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Disability in Te Pae Tata / Interim New Zealand Health Plan 2022

Produced 2022 by Accessible Formats Service,
Blind Low Vision NZ,
Auckland

Total print pages: 6

Total large print pages: 13

Notes for the Large Print Reader

Print page numbers are indicated as:

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Main text is in Arial typeface, 18 point.

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What is Te Pae Tata?

Te Whatu Ora – Health New Zealand and Te Aka Whai Ora – Māori Health Authority are the two organisations that are leading the nationwide public health delivery system.

Te Whatu Ora and Te Aka Whai Ora are working in partnership to transform healthcare in Aotearoa New Zealand and support better outcomes and wellbeing for all people, no matter who you are or where you live.

[Te Pae Tata | Interim New Zealand Health Plan](#) is a two-year plan that will guide Te Whatu Ora and Te Aka Whai Ora as we start making changes to improve the health system. This two-year plan identifies:

- the most important areas for the health system to improve first
- which actions to take now, to start building a future health system that works better for all New Zealanders.

Te Pae Tata is the first step. There will be challenges and it will take time. We are transforming the health system while at the same time continuing to provide all the important services our communities need.

While we work on the priorities and actions in Te Pae Tata over the next two years, we will also work and engage with communities to develop the first full New Zealand Health Plan, which will be completed by June 2024.

What does Te Pae Tata say about Disability?

Disabled people are prioritised as an equity group

Te Whatu Ora, in partnership with Te Aka Whai Ora, has committed to prioritising Tāngata whaikaha | Disabled people as an equity group in Te Pae Tata | the interim NZ Health Plan.

This commitment is an historic moment. It is the first time disabled people have been formally recognised as a priority group in the New Zealand health system.

Disabled people have the same healthcare requirements throughout their lives as non-disabled people and need to be able to access the same healthcare services, as well as any specific healthcare needs related to their disability.

The health system we have now in Aotearoa does not work for Tāngata whaikaha | Disabled people.

Today, Disabled people in Aotearoa experience a wide range of inequities when accessing health services, and poorer health outcomes compared to non-disabled people.

Inequities in access to healthcare are worse for Māori disabled people, Pacific people with disabilities, and disabled people from other minority groups.

By recognising disabled people as a priority group in Te Pae Tata, Te Whatu Ora and Te Aka Whai Ora are making a commitment to designing a new health system that will take responsibility for providing appropriate, accessible healthcare for Tāngata whaikaha | Disabled people.

Te Pae Tata represents only the first steps towards long term change. In the next two years we will work on specific actions in Te Pae Tata to:

- reframe how we see, value and work with Tāngata whaikaha | Disabled people
- build the foundations for a more inclusive, accessible and equitable health system for Tāngata whaikaha | Disabled people.

Te Pae Tata includes a section that focuses specifically on the health of Tāngata Whaikaha | Disabled people (section 4.3).

Section 4.3 recognises disabled people as a priority population for the health system and explains the principles we will use to understand and approach disability, the priorities for change, and specific actions we will do now to:

- make sure disabled people are considered and included in all parts of the health system as we work to deliver Te Pae Tata
- guide and direct how we work with Disabled people and communities to ensure the first full New Zealand Health Plan, in 2024, is inclusive and reflective of what Tāngata whaikaha | Disabled people need.

Other sections in Te Pae Tata explain additional priority areas for the health system to change and improve. These other sections also include commitments and actions that are relevant for disabled people. We cover them separately in this document.

Principles

Three principles will help people in the new health system understand and approach disability in a different way to ensure disabled people are included and respected:

1. Human Rights Model of Disability

The new health system will recognise, understand and prioritise the human rights and dignity of Tāngata Whaikaha | Disabled people when designing, planning and delivering healthcare services. We will be guided by Te Tiriti o Waitangi and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) when making these decisions.

2. Nothing about us without us

Tāngata whaikaha | Disabled people must lead the conversation about what an equitable health system

means to them at every step of the way. We will apply the Enabling Good Lives principles to work with disabled people and make sure their voices are included and valued when designing, planning and delivering healthcare services.

3. Connected, holistic models of care

Tāngata whaikaha | Disabled people are treated as whole people who may need and want different things at different times in their lives, including culturally and age-appropriate care. The new health system will use:

- data and digital technology to make it easier for disabled people to communicate what they need, and get the same respect and quality of care no matter what service they are accessing
- the new "localities" approach, to set up a wider range of health services in local communities, working with local communities including disabled people to design services that work better for the people who live there.

Priorities

These three priorities are the most important areas for the health system to improve first for Tāngata whaikaha | Disabled people:

1. Make all health services accessible, inclusive, and equitable for Tāngata whaikaha | Disabled people

Accessible means making sure Disabled people can access health services when they visit in person, including buildings, transport and services in the community. It also means providing equitable access to health information and communications from health services. For health services to be inclusive, they must also welcome and value Tāngata whaikaha | Disabled people for who they are.

2. Create "twin-track" pathways and services for Tāngata whaikaha | Disabled people and communities who need them

All people need healthcare at different times in their lives. We recognise that Tāngata whaikaha | Disabled people have the same healthcare requirements throughout their lives as non-disabled people and need to be able to access the same services. Some also have specific healthcare requirements related to their disability and need specific services that suit them better.

