Support *for* Independence *for* People with Disabilities

A New Deal

A GOVERNMENT STATEMENT ON THE FUNDING AND DELIVERY OF HEALTH AND DISABILITY SERVICES

from the
HON. JENNY SHIPLEY
MINISTER OF SOCIAL WELFARE
and the
HON. SIMON UPTON
MINISTER OF HEALTH

1992

Contents

First published in August 1992 by the Ministers of Health and Social Welfare, Parliament Buildings, Wellington, New Zealand.

ISBN 0-477-01614-6

WH

A Message from the Ministers of Social Welfare and Health

In the past year there has been intense interest in the progress the Government has made on reviewing the funding and delivery of services to people who have a physical, sensory, intellectual, psychiatric or age-related disability.

It is well understood that the system of providing disability support services has developed in an ad hoc manner over many years. This has resulted in differing criteria for both the funding and provision of services, and an uneven distribution of resources. It has also meant that people seeking assistance have to go from one agency or department to another to get the services they need. Clearly there is a need for change if we are to provide better matched and more flexible services from within current resources.

Discussions on how to resolve the problems within the system have been ongoing for several years. The incoming National Government put decisions on the "health/welfare interface" on hold while more information on current services was obtained. We appreciate that this delay caused a degree of anxiety among the various interest groups, but it was important for the Government to complete this work in order to plan for a better managed and fairer system.

Following the announcement earlier this year that the funding for disability support services would be co-ordinated through a single agency, the Government released a discussion document *Support for Independence*. Views were sought from individuals and organisations on particular aspects of service provision, including the desirable features the purchasing agency should have in order to meet the needs of people with disabilities.

Indicative of the high level of interest in the community about matters concerning disability, over 400 submissions were received on the document *Support for Independence*. The content of the submissions was most valuable to the Government and we would like to thank those people who made a contribution in this way. We would also like to thank the people who attended the regional seminars to give us their views on existing delivery systems and how they could be improved for people wanting to access services.

After considering the views put forward in submissions and taking other factors into account, the Government decided that from 1 July 1993 the four Regional Health Authorities would be responsible for purchasing disability support services.

To ensure that the needs of people with disabilities are fully recognised, the Regional Health Authority Establishment Boards will be supported by the addition of people with a particular knowledge of the disability sector. Likewise membership of the National Advisory Committee on Core Health Services will be increased

by two people who have a clear understanding of disability support needs. The name of the committee will also be changed to the National Advisory Committee on Core Health and Disability Support Services.

The transfer of responsibilities to the Regional Health Authorities will be conducted over a three year period. This will allow for a well managed transition with minimal disruption to individuals.

We would like to emphasise that for the first year or two after the initial transfer, the range of services and providers will be similar to what is currently available. The Government will make sure that any changes will not disadvantage anyone who is receiving an individual entitlement at the time of the transfer. These entitlements will be grandparented for a period.

The Government has taken particular note of the required attributes of the eventual purchaser of disability support services included in the submissions on *Support for Independence.* In this regard, there was widespread agreement that the purchaser needs to have the following:

- a positive attitude towards people with disabilities;
- a community focus;
- a culturally sensitive perspective;
- accountability to consumers;
- an innovative and flexible approach to support services;
- the ability to purchase the best mix of services across the full range of disability support needs;
- the ability to co-ordinate disability support services with other services such as income support and personal health services; and
- the skills to carefully and responsibly use its financial resources.

Regional Health Authorities will be required to incorporate these attributes into their purchasing plans.

These are challenging times for all people involved with disability support services, be they people with disabilities, parents, caregivers, or providers. It is important that we all become part of the solution to the problems that have beset the disability sector for so many years. By working together we can make the future delivery of disability services more effective, flexible and more appropriate to the recipients.

We look forward to working with you.

Hon. Jenny Shipley
Minister of Social Welfare

Hon. Simon Upton
Minister of Health

1 Introduction

Over the past year the Government has been reviewing the funding and delivery of disability support services (DSS). In March this year it published a public consultation document *Support for Independence*. This brought together several years of discussion about how to solve long-standing problems in the disability support services area. In that paper the Government:

- **described the way disability support services are delivered and funded:**
  - Present arrangements are confused and inefficient. Some disability support programmes have open-ended funding while others have fixed budgets. Most community based services are the responsibility of the Department of Social Welfare. Most hospital based services, and some community services, are the responsibility of area health boards. The Department of Health also provides some hospital subsidies and contracts directly for some community-based services. Some programmes provide individual service entitlements to people with disabilities or their families. Others are provided at the discretion of the purchasing agency.

- **described the problems these confused arrangements create:**
  - People with disabilities sometimes receive inappropriate services, and can have problems working out who they should deal with.
  - Funding is locked into institutional and hospital services even though many people would prefer more support to stay at home or in the community.
  - Agencies have strong incentives to try to shift responsibility and costs onto other funding sources (especially open-ended ones), and few incentives to make efficient decisions or to develop a better range of services.
  - It is difficult for the Government to manage the overall cost at a time when resources are limited, or to distribute the limited resources fairly.

- **announced its goals for disability support services[1] and some decisions it had already made to deal with the problems:**
  - Responsibility for purchasing disability support services for all people with disabilities will be given to one government agency only.
  - To avoid conflicts of interest, and to encourage a better mix of providers, that agency will purchase disability support services but will not provide them directly.
  - The current range of funding programmes will be brought together into one fixed integrated budget, which the DSS purchaser will be able to use flexibly to purchase the best mix of services for each client's needs and to achieve better value for money.

[1] See Appendix I

- To ensure the funding is spent on supporting people with disabilities, the integrated budget will be ring-fenced from any other funding the agency has to purchase other services.

