

Disability Inclusion Action Plan

2016-2019



Health

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SHPN (IC) 150539
ISBN 978-1-76000-310-4 (print) and 978-1-76000-311-1 (online)

Further copies of this document can be downloaded from the NSW Health website www.health.nsw.gov.au

January 2016

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Message from the Secretary

It is with great pleasure that I present the *NSW Health Disability Inclusion Action Plan 2016-2019*.

This plan is part of a broader NSW agenda to improve the lives of people with disability and moves us closer to a fully inclusive society for all. In 2014, the NSW Parliament passed the *Disability Inclusion Act*, which sets out the need for the NSW Disability Inclusion Plan, and for each agency to have a Disability Inclusion Action Plan.

Almost one in five people in NSW live with disability. People with disability often experience poorer health outcomes unrelated to their disability, and are often in hospital longer with a higher rate of re-admission.

This *NSW Health Disability Inclusion Action Plan 2016-2019* is a system-wide plan which sets out the high level vision and objectives of disability inclusion for the NSW Health system, and is intended to set the direction for the Ministry of Health, Local Health Districts, Specialty Health Networks, Pillars, Statewide Health Services and Shared Services to develop and customise their own disability inclusion plan to suit local contexts and community needs. It is intended as an agile, adaptable plan which will be continually reviewed and monitored to support its effective implementation.

This plan re-affirms NSW Health's commitment to delivering 'Right Care, Right Place, Right Time' with an emphasis on our CORE values of Collaboration, Openness, Respect and Empowerment. This means that we are committed to providing equitable and dignified access to services and employment for people, regardless of disability.

This plan is being delivered at a time of significant change in the disability sector, with the transition to the National Disability Insurance Scheme (NDIS) from 2016. Actions in this plan are intended to complement and support this transition at the local service delivery level.

A key part of the development of this Disability Inclusion Action Plan was consultation with people with disability, their carers and families, as well as a range of relevant peak and advocacy bodies to identify opportunities to create a more inclusive health service experience. The principles, strategies and actions for disability inclusion in this plan are intended to enhance the whole health system and improve our commitment to person centred care. Each one of us wherever we work within the NSW Health System is responsible for disability inclusion.

Thank you to all the people who have contributed to the development of this Plan and those who will be working with us to implement it.

Dr Mary Foley
Secretary, NSW Health

Who is this plan for?

This Disability Inclusion Action Plan (DIAP) is designed to assist NSW Health to consult, to involve and to plan with consideration for people with disability in order to build a more inclusive health system. NSW Health is responsible for the delivery of mainstream health services for people with disability in NSW and improved inclusion of people with disability is a responsibility of every member of the NSW Health system.

This plan addresses inclusion of people with disability, their carers and families. The term; 'people with disability', when used in this document, refers to those with a long-term physical, neurological, psychiatric, intellectual /cognitive or sensory impairment that, in interaction with various barriers, may hinder the person's full and effective participation in the community on an equal basis with others¹. Disability itself is not an illness but may include long-term or chronic diseases or illnesses.

NSW Health acknowledges people with disability are a diverse group within our community with diverse needs, and affirms a commitment to planning for this diversity based on the belief that people with disability have equal rights to health, employment and equitable treatment in the health system.

In addition to the diversity of the experience of people with disability, NSW Health also seeks to support populations who may require specialist planning (as recognised in the Disability Inclusion Act 2014):

- Aboriginal and Torres Strait Islander people with disability
- people with disability from culturally and linguistically diverse backgrounds
- women with disability
- children with disability.

Carers play a critical role in supporting people with disability and this plan is intended to align with the key principles of the NSW Carers Charter including respecting the relationship between the carer and the person with disability, recognising the unique knowledge and experience of carers, and engaging with carers as partners to improve outcomes for carers and the people they support.

¹ Disability Inclusion Act 2014 (NSW), viewed 21 September 2015, <http://www.legislation.nsw.gov.au>

Policy and legislative context

This *NSW Health Disability Inclusion Action Plan 2016-2019* is designed to meet NSW Health's obligations under the Disability Inclusion Act 2014. A number of state and national legislative instruments and policy commitments underpin disability inclusion action planning at NSW Health.

UN Convention on the Rights of Persons with Disabilities

The Commonwealth government ratified the UN Convention on the Rights of Persons with Disabilities (UNCRPD) in 2008, signifying a commitment to enhancing opportunities for people with disability to participate in all aspects of social and political life including access to employment, education, health care, information, justice, public transport and the built environment. Following this, the Commonwealth Government released the National Disability Strategy (NDS) 2010-20 which established a focus on a person centred approach to service delivery for people with disability, improving access to mainstream services for people with disability, and a mandate for inclusive planning across all levels of government.

National Disability Insurance Scheme (NDIS)

The 2013 introduction of the National Disability Insurance Scheme (NDIS) built further on the person centred approach, and represents a fundamental change to the way specialist disability services are delivered. The Ministry is working closely with key partner agencies to prepare for this major transition, and the DIAP has been designed to harness the momentum and opportunity in the disability services sector and support NDIS implementation.

The NDIS Implementation checklist developed by the Ministry to guide LHDs/SHNs provides a practical resource to guide NDIS transition activities and monitor transition progress. The actions in the DIAP have been mapped against the actions in the NDIS Implementation checklist where relevant in the Monitoring and Reporting Framework.

Disability Inclusion Act (DIA) 2014

In NSW, the Disability Inclusion Act (DIA) 2014 outlines the basis of disability access and inclusion policy. It outlines how NSW will deliver services, supports and protection with a strong focus on choice and control for people with disability. The DIA outlines the requirement for a State Disability Inclusion Plan (DIP) which was launched in February 2015, and the DIA requires NSW public authorities to have a DIAP outlining a tailored commitment to ensuring people with disability can access services and fully participate in the community. These instruments build on the Commonwealth Disability Discrimination Act 1992 (DDA) which recognises the rights of people with disability to equality before the law and makes discrimination based on disability unlawful.

This reform agenda is intended to support a broad shift in community attitudes and behaviours, heralding an era of inclusive planning for people with disability and requiring coordination across all levels of government and across portfolios.

NSW State Health Plan

Delivering truly integrated care is one of three strategic directions in the NSW State Health Plan: Towards 2021. With an ageing population and a growing number of people with chronic or complex health conditions, people's health needs are changing and demands on the health system are increasing. NSW Health is responding to these challenges by investing in new, innovative models of integrated care, transforming the health system to routinely deliver person-centred, seamless, efficient and effective care, particularly for people with complex, long term conditions.

Integrated care can benefit anyone with health needs, but is particularly important for people with disability or complex and long term conditions, helping them to manage their own health, keeping them healthy, independent and out of hospital for as long as possible.

Guiding principles

The primary objective of the NSW Health DIAP is to ensure the NSW Health system provides equitable and dignified access to services and employment for people regardless of disability. This means we are committed to reducing and, where possible, eliminating discriminatory barriers for people with disability, whether they are in employment, seeking employment or using health services provided by NSW Health.

A culture of person centred care

This plan commits NSW Health to using a person centred approach when responding to the health needs of people with disability. While person centred approaches are not a new concept, and are central to the NSW State Health Plan: Towards 2021², we recognise the critical importance of placing people with disability, their carers and families at the centre of decision making regarding their care, to ensure the right to independence, choice, control and inclusion are upheld.

Too often the needs of a person with disability are presumed based on their disability type. NSW Health is committed to bringing together the expertise of individuals with disability regarding their own needs, with our own expertise in health service provision to support strong health outcomes and improved inclusion.

For person centred care to be successful, NSW Health must ensure that people with disability and their carers and families are well informed about the health service experience they can expect and closely involved in decision making at every stage.

² NSW Ministry of Health, 2014, NSW State Health Plan: Towards 2021, NSW Ministry of Health, Sydney

Elevate the voices of people with disability, their carers and families

We believe strengthening the voices of people with disability, their carers and families will improve the health service experience and deliver better health outcomes. The National Safety and Quality Health Service Standard 2³ clearly establishes the benefits of partnering with health service users in improving service delivery and we intend to build on this knowledge. This plan contains four key areas for concentrated action (promoting positive attitudes and behaviours, creating liveable communities, providing equitable systems and processes and supporting access to meaningful employment opportunities) to improve inclusion, and each involves specific strategies to work more closely with health service users, their carers and families in planning and designing our services and in training our staff.

