensure that when developing a new model for supporting disabled people we manage the overall cost within the budget available to DSS. We have identified this as a key strategic priority.

⁴ New Zealand ratified this in September 2008 and was considered a world leader in its development. New Zealand's first report on implementing the UN Convention can be found at www.odi.govt.nz/what-we-do/un-convention/monitoring-implementation/2010-report.html

The New Model for Supporting Disabled People

Our service development over 2010–2014 is centred around developing, demonstrating and implementing the New Model for Supporting Disabled People. We recognise that disabled people and their families are the best people to determine how they want to live and develop goals that will meet their needs. The model (see the Appendix) attempts to increase consumer choice and flexibility of service provision through:

- greater information and assistance offered to disabled people and their families/ through local-area coordination
- increasing the availability of individualised funding arrangements and making contracted services more flexible
- offering the option of supported self-assessment, and allocating funding rather than services so that consumers can decide what supports would be most beneficial for them to purchase.

Strategies 2010–2014 to Achieve the DSS Vision

1. Give disabled people and their families more control, choice and flexibility.
2. Modernise and streamline supports.
3. Manage risks to the sustainability of the support system.
4. Give disabled people equitable and quality services, including implementing a Māori Disability Action Plan and a National Pasifika Disability Plan.

Actions 2010–2012 to Achieve these Strategies

Strategy 1: Give disabled people and their families more control, choice and flexibility

The New Model for Supporting Disabled People is the linchpin initiative (see the Appendix). It brings together projects we already have under way to ensure a sustainable system to manage funding in an environment where disabled people and their families have greater participation and partnership in decision-making.

Key actions

1. Begin to implement the New Model for Supporting Disabled People.

This will be achieved through:

- increased engagement and co-development with the sector on the development and implementation of the New Model (this has occurred since June 2010)
- setting up a demonstration project in Tauranga / Western Bay of Plenty (in one location initially) to show how the New Model could work (project established December 2010)
- establishing local area coordination and coordinators in this location (completed August 2011)
- introducing the option of self-assessment to disabled people in the demonstration location (completed 2011)

- documenting and beginning a developmental evaluation on how the New Model is working (by December 2011)
- planning for how the new model will work nationally (by June 2012)
- increased access to individualised funding (see action 2, below).

2. Continue to make other enhancements in line with the New Model, at a national level. Individualised funding (IF) will continue to expand and develop.

Individualised funding (IF) is a way of paying for support services which involves disabled people and their family/whānau, where appropriate, directly managing the resources they are allocated for disability supports.

- People wanting IF will be able to choose from a greater range of host organisations (completed December 2010).
- The expansion of IF will be evaluated and reported on (completed August 2011).
- IF will begin to become a ‘normal option’ for people, offered early on. More people take IF up, keeping in mind that international experience is that a minority of people want to manage their own, or their family member’s, support (148% increase in people taking up IF in NZ achieved to date from 2009; 1000 disabled people will have IF by September 2011).
- The Ministry will review whether other supports, in addition to home and community support (such as respite services and supported living), could be funded via IF (completed June 2011).
- IF will be available for a greater range of supports in the New Model demonstration (by December 2011) and nationally (by June 2012).

3. Introduce new budget management processes, focusing on allocating funding for support rather than specific services.

- A new funding allocation system will be designed and in place for the New Model demonstration project (by December 2011).
- Accountability processes (and measurement) will focus more on achieving outcomes that matter to people. An outcomes framework will be developed (by June 2012).
- There will be a greater focus on government agencies working more closely together to ensure alignment with the concepts underlying the New Model (eg, aligning day programmes and community participation in Christchurch, as per the Ministerial Disability Action Plan, and working with the Ministry of Social Development) (by December 2011).

Strategy 2: Modernise and streamline supports

The New Model will help many consumers to get support that better meets their individual needs. However, in the medium term there are people whose needs may only be partially addressed.

The main group of people for whom this is likely to be the case are people with higher, more complex needs, such as those who are in residential services or are likely to enter residential services. In preparation for the recommendations and changes the New Model will bring for these clients, DSS has begun work in this area as described below.

1. Conduct a comprehensive review of residential services.

- This will include developing options for people receiving residential support services to move from residential services into non-residential services and will include what supports should be included and pricing. It will involve discussions with the sector and work on finding alternatives to aged residential care for people with physical disabilities and high needs, including new ways to manage sleepovers (recommendations were reported to the Minister by September 2011).
- If the recommendations to the Minister are accepted, a project implementing new options for people receiving residential support services to move from residential to non-residential support services will begin (by November 2012).
- A contract for additional physical disability residential services will be established (by June 2012).

2. Carry out work on supporting informal carers. This will include a review of respite and carer support.

- Develop new models to trial for DSS-funded respite services (completed June 2011).
- Undertake a trial of a new, more flexible DSS-funded respite services model beginning in Nelson–Marlborough (by June 2012).
- Update informal carer training programmes to better reflect the needs of carers, based on the New Zealand Carer's Strategy (by June 2012).
- Review respite (relief) carer services to provide additional assistance with recruiting relief carers (by June 2012).

3. Conduct a review of behaviour support services and the implementation of new service options.

- Review Behaviour Support Services (completed June 2010).
- Develop and implement new service options (by June 2012).

Strategy 3: Manage risks to the sustainability of the support system

The Ministry continues to focus on managing the whole of the support system for people eligible for Ministry-funded disability supports. This involves making strategic decisions about the directions of support provision and development through what we fund and what services we develop. DSS has improved its data to support decision-making and good budget management.