In the paper the Government also:

- stated it would decide after the consultation exercise whether the Department of Social Welfare or the four Regional Health Authorities would have responsibility for purchasing disability support services; and
- invited submissions on desirable characteristics of the DSS purchaser and ways to make the new arrangements work.

Public Consultation

Nine regional seminars to inform people writing submissions on *Support for Independence* were held around New Zealand. Some supplementary seminars were organised in response to special requests.

Over four hundred submissions were received from a wide range of people with disabilities and their families, disability advocacy organisations and DSS providers. Oral submissions were also heard from a number of groups. A particular effort was made to hear the views of Maori and Pacific Island people who made a valuable contribution covering their perspectives. Oral submissions were also heard from Pakeha groups. The submissions provided the Government with a wealth of information and experience to draw on.

2 Which Government agency will be the purchaser of disability support services?

Government's Response

From 1 July 1993 Regional Health Authorities will be responsible for purchasing disability support services.

The Government considered two options for DSS purchaser: the Department of Social Welfare or the four RHAs. There were advantages and disadvantages to both options. As a result of the review and public consultation, the Government decided that on balance RHAs are in the best position to make sure people obtain the most appropriate services, and to make the most cost-effective choices. RHAs will consequently be responsible for both disability support services and personal health services.

The change-over will take place in three phases.

To ensure the change-over is implemented in a well managed way, with minimal disruption to people's lives, RHAs will take on the disability support services responsibility in three phases. The first phase will begin now and consist of preparatory work. The second phase will begin on 1 July 1993, the date RHAs formally begin operation. The bulk of DSS funding will be transferred to RHAs on that date. The third phase will start on 1 July 1994 and complete the transfer of DSS funding to RHAs. (See pages 13-15)

3 What will these changes achieve?

Government's Response

These changes will mean that:

- Services will be purchased by one agency instead of the present three (area health boards and the Departments of Health and Social Welfare). This will overcome the long-standing frustration people with disabilities have had in having to deal with a number of agencies.
- Over time, people with disabilities and their families will have access to improved assessment and an improved range of services, and will have their needs considered more holistically. They will also have access to the Health Commissioner and consumer advocates.
- Resources will gradually be freed up to provide better support for people at home and in the community where this is appropriate.
- RHAs will have incentives to invest in rehabilitation of people with disabilities.
- There will be opportunities for different providers, for example those within Maori and Pacific Island communities, to negotiate contracts with RHAs to provide disability support services for their own people.
- There will be incentives to achieve greater value for money, to use scarce resources more fairly, and to contain overall costs.

4 What special consideration has been given to people with disabilities in moving to the new arrangements?

Government's Response

In transferring responsibilities to RHAs the Government will:

- ensure continuity of service;
- phase the transition to ensure RHAs develop an approach which puts clients and their families first and has a community focus. The transition will take place in three main phases, and is described on pages 13-15.
- protect people with individual service entitlements at the time of transfer by "grandparenting" their services (see page 16).
- extend the Health Commissioner Bill to cover DSS users. This will give people with disabilities access to the Health Commissioner, consumer advocates, and a code of consumer rights;
- appoint people with understanding of disability support needs to the advisory committee on core health services, and extend its terms of reference to cover DSS. The core services committee will be renamed the National Advisory Committee on Core Health and Disability Support Services;
- appoint people with knowledge of the disability sector to each RHA Board;
- provide the present total level of funding spent on disability support services;
- ensure DSS funding is spent only on support for people with disabilities by keeping it separate from RHAs' funding for personal health services;
- build disability support responsibilities into the legislation setting up the RHAs and other new health organisations;
- make the best use of expertise available in the social welfare, health and disability sectors; and
- decide at a later stage about a number of services on the boundary of disability support and other Government funded services. (See pages 17-18).

5 What are the advantages and disadvantages of the Government's choice?

Background

Both options for DSS purchaser had strengths and weaknesses:

- The Department of Social Welfare was seen in submissions as already having a strong community focus and disability support philosophy in some areas. It already has expertise in contracting with community organisations. On the other hand, locating DSS with the Department of Social Welfare could perpetuate problems of cost-shifting between DSW and RHAs. People could continue to fall between the two systems, and overall costs to the Government could continue to rise.
- If RHAs were managing both the DSS and personal health service budgets, they would be in a good position to make sure people got the full range of disability support and personal health services when they needed them. They would also be well placed to balance spending in both budgets to achieve the most efficient overall spending. For example, good disability support services can reduce the need for personal health services, just as timely personal health services can reduce the need for disability support services. The most frequently expressed concern in submissions opposed to RHAs taking responsibility for DSS purchasing was the fear that RHAs could find it difficult to avoid "medicalising" disability support, or to protect DSS resources against demands from the personal health services area. People also found it difficult to imagine how RHAs would operate when they had not yet been established. However, RHAs are brand new organisations. They have no preconceptions and will develop a new culture from day one. This will have health and keeping people well as a focus, rather than sickness.

The Government has decided that:

People with disabilities will have their interests served best if they can have the majority of their services purchased by one agency. On balance the deciding factor in favour of RHAs was their ability to co-ordinate services across the disability support/personal health services boundary, to prevent cost-shifting and to make purchasing decisions which are the most cost efficient overall for the Government. To ensure they do their job well, RHAs will be required to incorporate the key purchaser characteristics identified in the public consultation.

6 Is there any risk that people with disabilities will be treated as sick?

Government's Response

No. RHAs are completely new bodies, with one clear function: to purchase the best possible disability and personal health services to meet the needs of the people within their regions and within their given budgets. The disability support budget will be separate from the personal health services budget. These factors will enable RHAs to meet the challenge and avoid a narrow medical focus.

