

# FINAL DRAFT Strategic Plan 2010 - 2014

towards a more flexible  
disability support system

*nothing for us without us*

# DSS Strategic Plan 2010 - 2014

## Vision

*Disabled people and their families and whanau live in their homes and take part in their communities in the same way other New Zealanders do.*

## Introduction

This strategic plan builds on the 2008 - 2010 plan which was developed with the disability community through various forums and strategic planning groups. The 2008 - 2010 plan identified 4 key priorities which informed our development over this period.

Further consumer consultation has led to 4 new strategies to support our vision and continue our move towards an outcomes-based approach to the planning and funding of disability services. This means that services are funded in a way that allows more flexibility in what is provided, encourages cross-agency collaboration in providing these services and shifts the 'ownership' of the services more towards the consumer.

This plan was influenced by the Government response to the Social Services Select Committee's inquiry into the quality and care and service provision for people with disabilities.

## Background

Around one in five New Zealanders, and 17% of Maori<sup>1</sup>, has a disability. This equates to nearly 750,000 people<sup>2</sup>. Supporting disabled people and their families, whanau, aiga to live in their own homes and take in part in their communities is the driving force behind our strategic direction over the next three years and beyond. We want to help build better, stronger, inclusive communities in a spirit that reflects partnership and

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<sup>1</sup> Maori Disability in New Zealand 2006

<sup>2</sup> NZ Disability Survey 2001

participation between the Ministry of Health, other government agencies and disabled people.

In the 1970's and 80's disabled people had little control or choice over their support system and many people still lived in large-scale institutions. The call for more choice and flexibility around services and increasing independence and advocacy for disabled people's rights has steadily increased over the last ten years. With the introduction of the New Zealand Disability Strategy in 2001 we embraced the social model and a more human rights perspective. Additionally, as a member of the United Nations, New Zealand has ratified the United Nations Convention on the rights of persons with disabilities.

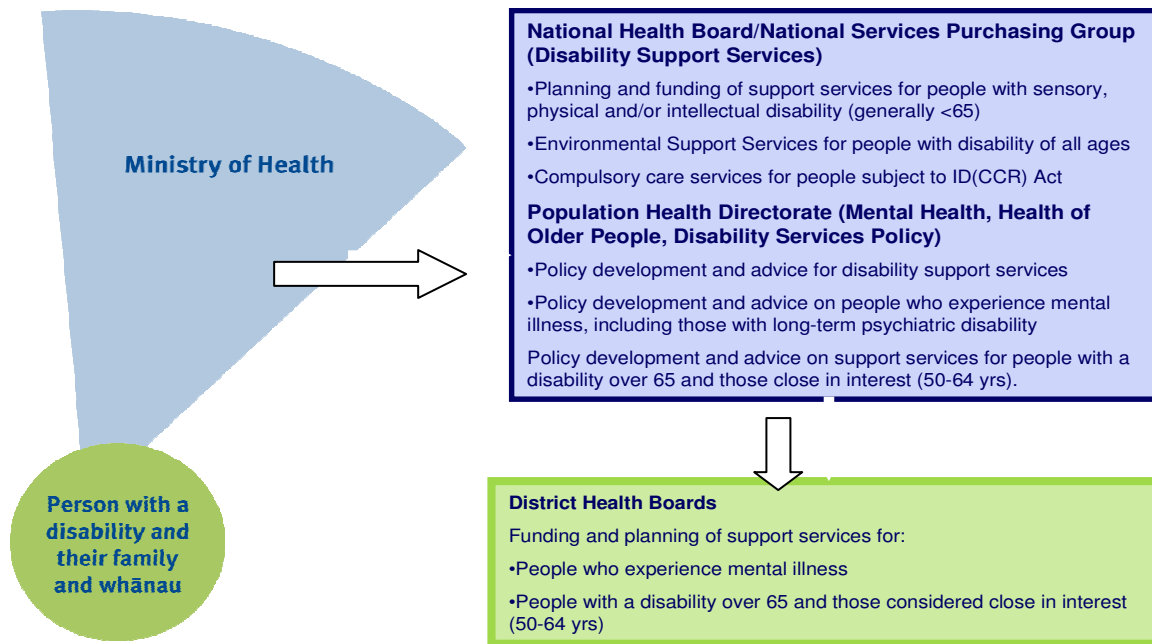
## Who we are?