People with disability, their carers and families ultimately hold the most valuable insight when it comes to planning and designing health services and facilities for improved inclusion, for guiding us on improving our systems and processes and for advising us on what characterises highly inclusive attitudes and behaviours. We are committed to elevating these voices to improve what we do.

Build on strengths across the system

This system-wide plan aims to establish the vision for improving inclusion across the NSW health system, and to clearly articulate the expectation for Local Health Districts (LHDs), Specialty Health Networks (SHNs), Pillars, Statewide Health Services and Shared Services with regard to developing and implementing their own locally relevant inclusion strategies. We have identified a number of initiatives already underway within service delivery organisations and elsewhere in the system that are improving outcomes for people with disability and believe we should be building on these strengths via broader implementation across the system.

Mechanisms to actively promote and support the system to embed DIAP strategies into local level planning for health service delivery, and to identify and share successes, will be critical to ongoing improvement. This plan identifies the need for key contacts regarding disability across NSW Health as well as a Ministry-led governance group to embed improved inclusion centrally.

3 Australian Commission on Safety and Quality in Health Care (ACSQHC), 2011, National Safety and Quality Health Service Standards, ACSQHC, Sydney

Training supported by a culture of inclusion

We know that the experience of people with disability is often impacted by the attitudes and behaviours of service providers. Stakeholders within NSW Health and within the community consistently identify a need for improved training in order to deliver an inclusive health service experience. This means a greater emphasis on person centred care, ensuring the voices of people with disability are involved in designing and delivering training, and providing additional resources if required.

Training will only lead to a high level of service and inclusion for all our service users if it is actively supported by our organisational culture in a sustained manner. This plan places specific emphasis on how we embed disability inclusion as a priority within our culture and communicate our progress to staff and the community we serve.

Improve accountability

NSW Health recognises the vital importance of measuring our success in terms of improving inclusion, and holding ourselves to account to ensure we provide an equitable health service experience for people with disability. We have heard the voices of our internal and external stakeholders who have told us that previous plans lacked the governance and accountability structure required to create meaningful change.

In a departure from previous disability action plans, this plan commits to alignment with the NSW Health Performance Framework which provides an integrated process for performance review and assessment, with the over-arching objectives of keeping people healthy and improving access to timely, quality, patient focused health care across NSW. Disability inclusion will be monitored in line with the principles and processes of the NSW Health Performance Framework. It has commitment from a range of leaders in our system to ensure we create an environment and service experience that is equitable, dignified and promotes positive health outcomes.

A dynamic plan given the shifting landscape

We are in an environment of significant reform in terms of disability service provision. As the National Disability Insurance Scheme (NDIS) transitions towards full-scheme roll-out it may be necessary to adjust and update this plan, to capitalise on opportunities to more closely align with partner agencies and providers on planning and referral pathways, data to ensure its ongoing relevance and effectiveness in a context of significant reform.

The role of NSW Health

This DIAP is intended as a NSW Health system-wide plan. NSW Health delivers health services through 15 Local Health Districts (LHDs), 3 Specialty Health Networks (SHNs), Statewide Services (such as Ambulance), Shared Services (such as food, linen, IT), and 'Pillar' organisations which are statutory entities which provide expert support to Districts and Networks in developing and improving clinical services delivery. The Ministry of Health (the Ministry) supports the NSW Minister for Health to perform executive and statutory functions and lead system-wide health policy, planning and performance monitoring. Appendix A provides an overview of the NSW Health system, its organisations and roles.

Each entity within NSW Health is expected to include disability inclusion as part of its strategic planning and performance review processes.

High-level actions outlined in this plan will serve as a guide for developing locally relevant actions to drive system-wide change. The Ministry will work with all NSW Health entities to identify disability inclusion liaison/coordination roles to champion and drive implementation of the DIAP, and institute a suitable mechanism for these individuals to discuss progress and share learnings across the system.

Disability inclusion will be included for targeted discussion through routine performance meeting processes which are part of the performance framework.

From 2016, the Ministry's Annual Report will include a section reporting on the progress made implementing the DIAP.

Developing and implementing this plan

Development process

People with disability, their carers and families, as well as a range of relevant peak and advocacy bodies and disability service providers were consulted to identify opportunities to create a more inclusive health service experience. Consultation forums were conducted in September 2015 in Sydney and via phone in regional locations. The key messages from the community at each consultation were very consistent, and focused on the need for a more person centred and flexible approach to delivering health services, the critical importance of being closely involved in planning service delivery and facility design and a strong call for improved accountability in implementing this plan. An opportunity to provide a written submission was also provided, and the priorities identified via these consultations are reflected in a number of the strategies contained within this plan. A list of peak and advocacy bodies involved can be found at Appendix B.

NSW Health developed this DIAP in 2015, consulting with nominated representatives from within the Ministry of Health, LHDs, SHNs and other health organisations to provide strategic advice, link the plan to existing inclusion initiatives and provide advice on monitoring and evaluating progress of the plan. These sessions were conducted prior to drafting the plan, to ensure maximum opportunity for meaningful input. Consultations were conducted via face to face interviews and workshops, telephone interviews and an opportunity for written submissions was also provided. A list of organisations within NSW Health who participated in the consultation or provided a written submission is at Appendix C.

Most importantly the NSW Health DIAP will be reviewed regularly, meaning an ongoing discussion regarding improving inclusion with staff and community members will take place for the life of the plan. For more information regarding ongoing consultation, please see the section Monitoring, reviewing and reporting.

Responsibility for implementing the plan

In the first quarter of 2016, NSW Health will establish a DIAP Governance Group, to drive implementation of the DIAP and publish an annual update for internal and external stakeholders. The DIAP Governance Group will comprise key organisations from across NSW Health including representatives from the Ministry of Health, Local Health Districts, Specialty Health Networks, Pillars, Statewide Health Services, Shared Services as well as a service user with disability and a carer.

Our service users and staff

In NSW, there are 18% or over 1.3 million people with disability⁴. People with disability report seeking more health care than people without disability and have greater unmet needs⁵ and evidence has shown that the health of people with disability is worse than people without disability across a range of health outcomes⁶. Based on this evidence it is likely that more than one in five people receiving health services in NSW has a disability.

Disability may be acquired at birth or early in life, or may be the result of accident, illness or injury throughout life. Disability rates increase substantially as people age, with close to 40% of people having some form of disability by the time they are 70 years old. People experience a range of impacts due to disability with over 6% of the population, or 472,700 people in NSW, experiencing profound or severe disability.⁷

Our potential services users with disability include around 86,600 people from non-English speaking backgrounds and a further 10,700 Aboriginal and Torres Strait Islander people⁸. Specialist planning for these populations must consider specific needs of these groups in order to deliver culturally safe and appropriate high quality and inclusive health services.

4 Australian Bureau of Statistics, 2014, Disability, Ageing and Carers, Australia: New South Wales, 2012, cat no. 4430.0, table 3_2

5 World Health Organization, 2014, Disability and Health Fact Sheet No 352, WHO, <http://www.who.int/mediacentre/factsheets/fs352/en/>

6 World Health Organization; The World Bank, 2011, World Report on Disability, WHO, Malta

7 Australian Bureau of Statistics, 2013, Disability, Ageing and Carers, Australia: Summary of Findings 2012, Glossary

8 Australian Bureau of Statistics 2011, Census of Population and Housing, Place of Usual Residence, cat. no. 2006.0, Canberra, data generated using ABS TableBuilder

The carers and families of people with disability play a critical role in supporting strong health outcomes for those they care for. Currently in NSW 12% of the population or 857,200 people are carers⁹ and a recent Deloitte Access Economics study estimates the cost of replacing carers Australia-wide at over 60 billion dollars¹⁰. NSW Health considers carers as critical contributors to the service system. It is essential that their voice is heard, to improve inclusion across our system.