RHAs will have specific responsibility to develop community oriented services that reflect broad definitions of health, including Maori perspectives and those promoted by the World Health Organisation. The concepts of social and family/whanau wellbeing, as well as mental and physical health, fit well with the disability support philosophy. The concern about possible "medicalisation" of disability support services raised in many submissions was based partly on peoples' experiences with hospital and area health boards. Both were primarily funded for hospital services, with little emphasis on community services.

Unlike area health boards or hospital boards, RHAs will have a broad brief to maximise people's wellbeing and health status. They will not be tied by historical professional loyalties, or have conflicts of interest caused by owning their own institutions.

Providers of disability support services will also have an important role in achieving a "wellness" and consumer-oriented approach. As consumers are in the best position to judge the effectiveness of services, RHAs will consult them and use the information in letting contracts.

7 What features are people with disabilities seeking for the DSS purchaser?

Background

There was widespread agreement in submissions that whichever option was chosen, the DSS purchaser needed to:

- promote positive attitudes towards people with disabilities and not treat them as being sick;
- have a community focus;
- be culturally sensitive;
- be accountable to consumers;
- be flexible and innovative;
- be able to purchase the best mix of services across the full range of disability support needs, from support for people at home to institutional care;
- be able to co-ordinate disability support services with other necessary services such as income support and personal health services; and
- use its financial resources carefully and responsibly.

Government's Response

The Minister of Health will secure these features of services for people with disabilities in his contracts with RHAs.

8 What role will the different Government agencies play under the new arrangements?

A Regional Health Authorities

Background

RHAs will be responsible for purchasing support services for people with disabilities. They will not provide any services themselves, but will negotiate service contracts with providers. These will specify the services to be provided and the standards which must be met. Services will be provided by a range of organisations, including Crown Health Enterprises, private businesses such as rest homes, voluntary organisations such as IHC and CCS and a range of smaller providers. Families and other informal and voluntary caregivers also play a very important part in service provision.

The Government has decided that:

RHAs will:

- consult with their communities to find out what their disability support needs are;
- decide the best mix of disability support services to meet those needs within their allocated budgets;
- ensure people with disabilities and their families have access to core disability support services; and
- negotiate and monitor contracts with service providers.

B National Advisory Committee on Core Health & Disability Support Services (Core Services Committee)

Background

The core services committee's work on disability support services will be undertaken alongside its work on core personal health services. At first, core disability support services will closely reflect the present services provided for people with disabilities. These will evolve over time to take into account consultations with the community and consideration of relative benefits and costs.

The Government has decided that:

The National Advisory Committee on Core Health and Disability Support Services (the core services committee) will:

- identify current disability support services;
- assess the effectiveness and relative benefits of these services;
- undertake ongoing consultation about disability support needs with people who have disabilities, their families and people with experience in the area; and
- advise the Government each year on the disability support services to purchase, how these services should be distributed, and the terms of access on which they should be available.

C Department of Health

The Government has decided that:

The Department of Health will:

- advise the Government on disability support services policy as well as health policy;
- monitor RHAs' performance in meeting their DSS purchasing agreements with the Government; and
- manage a small number of national contracts for advocacy services and policy advice.

D Department of Social Welfare

Background

The Department of Social Welfare will contribute its experience and expertise to the reforms and continue to administer a number of disability support programmes over the transitional period.

The Government has decided that:

The Department of Social Welfare will continue to pay income support for people with disabilities. This includes:

- Invalids Benefits;
- Sickness Benefits;
- Domestic Purposes Benefits and DPB for caregivers;
- National Superannuation;
- Accommodation Benefits;
- Disability Allowances; and
- Handicapped Child's Allowances.

9 When will the transfers take place?

The Government wants to make sure clients and service providers experience as little disruption as possible in the move to the new system. Phasing in the reforms will allow RHAs to take on their expanded responsibilities in a well-managed way. Details of transfer dates for individual services used by the different disability client groups are set out in Appendix II.

Phase One: Begins Now

Preparatory work is underway to:

- ensure RHAs establish suitable organisational structures, employ staff with knowledge of the disability sector, and consult with communities about their disability support needs;
- develop procedures for assessing clients and service co-ordination mechanisms for the services required by each disability group;
- develop service contracts with the full range of disability support services providers; and
- transfer funding and responsibility for disability support services to RHAs from area health boards, the Department of Health and the Department of Social Welfare.

Phase Two: Begins 1 July 1993

Background

RHAs are expected to have contracts for all services currently provided through the health sector by 1 July 1993. Funding and responsibility for most Department of Social Welfare services will transfer to RHAs on 1 July 1993. However, it is unlikely that new RHA contracts will be completed for all these services. The Department of Social Welfare will continue to administer the IH Support Subsidy on RHAs' behalf until 1 July 1994. It will also administer for RHAs any rest home or home help subsidies for which new RHA contracts have not been completed.

The Government has decided that:

On 1 July 1993 RHAs will take over the funding and responsibility for:

- all DSS programmes currently funded through:
  - area health boards; and
  - the Department of Health.

  This accounts for about 75 percent of state funding for DSS, and includes:
  - some home help;
  - some residential care;
  - community based care provided by health professionals;
  - all public long stay and some private long stay hospital care; and
  - provision of some equipment.
- the following DSS programmes currently funded through the Department of Social Welfare
  - the Rest Home Subsidy;
  - the Home Help Subsidy; and
  - the IH Support Subsidy.

Phase Three: Begins 1 July 1994

Background

For the first year or two after the change-over the range of services and service providers will be similar to the existing range. This will gradually change as new provider groups are set up and RHAs gain experience in contracting with different providers. Change will also occur as the work on core disability support services is developed and funding which is locked into institutional care is freed up for spending on other services where appropriate.