The Office of the Health and Disability Commissioner, the Office for Disability Issues and the Human Rights Commission are key agencies that help protect the rights of disabled people. The Office of Disability Issues also acts as an overseer of the implementation of the New Zealand Disability Strategy among Government organisations.

The Ministry of Health is one of a number of Government, and non-Government agencies that fund disability support services including:

- Ministry of Social Development
- Child Youth and Family
- Ministry of Education
- ACC
- Ministry of Transport
- Department of Internal Affairs
- Housing New Zealand
- Ministry of Economic Development
- State Services Commission

The Ministry of Health has several Directorates that are involved in the disability sector. However the main funder of disability supports within the Ministry of Health is Disability Support Services, part of National Services Purchasing within the National Health Board.



Disability Support Services are responsible for managing Ministry of Health-funded disability support services for people with a long-term physical, intellectual and/or sensory impairment that will require ongoing support. These are generally for disabled people under the age of 65.

Maori disabled and whanau outcomes are reflected throughout planning and purchasing practice to ensure these outcomes are hardwired into the DSS Group system. Ministry of Health funded disability support services are services or products that help disabled people carry out their daily life. These supports may include equipment such as wheelchairs, housing or vehicle adjustments or someone coming into their home to help them with managing the household or with personal care. It may also cover the normal carer taking a break from the normal caring arrangements or support for the disabled person to live with other people.

## Disability Support Funded Services

The Ministry of Health allocates around \$970 Million from the Vote:Health budget to the disability sector each year through Disability Services. The following table shows the annual spend by service in 2010/11.

<b>SERVICE CATEGORY</b>	<b>Annual Spend 2010/11 \$000's</b>	<b>Indicative Numbers where known</b>
A T & R	\$24,960,954	
Child Development	\$22,604,863	
Day Programmes	\$30,025,907	
Residential Services	\$398,026,208	7,660
Community care	\$207,705,418	21,950
Environmental Support Services	\$125,033,481	40,000
High and Complex and IDCC&R	\$80,596,009	285
NASC Management	\$17,864,956	
Information and Advisory	\$9,481,573	
Other	\$53,777,632	
<b>TOTAL</b>	<b>\$970,077,001</b>	

## Strategies to Achieve the 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 by realising Whanau Ora and Maori Outcomes

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

A new model for disability supports is the linchpin initiative. (See Appendix 1)

It will integrate approaches we already have underway to ensure good budget management within an environment where there's more devolved decision making by disabled people and their families.

### Next 12-18 months

1. We are beginning to implement the new model for disability supports through:
  - Increased engagement with the sector about new model for disability supports
  - Actively working on the ground in one location (initially)
  - Putting Local Area Co-ordinators in this location
  - Moving to a second location when the timing is right
  - Making Ministry systems and processes more flexible and accommodating
  - Making adjustments to the model as needed
  - Documenting and evaluating how it's working
  
2. We will continue to make other enhancements in line with the New Model, at a national level. Individualised Funding (IF) will continue to expand and develop:
  - People wanting IF will be able to choose from a greater range of host organisations.
  - This expansion will be evaluated by 30 June 2011.
  - Alongside this, Ministry will review whether other supports, in addition to home and community support, could be funded via Individualised Funding.
  
3. In addition, new budget management processes will move us towards focusing on allocating funding for support, not specific services.

### Next 18 months to 4 years

- Plan for, and seek agreement to, rolling out the New Model nationally.
- IF is available for a greater range of supports.
- IF becomes 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.
- Support is more flexible, people have more choice about what support they use.