DSS will continue to manage a number of other risks, and to manage within budget.

1. Maintain the sustainability of services by using additional funding from government efficiently and effectively, including money for workforce sustainability.

Examples are:

- allocating additional 2011 funding for price increases and expected growth in the number of people needing to access supports (completed August 2011)
- implementing any decisions arising from the Sleepovers court case ruling, scheduled to occur in December 2011

- reviewing and updating the Workforce Action Plan (by September 2011) and ensuring it supports new developments, including the New Model (note that funding for workforce grants was transferred to Health Workforce New Zealand in April 2011).

2. Increase the consistency of disability support service provision through standardisation and managing consumer and provider expectations.

- Establish a national reviewer role to ensure national consistency of needs assessment (completed June 2010).
- Establish a National Review Panel to review and make decisions on high-cost packages (completed June 2010).
- Improve budget management of NASC organisations by providing them with improved financial analysis and forecasting reports (completed June 2011).
- Develop and implement a quarterly budget management training programme for NASCs (started July 2011).
- Improve national consistency by developing a standardised DSS operational policy manual (in progress for completion by June 2012).

3. Continue to implement changes to manage demand for, and expenditure on, equipment and modifications, and to ensure funding mechanisms result in best value.

- Develop and evaluate a new Equipment and Modification Services (EMS) prioritisation tool (by September 2011).
- Trial the new prioritisation tool (by June 2012).
- Implement Section 88 requirements (pricing, equipment purchase) for audiologists (completed July 2011).
- Change funding and procurement arrangements for hearing aids (completed June 2011).
- Allocate additional funding to reduce waiting times (achieved over 2010/11 and planned over 2011/12).

Strategy 4: Give disabled people equitable and quality services, including implementing a Māori Disability Action Plan and a National Pasifika Disability Plan

1. Develop and implement a sector-wide Māori Disability Action Plan.

The rate of disability is higher for Māori than for non-Māori, yet the uptake of disability support services by Māori is lower. The Māori Disability Action plan will be developed to address service gaps and improve the delivery of services across all Ministry-funded disability support service types.

- Finalise the Māori Disability Action Plan in consultation with consumers (by February 2012).
- Implement the plan and monitor implementation (from February 2012).
- Work with Whānau Ora providers (in the New Model demonstration, initially) to ensure that disabled Māori have access to the support they require in a way that suits their needs (in progress from June 2011).

2. Develop and implement a National Pasifika Disability Plan.

- Develop and launch the Faiva Ora National Pasifika Disability Plan (completed October 2010).
- Implement the plan and monitor implementation (from November 2010).
- Integrate the Auckland Pacific Plan (Lu'i Ola) into the National Plan (by June 2012).

The Faiva Ora National Pasifika Disability Plan 2010–2013 sets out government priority focus areas for Pacific disability. The plan includes:

- ensuring support services meet the needs of Pacific disabled people and their families
- improving the training and career path for Pacific disability workers
- increasing the number of services delivered locally in the community.

DSS Direction from July 2012 to June 2014 and Forward

From 2012 the New Model and associated developments will begin to improve outcomes for disabled people.

Specific milestones and timeframes for achieving the following initiatives will be identified in the DSS 2012/13 Business Plan.

- Commence national implementation of the New Model for Supporting Disabled People.
- Ensure support provision is more flexible and disabled people have more choice and autonomy about what supports they use. This may include some significant changes to the way people with higher needs are supported.
- Offer individualised funding (IF) to disabled people.
- Develop and implement an outcomes framework.
- Ensure accountability systems are in place to enable monitoring of outcomes.
- Review service specifications to include outcomes-based descriptors.
- Continue to implement and review the Workforce Action Plan and incorporate the workforce requirements of the New Model.
- Implement Equipment Modification Services prioritisation.
- Work more closely with providers and consumers to improve service quality.
- Support iwi and hapū to work with the Ministry of Health to extend access to Māori disability supports and whānau training.
- Evaluate the effectiveness of Faiva Ora for improved access and information for Pacific people, and continue to review and implement the plan.
- Work with other agencies to improve outcomes for disabled people and their family/whānau.
- Commence a review and develop habilitation and rehabilitation services.

Conclusion

DSS prepares a yearly Business Plan, which outlines our detailed planning for 12–18 months. The activities to June 2012 are detailed in our 2011/12 Business Plan. Specific milestones and timeframes will be developed for the 2012/13 plan.

DSS will continue to work with consumers and providers of disability support services to develop our programme of work. Details of consultation and meetings and further information on our work programmes can be found on the Ministry of Health website: www.health.govt.nz

Appendix: The New Model for Supporting Disabled People

The Ministry of Health has developed a new model for managing its disability support funding responsibilities for people with intellectual, physical and sensory disabilities, usually those people aged less than 65 years.

The New Model for Supporting Disabled People has the following key characteristics:

- a stronger focus on providing information and personal assistance, through introducing local area coordinators
- a move towards allocating an indicative dollar value of support and providing people with flexibility over how the funding is used, rather than allocating particular types of service
- more choice and control for people over the support they purchase, through making individualised funding available to most people and for most supports, and by making contracted supports and services more flexible and focused on outcomes
- broadening accountability arrangements to cover the Ministry of Health, providers and disabled people, and taking a stronger focus in quality monitoring on whether people are living an everyday/good life.