The Government has decided that:

- Funding and responsibility for programmes provided under Part II of the **Disabled Persons Community Welfare Act 1975** will transfer from the Department of Social Welfare to RHAs on 1 July 1994, or after that date if RHAs need more time to work out their assessment systems and arrangements for purchasing these services.
  The programmes are:
  - Aid to Families;
  - Attendant Care;
  - loans for home and car alterations;
  - loans to buy cars;
  - walking frames and other aids and appliances;
  - expenses to attend assessment and treatment; and
  - disability information and advisory services.

  Once RHAs are able to purchase these services effectively, Part II of the Disabled Persons Community Welfare Act will be repealed.

- The Department of Social Welfare's Community Funding Agency will keep responsibility for assistance **for voluntary organisations providing accommodation for people with disabilities** until 1 July 1994, when it will transfer to RHAs.

10 What protection is there for existing clients?

Background

The Government will make sure the changes do not disadvantage anyone receiving an **ongoing individual entitlement** (for example rest home subsidies) at the time of the change over. To achieve this, each person receiving ongoing individual entitlements will have the option of continuing with the services she or he is receiving at the time of transfer until June 1996, or earlier if the new arrangements are working well. After this date terms of access will be set out in core disability support services. This type of protection will be known as "grandparenting".

Grandparenting means that clients will receive the same **type and quality of services** as they are receiving at the time of the transfer. However, there are a number of targetting issues which need to be looked at and some changes may be required in this area.

Grandparenting does not prevent changes to how services are funded. RHAs will be free to find more efficient ways to purchase the same level of service, provided the service is at least as good as the existing service.

Clients of ongoing services not provided through individual entitlements (for example area health board services) will have their access specified in the core disability support services. People who in the past received one-off services (for example items of equipment) will also have their access specified in core disability support. They will be regarded as new clients when applying for a repeat of that service.

The Government has decided that:

- Services under the following programmes will be grandparented for clients receiving them at the time of transfer:
  From 1 July 1993:
  - Geriatric Hospital Daily Patient Benefit;
  - Geriatric Hospital Special Assistance Scheme;
  - Rest Home Subsidy;
  - Home Help;
  - IH Support Subsidy;
  - Residential Capitation; and
  - "Maximised Benefits".

  From 1 July 1994:
  - Aid to Families;
  - Attendant Care; and
  - Expenses to attend assessment or treatment.
- The disability support services core will set out terms of access both for those receiving services which are not grandparented and for new clients.

11 What issues are yet to be dealt with?

The new arrangements outlined in this document have addressed the major issues at the health/welfare interface. There are still some other issues to work through.

■ Numbers of People with Disabilities

There was some criticism in the public consultation exercise of the estimated numbers of people with disabilities published in *Support for Independence*. The criticism related particularly to the physical and sensory disability areas. As a result of the split responsibility for services for people with disabilities, data collection has been neither comprehensive nor standardised. Further work will be undertaken to develop a more accurate data base.

■ Targeting

The Government is concerned to target public resources to those who are most in need. Means-testing and other targeting mechanisms relating to services for people with disabilities are being examined. Policies for targeting of disability support services will be developed in the context of the Government's ongoing reviews of social assistance.

■ Maximised Benefits

Some people receive services through an informal arrangement known as "maximised benefits". This brings together a number of different benefits, including Special Benefit, at their maximum payment levels to help pay for residential services for people with disabilities. Further work is needed to identify the income support and the disability support elements. This work will be carried out jointly by the Departments of Social Welfare and Health before 1 July 1994.

■ Accommodation Assistance and Income Support for People in Residential Care

Further work is also needed to find out the best way of providing accommodation assistance and income support for people in long-stay hospitals and other long-stay residential care.

■ Vocational Services

The Government will decide later this year which agency should be responsible for buying job placement and training services for people with disabilities. (See page 23)

Special Education

The Government is undertaking a review of Special Education funding and service delivery issues for children with disabilities. Decisions associated with the review will be announced later this year. The interface between RHA disability support services and services for people with disabilities funded through the Ministry of Education (including funding for the Foundation for the Blind) will be the subject of a separate exercise which will be undertaken during the 1993/94 financial year.

ACC

The ACC purchases disability support services for people disabled through accidents. The relationship between accident and non-accident disability support services will be examined next year.

12 What other important questions has the Government considered?

The public consultation document *Support for Independence* asked a number of questions about how new arrangements could work.

A *What problems do you see with the present means of getting information about services?*
How can we make sure that people know where and how to apply for services?

Submissions identified existing information sources as poorly co-ordinated, fragmented, often out of date and difficult to access. Access to reliable, quick and convenient sources of information will be essential for clients, their families, assessors, case managers and providers. A proactive approach by information providers was suggested to ensure that those who require information have access to it when they need it. A large number of submissions called for a nationally co-ordinated, accessible disability information service with "one-stop shop" contact points.

Government's Response

RHAs will develop strategies to co-ordinate and strengthen the current diverse and fragmented range of information sources. The Department of Health will have a role in co-ordinating information nationally.

B *What has been your experience of assessment processes and how do you think they can be improved?*
In what areas do you think switching resources from service provision to improved assessment processes can pay off in terms of improved quality of life for clients?

Many submissions described negative experiences with assessment. A strong theme in submissions was the need to involve clients themselves throughout the process.

While there was almost unanimous agreement that assessment is the key to identifying disability support service needs and options for meeting those needs, there was divided opinion about how to achieve this. A range of assessment mechanisms was considered necessary for different situations. This included support agency assessment, professional assessment and multidisciplinary assessment. Assessment was seen as being different from diagnosis of the disability. It should therefore have a broad focus which brings together a range of relevant considerations.

The majority of submissions considered assessment should be independent of both service providers and purchasers to avoid conflicts of interest. There was concern that assessment standards varied across the country and that consistent protocols were needed.