The NSW Health Annual Report 2014-15 states that 1.4% of staff identify as having a disability¹¹ and the Public Service Commission Workforce Profile Report 2015 estimates that 0.5% of staff require a workplace adjustment of some sort¹². While it is acknowledged this figure is likely to be significantly under-reported, the proportion of the workforce is well below the representation within the general population, meaning there is significant scope to deliver improved supports for people with disability in attaining and maintaining employment with NSW Health.

Perhaps the single most powerful thing to remember about our service users and our employees is that almost 90% of disabilities are invisible.¹³ This knowledge must drive our commitment to person centred care and support, to ensure we place every service user and employee at the centre of planning and decision making to deliver strong outcomes.

It is acknowledged that the current mechanisms for capturing data on service users and staff with disability are limited and those that are available are often underutilised in planning and reporting. This plan includes actions to improve the collection and reporting of data.

9 Australian Bureau of Statistics, 2014, Disability, Ageing and Carers, Australia: New South Wales, 2012, cat. no. 4330.0, table 33_1

10 Deloitte Access Economics 2015, The economic value of informal care in Australia in 2015, Sydney

11 NSW Ministry of Health 2015, NSW Health Annual Report 2014-15, NSW Ministry of Health, Sydney

12 NSW Public Service Commission 2015, Workforce Profile Report 2015, NSW PSC, Sydney

13 ABS 2009 Survey Disability Aging and Carers - National Ethnic Disability Alliance, 2014, NEDA Datacube, Profound Table, NSW, Australian Bureau of Statistics, 2012, Profiles of Disability, Australia 2009, cat. no. 4429.0, Table 5

Key outcomes

The NSW Disability Inclusion Plan (DIP) sets out the goals for NSW to better support inclusion for people with disability, and to improve access to mainstream services and facilities. There are four focus areas outlined in the NSW DIP that guide the commitments in this NSW Health DIAP – to support the whole of government objectives for improved disability inclusion.

The focus areas, and their specific relevance for NSW Health, are described below:

1. **Promoting positive attitudes and behaviours** – building disability confidence within the NSW health system, by improving awareness of the diversity of disability and what can be done to better support services users.
2. **Creating liveable communities** – providing equitable and dignified access for people with disability, their carers and families to health services, facilities and transport that are better integrated and welcoming.
3. **Providing equitable systems and processes** – ensuring that people with disability are able to access information regarding treatment and that our processes system-wide are designed to be person centred.
4. **Supporting access to meaningful employment opportunities** – improving not only the proportion of employees with disability, but also supporting the progression of these employees within NSW Health.

Promoting positive attitudes and behaviours

Our vision for promoting positive attitudes and behaviours

Attitudes and behaviours evolve as a consequence of an individual's knowledge, experience and environment. Many of our staff demonstrate a deep commitment to the rights of people with disability, and strong awareness of the abilities of people with disability, while others may have had limited experience and exposure.

We acknowledge that attitudes and behaviours can sometimes be the biggest barrier to quality health service delivery and employment opportunities for people with disability, and are committed to building a culture of inclusion across the NSW Health system. An environment that provides opportunities to interact with people with disability, hear their stories, and access quality training are all essential elements of this commitment.

Our consultation with people with disability, their carers and families and the wider disability sector has established a clear set of best practice principles when it comes to training. All training (not just disability focused training) must feature strong input from people with disability, and disability specific training should focus on delivering a tailored and person centred service rather than assuming individual needs based on disability type. This training should also include resources or references for further support and learning to ensure sustainability.

Critically, training for our staff must be supported by our organisational culture. The principles of disability inclusion must be promoted and modelled by all staff at all levels across all health organisations. Mechanisms to advance these principles within the Ministry of Health, LHDs, SHNs and other organisations are essential to creating meaningful change for our service users with disability.

Our commitment for 2016-19

Strategy 1: Communicate and reflect on the importance of a culture of disability inclusion across the NSW Health system.

Action	Timeframe	Responsibility	Performance Indicators
<p>1.1 Develop, publish and implement a communication strategy for disability inclusion across NSW Health that includes but is not limited to:</p> <p>a. Opportunities to share learnings and stories from people with disability describing their experience with the health system</p> <p>b. Embedding the Don't DIS my ABILITY campaign into NSW Health communications</p> <p>c. Acknowledge and celebrate key dates across the system including International Day of People with Disability.</p>	Ongoing from 2016	DIAP Governance Group / SRC	Strategy is developed, published and implemented
<p>1.2 Disability inclusion is a standing item on leadership meeting annual agendas to discuss actions and/or detail progress. Leadership meetings are to include, but are not limited to:</p> <ul style="list-style-type: none"> • Senior Executive Forum • Directors of Clinical Operations • Directors of Allied Health • Directors of Community Health • Directors of Mental Health • Directors of Nursing and Midwifery • Directors of Aboriginal Health • NDIS Health Executive Management Group. 	Ongoing	DIAP Governance Group / Disability representatives from LHDs / SHNs	Disability inclusion a standing item on relevant agendas

Strategy 2: Review, amend and develop training resources to build disability confidence in our staff.

Action	Timeframe	Responsibility	Performance Indicators
<p>2.1 Health Education and Training Institute (HETI) materials to:</p> <ul style="list-style-type: none"> • Be reviewed, amended and developed in partnership with people with disability, their carers and families to build awareness and exposure of staff to the experience of people with disability • Focus on the critical importance of person centred service delivery rather than specific disability types, to acknowledge the diversity of the experience of disability • Include resources and references for further support and learning, including translation of training into practice, if required. 	Ongoing	HETI	<p>Number of HETI resources reviewed, amended or developed in light of disability inclusion principles.</p> <p>% of training participants who report increased understanding of the needs of people with disability.</p>

Creating liveable communities

Our vision for creating liveable communities

NSW Health is committed to providing an inclusive experience at our facilities, which means far more than ensuring they are physically accessible. Liveable communities in a health services setting are places that are connected to external linkages, integrated within a broader context and genuinely welcome all service users including those with disability, their carers and families. We recognise that creating liveable communities also means more than infrastructure, and that accessible, flexible services can support people to remain at home and independent. We are committed to creating health services that facilitate dignified and equitable service experiences regardless of disability.

Creating liveable communities for people with disability is more than just bricks and mortar.

It also includes fostering our people, developing inclusive policies and programs and providing high quality inclusive health care.

Creating liveable communities for people with disability is a focus across each strategy in this plan.

We acknowledge that good design for people with disability is good design for everyone. We know the design and planning of the built environment plays an important role in facilitating health and wellbeing – not just for people with disability, their carers and families, but all NSW health service users and staff. We see good design of health facilities as a significant opportunity to support health outcomes for people in NSW, and are proud of the role NSW Health Infrastructure plays in the Australasian Health Infrastructure Alliance, who publish the Australian Health Facilities Guidelines.

Since the previous Disability Action Plan came into place in 2009, we have been operating in a new context with regard to our facilities with the adoption of the Commonwealth Disability Access to Premises Standards 2010 (including DDA Access Code) in 2011. The Premises Standards specify how the objectives of the DDA are to be achieved in the provision of accessible buildings. Mandatory compliance with the Standards applies to all new buildings as well as all refurbishments (or new work) in existing buildings requiring a building approval. Through our ongoing work with architects, designers and specialist access consultants we will meet these new standards. Some existing facilities require action to bring them up to the new Standards, while the construction of new facilities offers the opportunity to go beyond the benchmark set by the Standards.

We also acknowledge the role and experiences of people with disability with regard to creating liveable communities. In line with the National Safety and Quality Health Service Standard 2, we regularly draft access strategies in partnership with people with disability, their carers and families, as well as the disability sector. We want to do more to provide specific and meaningful opportunities to influence the inclusive design and planning of health services in NSW.

Our commitment for 2016-19

Strategy 3: Embed disability inclusion as a priority in the planning and design of new and refurbished facilities.