Te Whatu Ora and Te Aka Whai Ora will work with the disability community to find out what they need and develop a flexible system that works in different ways for a wide range of people.

3. Commit to continued, radical and measurable change

Making healthcare services accessible, inclusive, and equitable is the first step towards achieving radical transformation. To achieve that, we need to change how

the health system understands, interacts with and includes Disabled people. This will involve conversations and work that will continue for many years to come.

Actions

There are 10 Actions in Te Pae Tata that will help the health system deliver on the three Priorities for Disabled people. We will make a plan to implement these Actions over the next two years and will report on progress.

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Establish accessible environments and information

- create accessibility standards for new buildings, contracts, services, and systems, including transport and mobility options. (This action also appears as an action in the infrastructure chapter.)
- make a plan to improve older buildings, services and systems so that they meet these new standards (This action also appears as an action in the infrastructure chapter.)
- create accessibility and usability requirements for public health information, so that health information is:
 - easy to read and understand
 - easy to find and use
 - available in alternate formats.

Develop inclusive models of care

- train people working in healthcare to understand supported decision-making and informed consent processes
- make sure health services can provide accommodations when disabled people need them, like New Zealand Sign Language (NZSL) interpreters, hoists, sensory reduction, and other options
- develop a plan to make sure health careers are accessible, equitable and inclusive for Tāngata whaikaha | Disabled people.

Prioritise disability in service planning and commissioning

- require all planning, strategic development and commissioning (paying others to provide services) to contribute to improving health and wellbeing outcomes for Disabled people.
- establish a Tāngata whaikaha | Disabled people strategic leadership team to:
 - make sure the disability actions in Te Pae Tata are progressing, and
 - work with the disability community.

Support Tāngata Whaikaha | Disabled People to lead the conversation

- Increase disability leadership and involvement at all levels in the design and development of health services
- Create appropriate and accessible processes for disabled people to have their say about the health services in their local area and how services are designed or chosen
- Support Tāngata whaikaha | Disabled people in culturally appropriate ways in Māori, Pacific and other community-specific health services, ensuring they are led by Tāngata whaikaha | Disabled people from those communities
- Set up and use new data systems to understand inequities facing Tāngata whaikaha | Disabled people.

Disability actions in other sections of Te Pae Tata

Te Pae Tata also includes commitments and specific actions related to Tāngata Whaikaha | Disabled People in other sections of the Plan.

While not all sections of Te Pae Tata have specific disability actions, the expectation is that the disability leadership will work across the health system to ensure Tāngata Whaikaha | Disabled people are considered in all areas.

Specific commitments and actions include:

Section 1: A new health system focused on people

Valuing the voices of consumers and whānau

- Build a platform **with disability communities** and Whaikaha | Ministry of Disabled People to include **diverse** Tangata whaikaha | Disabled people voices in the design, delivery and performance of the health system.

A strong workforce whānau

- Implement programmes to grow the numbers and diversity of the health workforce, including Māori, Pacific and Tangata whaikaha | Disabled people, to meet demand by addressing critical workforce gaps as identified by the workforce taskforce.

Developing an inclusive leadership and culture

- Increase the number of Tāngata whaikaha | Disabled people in leadership and decision-making roles across the system

- Establish a national dedicated Tāngata whaikaha | Disabled people strategic leadership team.

Strengthening the use of health insights and intelligence

- Establish intelligence and insight leadership that ensures Te Ao Māori, Mātauranga Māori, Pacific and Tāngata Whaikaha | Disabled peoples world views are reflected in the use of health intelligence.
- Implement a nationally consistent system of data capture, analytics and intelligence that supports the use of health intelligence and insights to ensure equity of access and outcomes from all health services across Aotearoa. This will include:
 - the Patient Profile and National Health Index to identify Tāngata whaikaha | Disabled peoples experience of health

Section 2: Priorities for improving health outcomes and equity

Kahu Taurima | Maternity and the early years

- Provide education and support providers with education and resources about care for disabled parents and parents welcoming babies with impairments that aligns with the principles of Enabling Good Lives

Oranga hinengaro | People living with mental distress, illness and addictions

- We will focus on better mental health for Tāngata whaikaha | Disabled people, to ensure our services communicate and work with them.

Section 3: A unified health system – A unified, smarter, sustainable and equity-led health system

- Implement regional equity accountability measures, to set clear expectations that specialist and hospital services are responsible for achieving equitable outcomes.
- Reform transport and accommodation support, with a focus on people who are rurally based, those with disabilities and all other people who need to travel to complete treatments

Outbreak response

- The National Immunisation Unit will work with public health units, Māori and Pacific health providers, and disability sector leads to develop immunisation initiatives that suit the needs of local communities.

Health infrastructure

- Establish accessibility standards with the disabled community for all new builds, new contracts and new

services including transport and mobility options, and develop a plan to make existing infrastructure, services and environments compliant with new standards.

Pacific health

- Support Pacific providers to identify and address the health needs of priority communities, including youth, the rainbow community, older people, Tagata sa'ilimalo/the collective of families, carers and people with disabilities, and those with lived experience of mental illness and addiction.