Government's Response

RHAs will contract with assessment providers who will be required to meet certain standards. Clients and advocates will be fully involved in the process. In some cases the assessor will also be the provider. In others, assessors will be independent. Where assessors are also providing services they will need to show they are objective in their assessments.

Assessment protocols will be an important tool for better matching clients' needs and support services. To ensure consistent standards the Department of Health is developing national protocols for all disability groups. The protocol for people with age-related disabilities is almost ready and will be in full use by 1 July 1993. Protocols for other groups should be fully developed by 1 July 1994.

C How can we ensure that the purchaser takes account of the views of clients and their families when making decisions about services?

Universal support was expressed in submissions for consumers having more input into decisions about disability support services. Consumers and families expressed particular concern to be involved in discussions and decisions about how their needs might be met. Consumer input was also considered necessary at policy-making, service planning and delivery levels.

A number of barriers make it difficult now for consumers to participate in the decision-making process. These include a lack of structures for providing information and encouraging participation, a disregard of the value and validity of consumer participation, attitudes of "we know best", and inappropriate or ineffective consultation strategies.

Several suggestions were made about how to give consumers a voice with RHAs on service provision and DSS policy. These included:

- being represented on decision-making bodies;
- establishing service advisory committees;
- being involved in monitoring and evaluation;
- having community consultation;
- setting up effective complaints procedures;
- making brokers and advocates available;
- making information available; and
- putting effective feedback mechanisms in place.

Government's Response

RHAs will require assessors and service co-ordinators to involve consumers and their families in assessments and service decisions.

People with knowledge of the disability sector are being appointed to RHA Establishment Boards and the core services committee. RHAs will also employ staff with knowledge of the disability sector.

The legislation setting up the new health organisations will require RHAs to consult with their communities about disability support services. RHAs will also be required to establish effective complaints procedures.

The Health Commissioner Bill is being extended to cover users of disability support services as well as personal health service users.

D How explicitly should the list of "core disability services" be defined?

Submissions provided various views on the best way to define core disability support services. Suggestions ranged from no core specification, to a negative list (what would *not* be in the core), a specific positive list (such as "free hearing aids, meals on wheels, respite care"), to broad lists defined in terms of desirable outcomes or quality of life principles (for example, "those services which assist people with disabilities to communicate and participate in their local communities"). Several important issues were canvassed. For example, there was concern that people with different types of disability can have quite diverse needs, and what is essential for some is optional for others. Any attempt to specify core services could result in over-emphasis on some types of need and under-servicing of others. To overcome this some submissions suggested that core services should be very broadly specified at a national level to allow maximum regional flexibility.

Government's Response

The National Advisory Committee on Core Health and Disability Support Services will have the tasks of sifting through the issues, consulting further with people with disabilities and other relevant people, and advising the Government on which disability support services RHAs should purchase. (See pages 11-12)

E What appeal and grievance procedures would you like to see introduced?

Submissions considered that a range of procedures was needed for appeals and grievances, from low key complaints through to formal mediation and arbitration. Access to an independent authority which is free of any conflict of interest should be available as a last resort. Access to advocates was also seen as an integral part of appeal and grievance procedures.

Government's Response

Under the new arrangements users of disability support services will have access to:

- procedures to be set up by RHAs for dealing with complaints about providers;
- review of assessment procedures if there are disputes about the outcome; and
- mechanisms being established by the Health Commissioner Bill which is now before Parliament. These include:
  - a network of consumer advocates who will support DSS users in getting information, dealing with assessments and service providers and bringing complaints;
  - a code of consumer rights for health and disability support service users; and
  - the Health Commissioner, who will act as an independent arbitrator and deal with disputes which are not resolved at the lower levels.

F How can the Aid to Families programme be made more effective within the existing budget?

The Aid to Families programme was seen as an essential support for care-givers, enabling people to be cared for at home in their own communities. It was seen as a highly cost-effective programme because it relieved stress on families and helped to avoid increased use of more expensive state funded services. As a consequence there was a perception that capping or reducing the amount of funding for Aid to Families could be counter-productive.

In October 1991 the Government introduced restrictions on what could be paid to family caregivers under the Aid to Families programme. Although family members providing respite care are no longer eligible for a daily allowance they are able to be reimbursed for expenses. Concern was expressed in submissions that the restrictions could disadvantage Maori and Pacific Island families and others who had a strong preference for family-based care. Other issues were raised about the inflexibility of providing a set 28 days respite care, which was more than some families needed and less than others. Several innovations were suggested.

Government's Response

The Minister of Social Welfare is considering options for making the programme more effective within the existing budget.

G In what ways could case management make a cost-effective contribution to the provision of disability support services?

Cautious support for case-management (although the term "service co-ordination" was preferred) was indicated in submissions, provided it resulted in better matched services and greater efficiency, and did not detract from the funding available for service provision. A number of different approaches were identified. At one end of the spectrum was a "brokerage model" where the case manager (service

co-ordinator) acts purely on the client's behalf. At the other end, case management was seen as a mechanism to manage resources. A model combining elements of both may be possible. Ideally, it should involve full participation of clients and their families or other caregivers as appropriate.

Government's Response

The move to the new arrangements provides a good opportunity to develop better ways of co-ordinating assessment of need and the delivery of appropriate services to people with disabilities. The Department of Health is examining the cost effectiveness of different service co-ordination models. It will make the information available to RHAs to encourage them to develop effective case management strategies.

H Which agency should be responsible for buying job placement and training services for people with disabilities; the Department of Labour, DSW or the purchaser of disability support services?

Several important issues emerged from the submissions. These included the desirability of "normalising" vocational support services for people with disabilities, and the importance of links between disability vocational services, disability support services and income support.