Action	Timeframe	Responsibility	Performance Indicators
3.1 NSW Health Infrastructure will promote disability inclusion principles through its participation in the revision of the <i>Australasian Health Facilities Guidelines</i> (AusHFG) Part C: Design for Access, Mobility, OHS and Security.	Revision complete in 2016	NSW Health Infrastructure	AusHFG revision completed
3.2 The principles of disability inclusion to be embedded within the design and functional brief for all capital projects, including the critical importance of consulting with stakeholders from commencement of the planning and design process as relevant including: <ul style="list-style-type: none"> • People with disability, their carers and families • Local council • Transport for NSW • NSW Infrastructure and Planning. 	Ongoing	NSW Health Infrastructure (projects more than \$10m) LHDs (projects less than \$10m)	Consideration of principles of disability inclusion included in project design and functional briefs.

Strategy 4: Elevate the voices of people with disability, their carers and families in facility design and planning processes.

Action	Timeframe	Responsibility	Performance Indicators
4.1 NSW Health Infrastructure to revise the Post Occupancy Evaluation (POE) questionnaire templates to identify staff and service user respondents with disability and their carers for analysis purposes and investigate perceptions of inclusion.	Revision complete in 2016	NSW Health Infrastructure (projects more than \$10m) LHDs (projects less than \$10m)	POE reports where possible identify respondents with disability and their perceptions on inclusion

Strategy 5: Identify and address key shortfalls in facility design identified by people with disability.

Action	Timeframe	Responsibility	Performance Indicators
<p>5.1 NSW Health commits to improving wayfinding within our facilities. We will do this by:</p> <p>a. Promoting the Wayfinding for Healthcare Facilities Guideline (GL2014_018) as a resource for designers and planners in master planning</p> <p>b. Ensuring LHDs and SHNs are aware of and action where possible the Wayfinding for Healthcare Facilities Guideline (GL2014_018)</p> <p>c. Including representation from people with disability, their carers and families in LHD and SHN facility planning to identify opportunities for improvements in wayfinding through experiential common journey planning to and within facilities in line with the Wayfinding Guidelines.</p>	Ongoing	NSW Health Infrastructure in partnership with LHDs and SHNs.	<p>a. Utilisation of the Wayfinding for Healthcare Facilities Guideline on all new health infrastructure projects</p> <p>b. Evidence of application from LHDs, SHNs</p> <p>c. Evidence of LHDs and SHNs consulting with people with disability, their carers and families and implementing actions arising</p>
5.2 Changing Places to be considered in all new and refurbished health care facility functional briefs.	Ongoing	NSW Health Infrastructure (projects more than \$10m) LHDs (projects less than \$10m)	Functional briefs include requirement where appropriate.

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14 The intent of a Changing Places toilet is to provide a purpose-built environment where carers can attend to the personal needs of those in their care. It is likely that only one or two rooms would routinely be provided for each hospital campus however, this decision will be site specific (e.g. after-hours access, hospital size etc.). Changing Places toilets are different from accessible toilets and will routinely include a height adjustable changing bench and a ceiling mounted hoist

Providing equitable systems and processes

Our vision for providing equitable systems and processes

The NSW State Health Plan: Towards 2021 makes a commitment to delivering the right care, at the right place, at the right time¹⁵. In order to provide equitable access and quality of services to meet the diverse needs of people with disability we must tailor our systems and processes accordingly.

This focus on flexibility and customisation lies at the heart of delivering person centred care, which is fundamental to providing quality health services for people with disability. A persons' needs are often prescribed not by disability type, but by an individual's experience of their disability. There are several initiatives being implemented across the NSW health system aimed at improving person centred care and we need to identify where these initiatives are delivering improved services for people with disability and build on this success.

All users of the NSW health system have the right to access the same information about their treatment and to make informed choices regarding their care. The accessibility of information poses serious barriers to delivering quality healthcare for people with disability. NSW Health is committed not only to complying with requirements regarding information and communications accessibility, but to considering what tailored support is required to assist our service users, including healthcare interpreters, pictorial communications and other health literacy programs. High quality healthcare is supported by high quality planning. Triage processes, admission planning and discharge planning must all acknowledge our service users with disability as experts regarding their own needs. We must continue to develop systems and processes that will involve service users more fully in service design and delivery.

Planning for consistency across the system is essential to providing full inclusion for people with disability in the NSW health system. We understand the importance of establishing clear expectations of LHDs and SHNs with regard to their own disability inclusion action planning, and expectations in terms of accountability and reporting. To support this we will establish mechanisms for sharing learnings and successes among LHDs, SHNs and across the system more widely.

We will not make progress with inclusion unless we can measure the change. In some areas of the system we know of underutilised data that, if analysed and reported, could support greater inclusiveness. In other areas, data collection must be improved so we can hold ourselves to account and create meaningful and positive change for our service users with disability.

¹⁵ NSW Ministry of Health, 2014, NSW State Health Plan: Towards 2021, NSW Ministry of Health, Sydney

Our commitment for 2016-19

Strategy 6: Provide support to consistently improve disability inclusion and extend existing good practice in delivering person centred care to people with disability across the system.

Action	Timeframe	Responsibility	Performance Indicators
6.1 A suite of resources will be developed to support disability inclusion across policy and service delivery settings. Resources will reflect the commitments of DIAP and the legislative principles which underpin it, and establish clear expectations with regard to strategic focus, implementation and performance reporting.	Ongoing	DIAP Governance Group / Integrated Care Branch	Disability inclusion implementation guidance developed and implemented
6.2 Promote a patient based care model in service delivery organisations. This will be supported by a range of programs that support coordinated care including but not limited to: <ul style="list-style-type: none"> Essentials of Care Program led by Nursing and Midwifery Office (NAMO) Partnering with Patients program led by the Clinical Excellence Commission (CEC) including: <ul style="list-style-type: none"> the 'TOP 5' program the 'In Safe Hands' program Patient Reported Measures 	Ongoing	NAMO / CEC / ACI / LHDs / SHNs	Increase in % of people with identified disability who answered 'Very good' and 'Good' overall rating of care in the NSW Patient Survey Proportion of service settings using relevant programs

16,17

16 The TOP 5 program is aimed at patients identified with a cognitive or other disability that impacts their ability to communicate and advocate on their own behalf. It is a simple process that encourages health professionals to engage with carers to gain valuable non-clinical information to help personalise care. Where this DIAP refers to TOP 5, similar initiatives may be substituted to achieve same outcome, for example Communication Care Cues.

17 The In Safe Hands program provides a platform for building and sustaining efficient and effective healthcare teams within a complex healthcare environment. It enables teams to address daily challenges of patient care and empowers them to make good decisions based on understanding the full scope of a patient's care. All members of a healthcare team are then better placed to solve problems as they arise.

Strategy 7: Service delivery organisations will engage meaningfully with people with disability, their carers and families and relevant key partner agencies.

Action	Timeframe	Responsibility	Performance Indicators
<p>7.1 In partnership with LHDs and SHNs, develop guidelines for community engagement with people with disability, their carers and families. The guidelines should:</p> <ul style="list-style-type: none"> • reflect NSW Health’s Consumer and Community Engagement Framework • promote collaboration and integration of services to facilitate seamless pathways through the NSW Health system • outline requirements for engaging with local disability non-government organisations and other partner agencies including Department of Family and Community Services (FACS), Housing and Accommodation Support Initiative (HASI) providers, Police and Justice, Aboriginal Medical Services or similar. 	2018	DIAP Governance Group	<p>Community engagement guidelines developed and embedded in LHDs and SHNs</p> <p>Evidence of consultation with and participation by people with disability their carers, and families.</p> <p>Evidence of collaboration with local partners</p>

Strategy 8: Deliver enhanced services and build greater accountability by improving our data collection and reporting on disability inclusion.

Action	Timeframe	Responsibility	Performance Indicators
8.1 The DIAP Governance Group will work with relevant partners to enhance data systems to better identify people with disability.	Ongoing	DIAP Governance Group / Ministry of Health	Meaningful data items for measuring inclusion are incorporated into new data collection processes
8.2 Produce a disability focused annual report of patient perspectives on the care people with disability receive through NSW Health.	Ongoing	BHI	Annual report developed and made publicly available.