- Accountability processes (and measurement) focus more on achieving outcomes that matter to people.
- Greater focus on how sectors can work together more, in line with the concepts behind the New Model.

### ***Strategy 2: Modernise and streamline supports***

Fundamentally, the new model will enable many clients to access support that better meets their individual needs, and that wraps around them. This will begin with Home and Community Services.

However, in the medium term there are clients whose needs may only be partially addressed. The significant group of clients where this is likely to be the case is people with higher needs - such as those in residential services, or likely to enter residential services. In preparation for the recommendations and changes the new model will bring for these clients, Disability Support Services has begun work in this area.

#### **Next 12-18 months**

Key initiatives:

- Beginning a major and broad review of residential services. This will cover higher level issues like principles and future models; through to what supports should be included and pricing. Will include sector discussions. This will include work to offer alternatives to aged residential care for people with physical disabilities and high needs.
- Work on supporting informal carers. Including a review of respite and carer support, and re-look at some other programmes such as training for informal carers.

#### **Next 4 years**

- Implement phased changes from those two reviews and integrate into the New Model.
- Focus on how to make people more autonomous and have a place that feels like their home. This may include some significant changes to the way people with higher needs are supported.

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

The Ministry continues to focus on managing the whole support system - making strategic decisions about the directions of support provision and development, through what we fund at the margins, and what services we develop. Now Disability Support Services has better data to support decision making, and to be able to model likely effects.

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

#### **Next 12-18 months, but ongoing over 4 years**

- Direct the application of any available new funding to priority areas.
- Increase standardisation where this is important. This is the flip side of the 'New Model'. To support the move to greater control, choice and flexibility in some areas, we need a sound foundation of more standardisation in other parts of the system. We need to manage expectations, be fair and live within budget. Examples are:
  - moving to standardised support levels;
  - processes to make decisions on high cost packages;
  - NASC Budget management;
  - strengthen operational policy as appropriate for national consistency.
- Continue to bed in changes to manage demand for and expenditure on equipment and modifications, and ensure we are funding in ways that gives us the best value. Initiatives will include:
  - trialling a new prioritisation tool; changing funding and procurement arrangements for hearing aids.

### **Strategy 4: Give Disabled People Equitable and Quality Services by Realising Whanau Ora and Maori Outcomes**

The rate of disability is greater for Maori than for non - Maori, and the uptake of disability support services is lower. The strategy aims to address the service gaps and improve delivery of services across all MOH funded service types.

Purchase and procurement of new services, and existing services will include outcomes based descriptions in the contract specification. Medium term outcomes will be reflected in annual planning priorities. Long term activities include whanau ora through targeted improvement to Maori health.

### Next 12-18 months

Key Initiatives:

- Review and continue to improve service specifications to include outcomes based descriptors
- Complete a sector wide Maori Disability Strategic and Action plan

### Next 18months - 2 years

Key initiatives:

- Implement the Maori Disability Action plan
- Establish closer working relations with providers and consumers to improve service quality
- Support Iwi and Hapu to work with the Ministry of Health extend access to Maori Disability supports and Whanau training
- Support the increase of qualified trilingual sign language interpreters

## **Conclusion**

Disability Support Services has prepared a Business Plan for 2010/11 which outlines our detailed planning for the next 12 - 18 months. DSS will continue to work with consumers and providers of disability support services in developing this new programme of work through forums and focus groups.

Details of consultation and meetings can be found on the Ministry of Health Website:

<http://www.moh.govt.nz/moh.nsf/indexmh/disability>

## APPENDIX 1: A New Model for Ministry of Health Funded Support

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

The new model has the following key characteristics:

- a a stronger focus on providing information and personal assistance through introducing Local Area Coordinators;
- b moving 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;
- c more choice and control for people over the support they purchase through making individualised funding available to most people and for most supports and making contracted supports and services more flexible and focused on outcomes; and
- d 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.