Government's Response

The appropriate agency for purchasing vocational services for people with disabilities will be the subject of a separate exercise. The Government will make a decision on the purchaser of vocational support services for people with disabilities towards the end of 1992.

13 Further information

Further information on the new arrangements and additional copies of this booklet can be obtained from:

The Communications Unit
Health Reforms Group
Department of the Prime Minister and Cabinet
P O Box 55
Wellington

Fax (04) 472 0137

Other Useful Addresses

Policy Group
Department of Health
P O Box 5013
Wellington

National Advisory Committee on Core
Health and Disability Support Services
P O Box 50051
Lambton Quay
Wellington

Department of Social Welfare:

The Disability Support Services Project Team
C/- New Zealand Income Support Service
National Office
8th Floor Bowen State Building
Bowen Street
Private Bag 21
Wellington

For enquiries relating to individual DSW entitlements currently being paid, please contact your local branch of the New Zealand Income Support Service, Department of Social Welfare.

For enquiries relating to existing contracts for disability support services, please contact the Area Team of the Community Funding Agency, Department of Social Welfare.

Appendix I
Government goals for disability support services

To enhance quality of life and provide a more flexible system of delivering services for people with disabilities, the Government wants to ensure that:

- clients have access to appropriate services of an acceptable quality;
- services provided are responsive to the needs of people with disabilities;
- there are incentives to promote rehabilitation;
- the system is sensitive to the needs and preferences of Maori and other groups;
- policies reflect the needs and importance of caregivers, voluntary agencies and other service providers;
- services provided give value for money;
- the cost is acceptable to the Government as well as affordable and manageable in the long-term; and
- changes are implemented in a way which minimises disruption to the lives of people with disabilities and their caregivers.

These goals reflect the Government's desire to improve the quality of life for people with disabilities. They also recognise the financial realities facing the country today.

Appendix II

Transfer timetable for funding for each disability group

Consumer Group: People with Intellectual Disabilities

Service or Programme	*Present Purchaser*	*Purchaser from 1 July 1993*	*Purchaser from 1 July 1994*
Long stay public hospital care	AHBs	RHAs	RHAs
Community based health services	AHBs	RHAs	RHAs
Residential care			
• area health board (AHB)	AHBs	RHAs	RHAs
• IH Support Subsidy	DSW	RHAs[1]	RHAs
• residential capitation	DSW	RHAs[1]	RHAs
• accommodation assistance to voluntary agencies providing services to people with disabilities	DSW	DSW	RHAs
Home help: DSW	DSW	RHAs	RHAs
DPCW Act Programmes[2]	DSW	DSW	RHAs
• Aid to Families			
• other programmes			
Vocational services	DSW	Not yet decided	Not yet decided

Note: The programmes listed in this appendix describe current arrangements. These may change over time.

1 RHAs will contract with DSW to manage contracts for residential services for people with intellectual disabilities until 1 July 1994.

2 Purchasing responsibility for the DPCW Act programmes is scheduled to transfer to RHAs on 1 July 1994 subject to completion of development of assessment systems and appropriate administrative arrangements.

Consumer Group: People with Sensory Disabilities

Service or Programme	*Present Purchaser*	*Purchaser from 1 July 1993*	*Purchaser from 1 July 1994*
Area health board services	AHBs	RHAs	RHAs
Residential care[3]			
• Rehabilitation Subsidy	DSW	RHAs	RHAs
Home help: DSW	DSW	RHAs	RHAs
DPCW Act Programmes[4]	DSW	DSW	RHAs
• Aid to Families			
• aids and appliances			
• expenses to attend treatment			
• Disabled Persons Services Programme			
• other programmes			
National contracts[5]	DSW	DSW	DoH
• National Foundation for the Deaf			
• NZ Federation of Deaf Children			
• NZ Association of the Deaf			
National Audiology Centre	DoH	RHAs	RHAs
Vocational services	DSW	Not yet decided	Not yet decided

Note: The programmes listed in this appendix describe current arrangements. These may change over time.

3 RHAs will contract with DSW to manage contracts for residential services for people with sensory disabilities until 1 July 1994.

4 Purchasing responsibility for the DPCW Act programmes is scheduled to transfer to RHAs on 1 July 1994 subject to completion of development of assessment systems and appropriate administrative arrangements.

5 The Royal Foundation for the Blind receives funding from the Ministry of Education.

Consumer Group : People with Physical Disabilities

Service or Programme	*Present Purchaser*	*Purchaser from 1 July 1993*	*Purchaser from 1 July 1994*
Long stay public hospital care	AHBs	RHAs	RHAs
Area health board services • equipment • rehabilitation • community-based health services	AHBs	RHAs	RHAs
NZ Disability Resource Centre[6]	Manawatu/ Wanganui AHB	Central RHA	Central RHA
Residential care			
• rehabilitation subsidy [7]	DSW	RHAs	RHAs
• maximised benefits	DSW	DSW	RHAs
• accommodation assistance to voluntary agencies providing services to people with disabilities	DSW	DSW	RHAs
Home help			
• AHB	AHBs	RHAs	RHAs
• DSW	DSW	RHAs	RHAs
DPCW Act Programmes[8] • Aid to Families • home & car alterations • loans to purchase cars • aids and appliances • attendant care • Disabled Persons Service Programme	DSW	DSW	RHAs
Contracts with National Organisations • Disabled Persons Assembly	DSW	DSW	DoH
Vocational services	DSW	Not yet decided	Not yet decided

Note: The programmes listed in this appendix describe current arrangements. These may change over time.

6 Provides information services for all disability groups.

7 RHAs will contract with DSW to manage contracts for residential services for people with physical disabilities until 1 July 1994.

8 Purchasing responsibility for the DPCW Act programmes is scheduled to transfer to RHAs on 1 July 1994 subject to completion of development of assessment systems and appropriate administrative arrangements.