Strategy 9: Ensure all service users have the same access to information regarding their treatment and care.

Action	Timeframe	Responsibility	Performance Indicators
9.1 All NSW Health websites to comply with W3C Web Content Accessibility Guidelines (WCAG) level 'AA'.	2018	Ministry of Health / LHDs / SHNs	All NSW Health websites are audited and found compliant with Guidelines
9.2 Ensure feedback and complaints mechanisms are accessible to people with disability. This may include a range of formats and alternative avenues.	2018	Ministry of Health / LHDs / SHNs	Feedback mechanisms are audited and found compliant
9.3 Identify health resources that are available in accessible formats and share these across the NSW Health system.	Ongoing	DIAP Governance Group	Accessible health resources made available

Supporting access to meaningful employment opportunities

Our vision for supporting access to meaningful employment opportunities

An employment opportunity is about far more than just a regular income. For all Australians, sustainable employment opportunities represent a chance to experience an enhanced sense of meaning, purpose and belonging, as well as an improved sense of personal freedom and autonomy.

For people with disability in Australia, employment rates are consistently lower than those without disability across all sectors. The NSW Public Service Commission (PSC) reports that the proportion of people with disability in the NSW Public Sector has declined over the past ten years.¹⁸

The PSC is currently reviewing this policy area with the aim to improve this trend, and is under taking a review of their disability statistics to improve the quality, coverage and coherence of the data collected. It is acknowledged that employee disclosure of disability status is voluntary, and factors impacting under-reporting include the relevance of disability to their role, fear of stigma or discrimination, and the issue of employees not updating their status if they have acquired a disability.¹⁹

NSW Health aims to have a workforce that fully represents the community including people with disability. To achieve this, the actions in this Plan aim to support increased employment of people with disability, and support current and future employees with disability to advance their careers within NSW Health. Importantly, we must work hard to emphasise the significant benefits associated with a diverse workforce in terms of workplace culture, employee retention, innovation and performance.

The Government Sector Employment Act 2013 (GSE Act) requires the Ministry of Health to prioritise the employment of people with disability as part of workforce planning²⁰. Many staff members with disability have experienced equitable opportunities when it comes to gaining employment and advancing their careers in NSW Health, but we need to understand more about the issues and potential barriers they may face. Specialist strategies are being designed and implemented in some areas - we need to share learnings about what works and build on good practice to improve opportunities.

18 NSW Public Service Commission 2014, *Workforce Profile Report 2014*, NSW PSC, Sydney

19 NSW Ministry of Health 2014, *NSW Health 2013-14 Annual Report - A Healthcare system to meet our needs*, NSW Ministry of Health, Sydney

20 *Government Sector Employment Act 2013* (NSW), viewed 30 September 2015, <http://www.austlii.edu.au>

Our commitment for 2016-19

Strategy 10: Review our recruitment practices to support inclusion and increased employment of people with disability, and support our employees with disability to advance their careers within NSW Health.

Action	Timeframe	Responsibility	Performance Indicators
10.1 Promote the requirements of the existing recruitment policy that outlines recruitment practices that support the employment of people with disability through targeted communications with convenors and recruitment panels.	End 2016	Workplace Relations Branch	Public Service Commission Workforce Profile for NSW Health: Increase in % of employees with a disability and % of employees requiring workplace adjustment
10.2 Develop and commence implementation of a training program that can be used across NSW Health to: <ul style="list-style-type: none"> provide information regarding alternative interview practices suitable for people with disability build capability for all managers to ensure that the needs of people with disability are met in the workplace. 	End 2017	HETI / Directors of Workforce across NSW Health	Public Service Commission Workforce Profile for NSW Health: Increase the % of employees with a disability and % of employees requiring workplace adjustment
10.3 Support and foster mentoring partnerships for employees with disability, including support for career advancement.	End 2016	Directors of Workforce across NSW Health	Evidence of mentoring partnerships for employees with disability.
10.4 Corporate software systems will be designed to address the access needs of people with disability who are part of the health workforce.	Ongoing	DIAP Governance Group (with eHealth, HETI and Business & Asset Services)	Evidence of disability inclusion principles incorporated into planning and design of corporate software systems.

Monitoring, reporting and reviewing

The DIAP is intended as an agile plan which requires ongoing review, evaluation and monitoring to support its effective implementation.

While the DIA requires NSW Health to review our DIAP every four years, we are committed ongoing review to ensure the plan remains relevant and meaningful in an environment of significant reform, to ensure we continue to create positive change for people with disability.

Monitoring and reporting

The DIAP Governance Group will guide implementation of the DIAP and monitor progress. This Group will be chaired by the Integrated Care Branch who will also assume responsibility for the production and publication of an annual update for internal and external stakeholders regarding implementation. The Integrated Care Branch will also coordinate the annual reporting requirement in the Ministry's Annual Report.

To assist with monitoring, we have developed a program logic to articulate the way in which all actions within this DIAP contribute to the ultimate outcome of ensuring people with disability are fully included in the health system as service users and employees. This program logic overleaf identifies outcomes within a hierarchy, with early achievements (immediate outcomes) leading to mid-term achievements (intermediate outcomes), and then to long term or ultimate outcomes.

The monitoring framework which follows the program logic extends the outcome statements found in the program logic to align with DIAP actions, specific indicators and data sources. This monitoring framework provides NSW Health with a blueprint for reporting to drive accountability and a clear method to assess the extent to which the DIAP has been successful in reaching its goals over time. Disability inclusion will be included for targeted discussion through routine performance meeting processes which are part of the performance framework

Specific DIAP actions have been mapped where relevant, against:

- National Safety and Quality Health Service Standards (NSQHS Standards) developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC) which are compulsory for the majority of public and private healthcare organisations and EQulPNational, a four-year accreditation program for health services that ensures a continuing focus on quality across the whole organisation.
- EQulPNational, a four-year accreditation program for health services developed by the Australian Council on Healthcare Standards (ACHS) incorporating the NSQHS Standards and provides a further five standards that focus on the performance of non-clinical systems as part of a comprehensive organisation-wide assessment. While it is acknowledged that there are other accreditation programs for health services (such as the Quality Innovation Performance (QIP) process developed by Quality Innovation Performance Limited, and Quality in Health developed by SAI Global Certification Services Pty Ltd), EQulPNational has been referenced here as it is currently widely used in the NSW Health system.
- The NDIS Implementation checklist developed by the Ministry to guide LHDs/SHNs with NDIS transition provides a practical resource to guide NDIS transition activities and monitor transition progress.

Reviewing

The DIAP Governance Group will review the DIAP annually. This annual review process will involve:

- Consultation by the DIAP Governance Group with relevant stakeholders to reassess committed actions and ensure ongoing fit and relevance. Where actions, timeframes, responsibilities or performance indicators are reviewed, these changes will be published in an updated plan on NSW Health's website and announced in the annual update for internal and external stakeholders.
- Engagement with the NSW FACS DIP Implementation Committee, to contribute to the reporting and evaluation of the state-wide disability inclusion priorities.

Every two years, we are committed to engaging again with staff and the community regarding progress against key actions in the plan. This consultation may involve connecting with the community via existing advisory councils or networks or dedicated consultation if required.

Program logic

Hierarchy of outcomes	Expected outcomes
Ultimate outcomes	<ul style="list-style-type: none"> • People with disability are able to access NSW Health services, according to their needs. • People with disability receive quality services from NSW Health in a respectful manner that upholds their dignity. • NSW Health staff represent the diversity of the NSW population, including people with disability.
Intermediate outcomes	<ul style="list-style-type: none"> • Training resources and clinical improvement programs build disability confidence in NSW Health staff in terms of service delivery and employment. • Disability inclusion is embedded as a priority in the planning and design of new and refurbished facilities. • Data collection and reporting on disability inclusion is improved and communicated. • Service users have better access to information regarding their treatment and care through accessible websites and feedback mechanisms. • Service delivery organisations engage meaningfully with people with disability, their carers and families, and with relevant key partner agencies.
Immediate outcomes	<ul style="list-style-type: none"> • NSW Health structures are enhanced to build a culture of disability inclusion across the system, for service users and employees. • Guidelines regarding health facility design and wayfinding are promoted throughout NSW Health and used to address key shortfalls in existing facilities. • The voices of people with disability, their carers and families are included in facility design and planning processes. • Expectations are clearly articulated for Ministry of Health branches, Local Health Districts, Specialty Health Networks, Pillars, Statewide Health Services and Shared Services regarding disability inclusion.

Hierarchy of outcomes	Expected outcomes
Strategies	<p>Promoting positive attitudes and behaviours</p> <ol style="list-style-type: none"> 1. Communicate and reflect on the importance of a culture of disability inclusion across the NSW Health system. 2. Review, amend and develop training resources to build disability confidence in our staff. <p>Creating liveable communities</p> <ol style="list-style-type: none"> 3. Embed disability inclusion as a priority in the planning and design of new and refurbished facilities. 4. Elevate the voices of people with disability, their carers and families in facility design and planning processes. 5. Identify and address key shortfalls in facility design identified by people with disability. <p>Providing equitable systems and processes</p> <ol style="list-style-type: none"> 6. Provide support to consistently improve disability inclusion and extend existing good practice in delivering person centred care to people with disability across the system. 7. Service delivery organisations will engage meaningfully with people with disability, their carers and families, and relevant key partner agencies. 8. Deliver enhanced services and build greater accountability by improving our data collection and reporting on disability inclusion. 9. Ensure all service users have the same access to information regarding their treatment and care. <p>Supporting access to meaningful employment opportunities</p> <ol style="list-style-type: none"> 10. Review our recruitment practices to support inclusion and increased employment of people with disability, and support our employees with disability to advance their careers within NSW Health.

Monitoring and reporting framework

Ultimate outcomes

Outcomes	Indicators	Responsibility	Data sources	Aligns with:
People with disability are able to access NSW Health services, according to their needs	Proportion of people with disability who answer 'Good' or 'Very Good' as an overall rating of care in the NSW Patient Survey Program	Ministry of Health / LHDs / SHNs/ Pillars, Statewide Health Services/ Shared Services	NSW Patient Surveys data (e.g.: Adult Admitted, Emergency Department, Admitted Children, Outpatient and Small Hospitals & Rural Surveys)	NSQHS Standard: 1. Governance for Safety and Quality in Health Service Organisations EQuIP: 11. Service Delivery EQuIP: 12. Provision of Care
People with disability receive quality services from NSW Health in a respectful manner that upholds their dignity	Proportion of people with disability who answer 'Good' or 'Very Good' as an overall rating of care in the NSW Patient Survey Program	Ministry of Health / LHDs / SHNs/ Pillars, Statewide Health Services/ Shared Services	NSW Patient Surveys data (Adult Admitted, Emergency Department, Admitted Children, Outpatient and Small Hospitals & Rural Surveys)	NSQHS Standard: 1. Governance for Safety and Quality in Health Service Organisations EQuIP: 11. Service Delivery EQuIP: 12. Provision of Care
NSW Health staff represent the diversity of the NSW population, including people with disability	Public Service Commission Workforce Profile for NSW Health: increase in % employees with a disability, % of employees requiring workplace adjustment	Ministry of Health / LHDs / SHNs/ Pillars, Statewide Health Services/ Shared Services	Public Service Commission - Workforce Profile	NSQHS Standard: 1. Governance for Safety and Quality in Health Service Organisations EQuIP: 13. Workforce Planning and Management

Intermediate outcomes (2018)

Note - these outcomes have been sorted by immediacy and not by numerical order

Outcome: Training resources and clinical improvement programs build disability confidence in NSW Health staff in terms of service delivery and employment.

Outcomes	Indicators	Responsibility	Data sources	Aligns with:
2.1 HETI materials reviewed, amended and developed to build disability confidence in our staff	<p>Number of HETI resources reviewed, amended or developed in light of disability inclusion principles</p> <p>% of training participants who report increased understanding of the needs of people with disability</p>	HETI	<p>HETI training delivery records</p> <p>HETI training evaluation data</p>	<p>EQulP: 11. Service Delivery</p> <p>EQulP: 12. Provision of Care</p> <p>NDIS checklist: 2b Workforce readiness</p>
6.2 Promote patient based models of care in service delivery organisations	<p>Increase in % of people with identified disability who answered 'Very good' and 'Good' overall rating of care in the NSW Patient Survey</p> <p>Proportion of service settings that have an effective patient based model of care</p>	NAMO / CEC / ACI / LHDs / SHNs	<p>CEC reports</p> <p>LHD reports</p>	<p>EQulP: 11. Service Delivery</p> <p>EQulP: 12. Provision of Care</p>
10.2 Develop and implement a training program to provide information regarding alternative interview practices and build capacity for all managers of people with disability	<p>Public Service Commission Workforce Profile for NSW Health:</p> <p>% employees with a disability,</p> <p>% employees requiring workplace adjustment</p>	HETI / Directors of Workforce	Public Service Commission - Workforce Profile	<p>NSQHS Standard: 1. Governance for Safety and Quality in Health Service Organisations</p> <p>EQulP: 13 Workforce Planning and Management</p> <p>NDIS checklist: 2b Workforce readiness</p>

Outcomes	Indicators	Responsibility	Data sources	Aligns with:
10.4 Corporate software systems are designed to address the access needs of people with disability who are part of the health workforce	Evidence of disability inclusion principles incorporated into planning and design of corporate software systems	DIAP Governance Group / eHealth / HETI / Business & Asset Services	Corporate software systems design documentation	NSQHS Standard: 1. Governance for Safety and Quality in Health Service Organisations EQuIP: 13 Workforce Planning and Management NDIS checklist: 2b Workforce readiness

Outcome: Disability inclusion is embedded as a priority in the planning and design of new and refurbished facilities.

Outcomes	Indicators	Responsibility	Data sources	Aligns with:
3.2 The principles of disability inclusion to be embedded within the design and functional brief for all capital projects	Number of project design and functional briefs that consider the principles of disability inclusion	NSW Health Infrastructure LHDs	Project design and functional briefs	NSQHS Standard: 1. Governance for Safety and Quality in Health Service Organisations NSQHS Standard: 2. Partnering with Consumers EQuIP: 11. Service Delivery EQuIP: 12. Provision of Care EQuIP: 15. Corporate Systems and Safety
5.2 Changing Places to be considered in all new and refurbished health care facility functional briefs.	All functional briefs include Changing Places where appropriate.	NSW Health Infrastructure LHDs	Health Infrastructure records LHD reports	EQuIP: 11. Service Delivery EQuIP: 12. Provision of Care

Outcome: Data collection and reporting on disability inclusion is improved and communicated.

Outcomes	Indicators	Responsibility	Data sources	Aligns with:
8.1 The DIAP Governance Group will work with relevant partners to enhance data systems to better identify people with disability	Meaningful data items for measuring inclusion are incorporated into new data collection processes	DIAP Governance Group / Ministry of Health	Governance Group annual updates	NSQHS Standard: 1. Governance for Safety and Quality in Health Service Organisations NSQHS Standard: 5. Patient Identification and Procedure Matching. EQuIP: 14. Information Management NDIS checklist: 2c Data and Data Systems
8.2 Produce a disability focused annual report of patient perspectives on the care people with disability receive through NSW Health	Annual report developed and made publicly available	BHI	Disability focused annual report	NSQHS Standard: 1. Governance for Safety and Quality in Health Service Organisations NSQHS Standard: 5. Patient Identification and Procedure Matching. EQuIP: 14. Information Management NDIS checklist: 2c Data and Data Systems

Outcome: Service users have better access to information regarding their treatment and care through fully accessible websites and feedback mechanisms.