Consumer Group: People with Psychiatric Disabilities

Service or Programme	*Present Purchaser*	*Purchaser from 1 July 1993*	*Purchaser from 1 July 1994*
Long stay hospital care			
• public	AHBs	RHAs	RHAs
• private (Ashburn Hall)	DoH	Southern RHA	Southern RHA
Community-based health services	AHBs	RHAs	RHAs
Residential care			
• maximised benefits	DSW	DSW	RHAs
• other residential care	DoH	RHAs	RHAs
• accommodation assistance for voluntary agencies providing services to people with disabilities	DSW	DSW	RHAs
Community-based support services	DoH	RHAs	RHAs
• GROW			
• Schizophrenia Fellowship			
• other agencies			
Home help			
• AHB	AHBs	RHAs	RHAs
• DSW	DSW	RHAs	RHAs
DPCW Act Programmes[9]	DSW	DSW	RHAs
• Aid to Families			
• expenses to attend treatment			
National service contracts	DoH	DoH	DoH
• Schizophrenia Fellowship			
• Mental Health Foundation			
• Other agencies			
Alcohol & substance abuse programmes			
• Salvation Army Bridge Programme	DoH	RHAs	RHAs
• Special Substance Abuse Programmes	DoH	RHAs	RHAs
• Social Rehabilitation Subs.	DoH	RHAs	RHAs
Vocational services	DSW	Not yet decided	Not yet decided

Note: The programmes listed in this appendix describe current arrangements. These may change over time.

9 Purchasing responsibility for the DPCW Act programmes is scheduled to transfer to RHAs on 1 July 1994 subject to completion of development of assessment systems and appropriate administrative arrangements.

Consumer Group: Older People

Service or Programme	*Present Purchaser*	*Purchaser from 1 July 1993*	*Purchaser from 1 July 1994*
Long stay hospital care			
• public	AHBs	RHAs	RHAs
• private long stay	DoH	RHAs	RHAs
(GHDPB)			
(GHSAS)			
(MOSS)			
(Homes of Compassion)			
Community-based health services	AHBs	RHAs	RHAs
Rest home care			
• AHB	AHBs	RHAs	RHAs
• Private/religious & welfare (Special Rest Home Subsidy Scheme)	DSW	RHAs	RHAs
Home help			
• AHB (includes Homecare 60s+)	AHBs	RHAs	RHAs
• Nurse Maud	DoH	Southern RHA	Southern RHA
• Womens' Division Federated Farmers	DOH	RHAs	RHAs
• DSW/Home help	DSW	RHAs	RHAs
DPCW Act Programmes[10]	DSW	DSW	RHAs
• Aid to Families			
• Walking frames			
• Aids & appliances			
• Expenses to attend treatment			
• other programmes			
Other services			
• Accredited Visitors Services	DoH	RHAs	RHAs
• ADARDS	DoH	DoH	DoH
• NZCCSS	DoH	DoH	DoH
• Age Concern	DoH	DoH	DoH

Note: The programmes listed in this appendix describe current arrangements. These may change over time.

[10] Purchasing responsibility for the DPCW Act programmes is scheduled to transfer to RHAs on 1 July 1994 subject to completion of development of assessment systems and appropriate administrative arrangements.

Appendix III

Definitions of disability and examples of disability support services

a Definitions of Disabilities

People with disabilities are those assessed as having at least one (many people have more than one) of the disabilities below, which is likely to continue indefinitely and results in reduced independent functioning to the extent that ongoing support is required.

- ***Physical Disability***
  Reduced physical capacity (for example through loss or impaired use of limbs).
- ***Sensory Disability***
  Impairment of the senses (mostly sight and hearing).
- ***Psychiatric Disability***
  Disability arising from continuous or intermittent disorders related to thinking, feeling, volition or behaviour (for example, schizophrenia, severe chronic depression or long-term addiction to alcohol or drugs).
- ***Intellectual Disability***
  Permanently impaired learning ability (usually from birth) which prevents or inhibits people from developing the range of physical and social skills usually found in a person of that age.
- ***Age-related Disability***
  Physical, intellectual or psychiatric conditions related to the onset of old age. This includes conditions which can affect younger people, such as Alzheimer's disease or stroke, but which are more often found amongst older people.

b Definitions of Disability Support Services

The following are examples of disability support services:

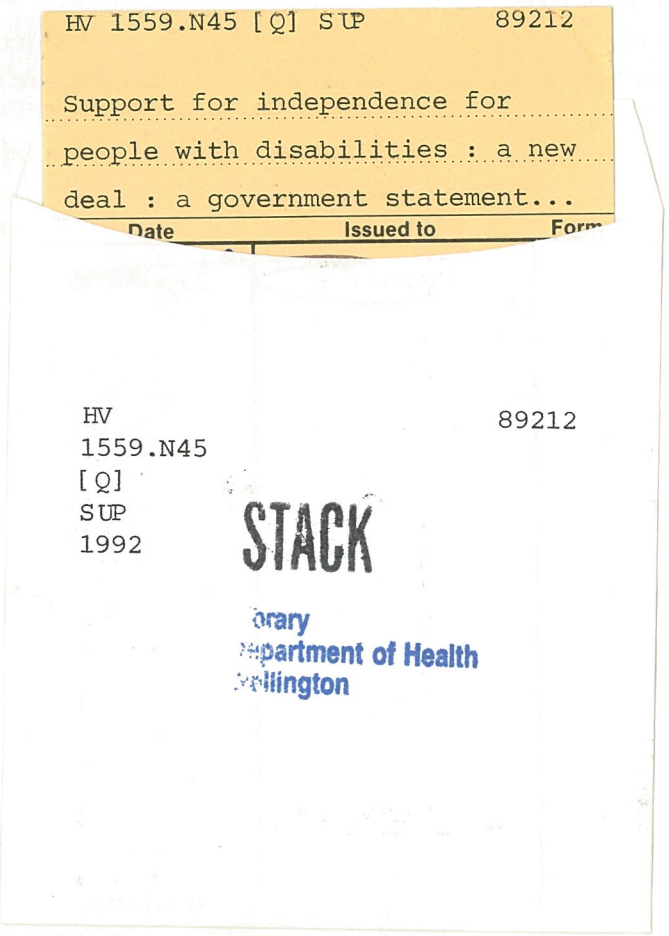
- assessment and rehabilitation (includes input from health and social work professionals taking into account family support networks and client preferences);
- social assistance (information, advocacy, counselling, supervision and companionship services);

- personal care (washing, dressing and transport);
- domestic services (cooking, cleaning, house and garden maintenance);
- equipment (hearing aids, wheelchairs, car and house modifications);
- rehabilitation services (such as occupational therapy, speech therapy, lifeskill training);
- training for both people with disabilities and their families in how to cope with disabilities;
- respite or relief care for caregivers; and
- behavioural support, including crisis intervention.

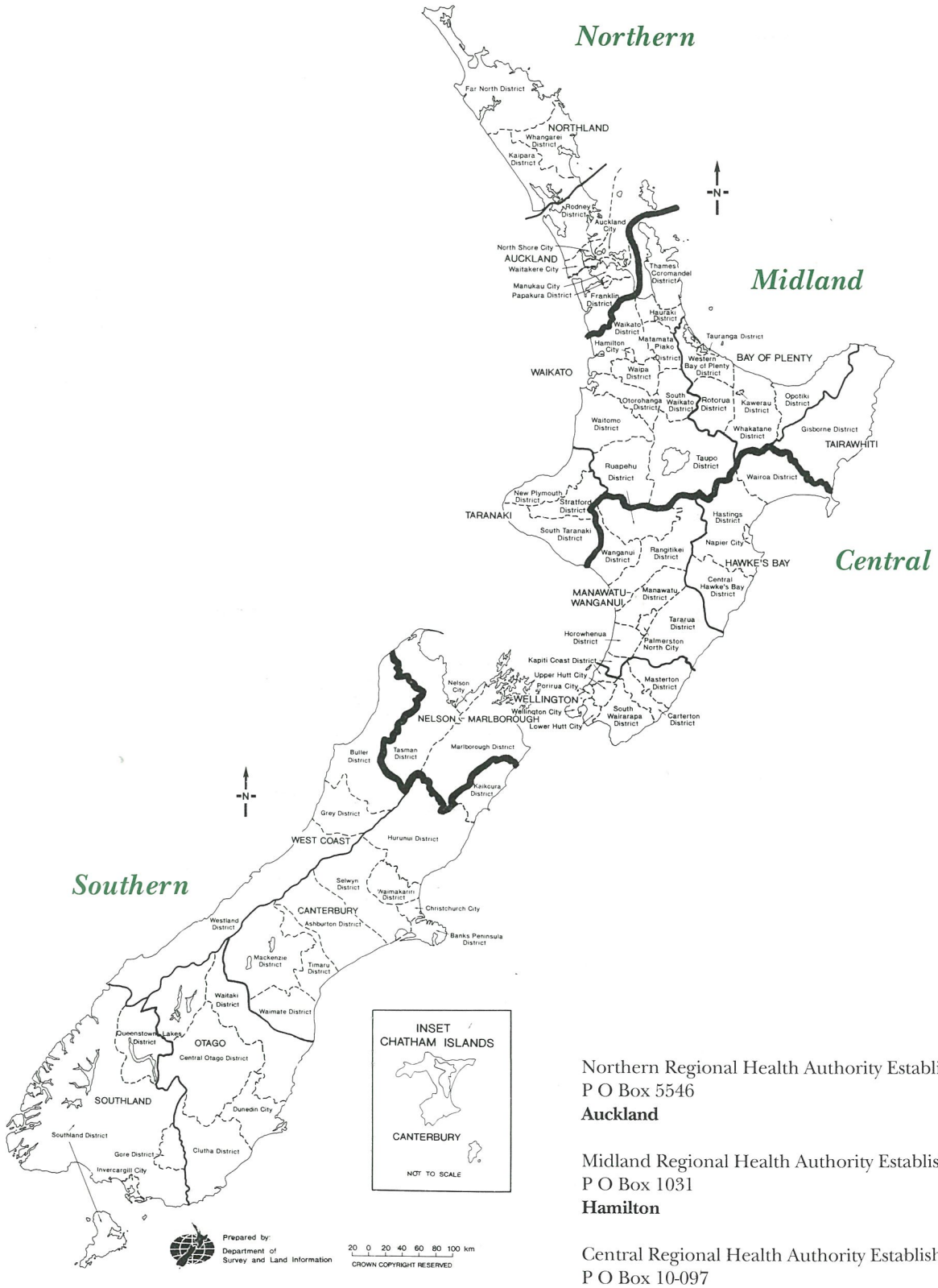
For this exercise, disability support services **do not include** services which include ongoing health professional supervision (eg renal dialysis which requires medical supervision). These will be funded through RHAs' personal health service budgets.

The following services are also excluded. They are being reviewed separately.

- vocational services for people with disabilities;
- ACC-funded services for people disabled by accidents; and
- special education services funded by the Ministry of Education.



Regional Health Authorities Boundaries



Northern Regional Health Authority Establishment Board
P O Box 5546
Auckland

Midland Regional Health Authority Establishment Board
P O Box 1031
Hamilton

Central Regional Health Authority Establishment Board
P O Box 10-097
Wellington

Southern Regional Health Authority Establishment Board
P O Box 5849
Dunedin