Outcomes	Indicators	Responsibility	Data sources	Aligns with:
9.1 All NSW Health websites comply with W3C Web Content Accessibility Guidelines (WCAG) level 'AA'	All NSW Health websites are audited and found compliant with Guidelines	Ministry of Health / LHDs / SHNs	NSW Health online communications	EQulP: 11. Service Delivery EQulP: 14. Information Management
9.2 Ensure feedback and complaints mechanisms are accessible to people with disability	Feedback mechanisms are audited and found compliant	Ministry of Health / LHDs / SHNs	NSW Health feedback mechanisms	NSQHS Standard: 1. Governance for Safety and Quality in Health Service Organisations NSQHS Standard: 2. Partnering with Consumers NDIS checklist: 2a - clients
9.3 Identify health resources that are available in accessible formats and share across the NSW Health system	Accessible health resources made available	DIAP Governance Group	LHD / SHN reports	NSQHS Standard: 1. Governance for Safety and Quality in Health Service Organisations NSQHS Standard: 2. Partnering with Consumers NDIS checklist: 2a - clients

Outcome: Service delivery organisations engage meaningfully with people with disability, their carers and families, and with relevant key partner agencies.

Outcomes	Indicators	Responsibility	Data sources	Aligns with:
7.1 Community engagement guidelines are developed to support implementation of the DIAP	<p>Community engagement guidelines developed and embedded in LHDs and SHNs</p> <p>Evidence of consultation with and participation by people with disability, their carers, and families.</p> <p>Evidence of collaboration with local partners</p>	DIAP Governance Group	<p>LHD / SHN reports</p> <p>Performance meetings</p>	<p>NSQHS Standard: 1. Governance for Safety and Quality in Health Service Organisations</p> <p>NSQHS Standard: 2. Partnering with Consumers</p> <p>EQulP: 11. Service Delivery</p> <p>EQulP: 12. Provision of Care</p> <p>NDIS checklist: 1a Governance</p> <p>NDIS checklist: 1b Appoint a Transition Manager</p> <p>NDIS checklist:1c Transition project plan</p> <p>NDIS checklist:1d Local Communications Strategy</p> <p>NDIS checklist:2a Clients</p>

Immediate outcomes

Outcome: NSW Health structures are enhanced to build a culture of disability inclusion across the system for service users and employees.

Outcomes	Indicators	Responsibility	Data sources	Aligns with:
1.1 Develop, publish and implement a communication strategy for disability inclusion across NSW Health	Communication strategy developed, published and implemented	DIAP Governance Group / SRC	Governance Group annual updates	NSQHS Standard: 1. Governance for Safety and Quality in Health Service Organisations NDIS checklist: 1a Governance
1.2 Disability inclusion is a standing item on leadership meeting annual agendas	Disability inclusion is a standing item on relevant agendas	DIAP Governance Group / Disability representatives from LHDs / SHNs	Governance Group annual updates	NSQHS Standard: 1. Governance for Safety and Quality in Health Service Organisations NDIS checklist: 1a Governance
10.1 Promote the requirements of the existing recruitment policy that outlines recruitment practices that support the employment of people with disability through targeted communications with convenors and recruitment panels	Public Service Commission Workforce Profile for NSW Health: increase in % of employees with a disability and % of employees requiring workplace adjustment	Workplace Relations Branch	Public Service Commission - Workforce Profile	NSQHS Standard: 1. Governance for Safety and Quality in Health Service Organisations EQuIP: 13 Workforce Planning and Management NDIS checklist: 2b Workforce readiness
10.3 Support and foster mentoring partnerships for employees with disability, including support for career advancement	Evidence of mentoring partnerships for employees with disability.	Directors of Workforce across NSW Health	Ministry of Health / LHD / SHN reports	NSQHS Standard: 1. Governance for Safety and Quality in Health Service Organisations EQuIP: 13 Workforce Planning and Management NDIS checklist: 2b Workforce readiness

Outcome: Guidelines regarding health facility design and wayfinding are promoted throughout NSW Health and used to address key shortfalls in existing facilities.

Outcomes	Indicators	Responsibility	Data sources	Aligns with:
3.1 NSW Health Infrastructure will promote disability inclusion principles through its participation in the revision of the Australasian Health Facilities Guidelines (AusHFG) Part C: Design for Access, Mobility, OHS and Security	AusHFG revision completed	Health Infrastructure	AusHFG	EQulP: 11. Service Delivery EQulP: 12. Provision of Care EQulP: 15. Corporate Systems and Safety
5.1 Policy resources and guidelines regarding wayfinding are implemented throughout NSW Health, including consultation with people with disability to identify opportunities for improvements	Utilisation of the Wayfinding for Healthcare Facilities Guidelines on all new health infrastructure projects Documented evidence of application of guidelines within LHDs / SHNs Documented evidence of consultation with people with disability at LHD / SHN level	Health Infrastructure / LHDs / SHNs	LHD reports	EQulP: 11. Service Delivery EQulP: 12. Provision of Care EQulP: 15. Corporate Systems and Safety

Outcome: The voices of people with disability, their carers and families are included in facility design and planning processes.

Outcomes	Indicators	Responsibility	Data sources	Aligns with:
4.1 Post Occupancy Evaluation questionnaire templates are revised to identify staff and service user respondents with disability	All POE reports to identify respondents with disability and their perceptions on inclusion	Health Infrastructure / LHDs	POE questionnaires	EQuIP: 15. Corporate Systems and Safety

Outcome: Expectations are clearly articulated for Ministry of Health branches, LHDs, SHNs, Pillars, Statewide Health Services and Shared Services regarding disability inclusion.

Outcomes	Indicators	Responsibility	Data sources	Aligns with:
6.1 Disability inclusion resources developed for application across policy and service delivery settings	Disability Inclusion implementation guidance developed and implemented	DIAP Governance Group / Integrated Care Branch	Disability inclusion implementation guidance	NSQHS Standard: 1. Governance for Safety and Quality in Health Service Organisations NSQHS Standard: 2. Partnering with Consumers EQuIP: 11. Service Delivery EQuIP: 12. Provision of Care EQuIP: 15. Corporate Systems and Safety

Acknowledgement

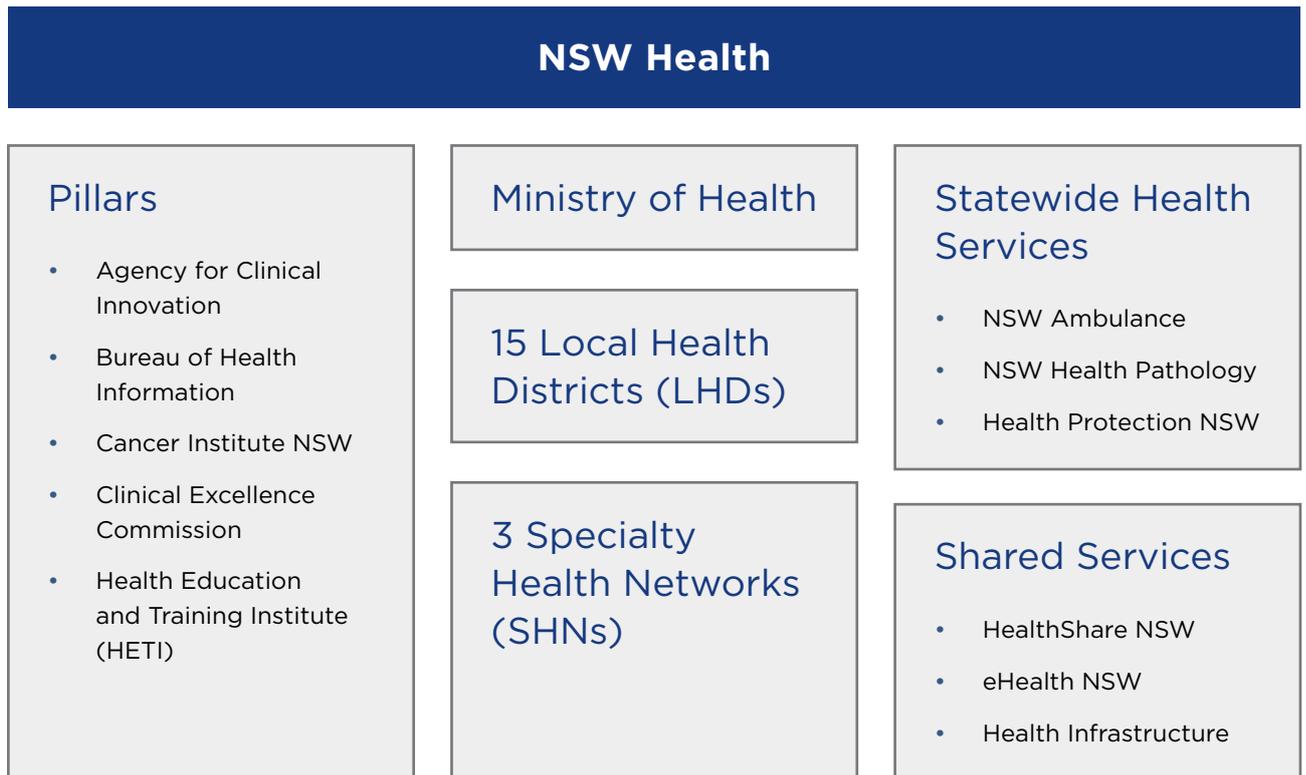
NSW Health formally thanks all those who committed their time to provide feedback during the development of the NSW Health Disability Inclusion Action Plan 2016-19, and look forward to continuing the conversation to ensure this plan remains relevant and creates meaningful change for people with disability. In particular, NSW Health thanks community members, staff and representative bodies who participated in the disability inclusion action plan workshops and interviews, and those who provided written submissions.

This plan was developed by the Integrated Care Branch of the NSW Ministry of Health with assistance from Urbis.

Urbis staff responsible for this plan were:

Director	Dr Linda Kurti; Alison Wallace
Associate Director	Poppy Wise

Appendix A. NSW Health structure



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21 Based on NSW Health: Our Organisational Chart - <http://www.health.nsw.gov.au/about/nswhealth/Pages/chart.aspx>

Appendix B. **List of peak and advocacy bodies consulted in development**

A total of 59 peak and advocacy bodies were invited to participate in the DIAP consultation. The following 27 organisations either attended a consultation session or provided a written submission:

- Association of Blind Citizens of NSW
- Australian Health Infrastructure Alliance
- Being Mental Health and Wellbeing Consumer Advisory Group
- Children with Disability Australia
- Council of the Ageing NSW
- Council for Intellectual Disability
- Deaf Blind Association NSW
- The Deaf Society
- Disability Council NSW
- Diversity Disability Alliance
- Family Advocacy
- Guide Dogs Australia
- Intellectual Disability Rights Service
- Life Without Barriers
- Mental Health Australia
- Mental Health Commission of NSW
- Multicultural Disability Advocacy Association
- Multitask Human Resource Foundation
- NSW Council of Social Services
- People with Disability Australia
- Physical Disability Council of NSW
- Positive Life
- Post Polio NSW
- Public Guardian
- Schizophrenia Fellowship of NSW
- Spinal Cord Injuries Australia
- Vision Australia

Appendix C. **List of NSW Health organisations consulted in development**

An opportunity to contribute to the development of the DIAP was provided system-wide via the Integrated Care Branch. The following areas of NSW Health participated in a consultation session or provided a written submission:

- Local Health Districts and Specialty Health Networks
 - Representatives from either/or Directors of Allied Health, Directors of Clinical Operations, Directors of Community Health, Directors of Nursing, Directors of Mental Health and Carers Support Network Managers from the 15 LHDs
 - Sydney Children's Hospital Network
 - Justice Health & Forensic Mental Health Network
- Statewide Health Services and Shared Services
 - Health Infrastructure
 - Healthshare NSW
 - eHealth
 - NSW Ambulance
- Pillar Organisations
 - Agency for Clinical Innovation (ACI)
 - Bureau of Health Information (BHI)
 - Health Education and Training Institute (HETI)
 - Clinical Excellence Commission (CEC)
- Ministry of Health
 - Strategy and Resources including Integrated Care, Government Relations, Health System Planning and Investment and Mental Health and Drug and Alcohol Office
 - Population and Public Health including the Centre for Aboriginal Health
 - System Purchasing and Performance including System Relationships and Frameworks
 - Governance, Workforce and Corporate including Workplace Relations, Nursing and Midwifery Office and Business and Asset Services

Appendix D. **Glossary**

ABS	Australian Bureau of Statistics	NDIA	National Disability Insurance Agency
ACI	Agency for Clinical Innovation	NDIS	National Disability Insurance Scheme
ADA	Anti-Discrimination Act 1977 (NSW)	NDS	National Disability Strategy 2010-2020
ADHC	Ageing, Disability & Home Care	NSW	New South Wales
AND	Australian Network on Disability	PHNs	Primary Health Networks
AusHFG	Australian Health Facilities Guidelines	POE	Post Occupancy Evaluation
BHI	Bureau of Health Information	SHN	Specialty Health Networks
CEC	Clinical Excellence Commission	UNCRPD	United Nations Conventional on the Rights of Persons with Disabilities
DAP	Disability Action Plan	WCAG	Web Content Accessibility Guidelines
DDA	Disability Discrimination Act 1992 (Commonwealth)		
DGG	DIAP Governance Group		
DIA	Disability Inclusion Act 2014 (NSW)		
DIAP	Disability Inclusion Action Plan		
DSA	Disability Services Act 1993 (NSW)		
FACS	Department of Family and Community Services		
GSE	Government Sector Employment Act 2013 (NSW)		
HASI	Housing and Accommodation Support Initiative		
HETI	Health Education and Training Institute		
LHD	Local Health Districts		
ICB	Integrated Care Branch		

Appendix E. **Relevant policy directives and guidelines**

Legislation and Strategic Plans

- United Nations Convention on the Rights of Persons with Disabilities
- Disability Discrimination Act 1992 (Cth)
- National Disability Insurance Scheme Act 2013 (Cth)
- National Disability Strategy 2010-2020
- National Disability Strategy NSW Implementation Plan 2012-2014
- NSW Disability Inclusion Act 2014 No 41
- NSW Disability Services Act 1993
- NSW Disability Policy Framework 1998
- NSW Carers (Recognition) Act 2010
- NSW Carer's Strategy 2014-2019
- NSW Health Records and Information Privacy Act 2002
- NSW Disability Inclusion Plan 2015
- NSW Disability Inclusion Action Planning Guidelines 2015
- NSW Guardianship Act 1987
- Living Well: A Strategic Plan for Mental Health in NSW 2014 - 2024
- Service Framework to Improve the Health Care of People with Intellectual Disability - June 2012

Policy Directives and Guidelines

These NSW Health policy directives and guidelines can be found on the NSW Health website at www.health.nsw.gov.au/policies/pages/default.aspx

- People with a disability: Responding to needs during hospitalisation (PD2008_010)
- Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals (PD008_015)
- Consent to Medical Treatment - Patient Information (PD2005_406)
- Interpreters: Standard procedures for working with health care interpreters (PD2006_053)
- Medication Handling in Public Health Facilities (PD2013_043)
- Your Health Rights and Responsibilities (PD2011_022)
- Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health (PD2011_069)
- NSW Health and Ageing, Disability & Home Care (ADHC) Joint Guideline (GL2013_001)
- Health Facility Guidelines - Australasian Health Facility Guidelines In NSW (GL2008_017)
- Wayfinding for Healthcare Facilities (GL2014_018)

Other

- National Safety and Quality Health Service (NSQHS) Standards
- National Standards for Disability Services
- Australasian Health Facilities Guidelines
- Disability Access - Guidelines on the Implementation of Premises Standards
- Memorandum of Understanding and Guidelines - NSW Health & ADHC: In the provision of services to people with an intellectual disability and mental illness
- NSW Health Code of Conduct and Workplace Culture Framework
- NSW Health Privacy Manual for Health Information
- NSW Health NDIS Implementation Checklist
- NSW Ombudsman (June 2015) Report of Reviewable Deaths in 2012 and 2013 Volume 2: Deaths of people with disability in residential care

