

Queensland Health disability service plan 2014–16

June 2014

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Message from the Director-General

In late 2013, the Queensland Government launched the *Queensland Disability Plan 2014–19: Enabling choices and opportunities* (QDP) setting the policy direction for government agency disability services plans until 2019.

The QDP has two key aims:

- to prepare Queensland for the National Disability Insurance Scheme
- to promote the rights of people with a disability to enable them to lead valued and fulfilling lives.

According to the Australian Bureau of Statistics, 17.9 per cent of Queenslanders, or just under one in every five people, have a disability. Over 150,000 Queenslanders have a severe disability and require help or assistance with self-care, mobility or communication needs.

We know that people with a disability are more likely to report poorer health, live in poverty or insecure housing, and experience difficulties accessing employment and appropriate healthcare.

As the Director-General of Queensland Health, I am committed to driving high quality healthcare and continuous improvement that will create an organisation in which obstacles faced by people with a disability are removed when dealing with the Queensland public health system,

The *Queensland Health disability service plan 2014-16* (the plan) outlines the actions to improve the capacity and accessibility of health services we will take in conjunction with our key partners to support its delivery.

I would like to thank all internal and external partners and stakeholders who were consulted during the development of the plan for their time and contribution. The Department of Health will monitor and report progress against this plan on an annual basis.

I welcome the plan and encourage all Queensland Health employees to commit to working towards the achievement of its objectives.

Ian Maynard

Director-General
Queensland Health

About Queensland Health

Queensland Health is the state's largest healthcare provider and is committed to providing a range of services aimed at achieving good health and wellbeing for all Queenslanders.

Through a network of 16 Hospital and Health Services (HHSs) and the Mater Health Services, Queensland Health delivers a range of integrated services including hospital inpatient, outpatient and emergency services, community and mental health services, and public health and health promotion programs.

Every day in Queensland Health approximately:

- \$30 million is spent on public health services
- 600 women are screened for breast cancer
- 120 babies are born in public hospitals
- 760 callers are given clinical advice by qualified nurses through 13 HEALTH
- 70 clinical consultations are provided by health services using statewide videoconference technology
- 6400 patient meals are served every day in public hospitals across Brisbane alone.

Queenslanders expect high-quality healthcare whenever it is needed. These expectations require continuous improvements in service delivery, no matter where people live. The Minister for Health has set out a vision for healthcare in Queensland in the *Blueprint for better healthcare in Queensland*, which is built around four principal themes:

1. Health services focused on patients and people
2. Empowering the community and our health workforce
3. Providing Queenslanders with value in health services
4. Investing, innovating and planning for the future

Disability service plans

1. The purpose of disability service plans

The *Disability Services Act (Qld) 2006* provides a strong foundation for promoting the rights of Queenslanders with disabilities, increasing their wellbeing and encouraging their participation in community life.

An important feature of the legislation is the requirement for all Queensland Government departments to develop and implement disability service plans (DSPs).

The purpose of DSPs is to ensure departments regard the act's human rights and service delivery principles, and the government's policies for people with disabilities.

DSPs aim to improve access to services across government for people with disabilities, including how we will work with our partners to achieve more accessible and inclusive mainstream services and communities.

DSPs were first implemented across government in 2007.

2. Policy context

On 2 December 2013, the Queensland Government endorsed the *Queensland Disability Plan 2014–19: Enabling choices and opportunities* (QDP). The QDP provides the focus for government DSPs until 2019.

It has two key aims:

- to prepare Queensland for the National Disability Insurance Scheme (NDIS), which will commence from 2016
- to support Queensland to be ready, willing and able to make social and economic opportunities available to people with disabilities, and to make other services and sectors, such as education, health, transport, tourism and housing, accessible and inclusive.

The QDP outlines the actions the Queensland Government will take in conjunction with our key partners to support its delivery.

The QDP aligns with—and will deliver on—Queensland's commitments under the *National Disability Strategy 2010–2020*.

It also contributes to meeting the Queensland Government's obligations under the *United Nations Convention on the Rights of Persons with Disabilities* (the Convention). The Convention, ratified by Australia on 17 July 2008, obligates all governments in Australia to work towards promoting, protecting and ensuring the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

The *National Disability Strategy 2010–2020*, endorsed by the Council of Australian Governments in 2011, represents a unified approach by all governments in Australia and the Australian Local Government Association to work together with business and community toward the vision of an inclusive Australia.

The *National Disability Strategy* outlines six priority areas for action: inclusive and accessible communities; rights protection, justice and legislation; economic security; personal and community support; learning and skills; and health and wellbeing.

In addition, on 8 May 2013, the Queensland Government signed an agreement with the Commonwealth Government to commence the NDIS in Queensland from 1 July 2016, with full implementation by 2019.

When the NDIS is fully implemented, an estimated 97,000 Queenslanders will receive the disability supports they need to participate in the community and pursue their life goals.

3. Health context

Approximately 15 per cent of the world's population have some form of disability, and approximately two to four per cent of people have severe disabilities. People with disabilities face widespread barriers in accessing health and related services, such as rehabilitation, medical care, therapy and assistive technologies, and have worse health outcomes than people without disabilities (*World Health Organisation: World Report on Disability, 2011*).

In Australia, people aged less than 65 years, and with severe or profound disability, have a higher prevalence rate of all types of selected long-term health conditions than people without disability. These long-term health conditions include epilepsy, behavioural and emotional problems with usual onset in childhood or adolescence, incontinence, cataract and Type 1 Diabetes.

Almost half—48 per cent—of people aged under 65 years, and with severe or profound disability, have mental health problems, compared to 6 per cent of people without disability.

About 69 per cent of adults aged 18–64 years, and with severe or profound disability, are overweight or obese, compared with 58 per cent for those without disability (*Australian Institute Health and Wellbeing: Health of Australians with disability: health status and risk factors, 2010*).

4. Queensland Health policy statement

The *Queensland Health disability service plan 2014–16* (the plan) aims to improve access and participation of people with disabilities across the system—whether they are Queensland Health employees, people seeking employment or people that need health services provided by Queensland Health.

It provides a mechanism for delivering on our obligations and commitments outlined in the blueprint. Queensland has joined other states in an effort to promote the equal and active participation of all people with disabilities, in all aspects of community life.

5. Legislative requirements

The legislative requirements for DSPs include departments identifying the issues relating to service delivery for people with disabilities, and determining the way departments' chief executives will consult with each other to achieve a whole-of-

government approach to DSP delivery, for example, through the DSP Coordinators workshop.

Monitoring and reporting

We will report our progress on the plan in 2014 and 2015 on our website http://www.health.qld.gov.au/about_qhealth/annual-report/default.asp.

In 2016, we will contribute to a whole-of-government progress report prepared by the Department of Communities, Child Safety and Disability Services (DCCSDS).

Information from whole-of-government reports on the QDP will be shared with the Australian Government, and other state and territory governments, as part of the reporting on Queensland's commitments in the *National Disability Strategy 2010–2020*.

Contact for more information

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Abbreviations

CHQHHS	Children's Health Queensland Hospital and Health Service
DCCSDS	Department of Communities, Child Safety and Disability Services
DoH	Department of Health
DSP	Disability Service Plan
HHSs	Hospital and Health Services
HCQ	Health Commissioning Queensland
HSCI	Health Service and Clinical Innovation Division
HSQ	Health Support Queensland
MASS	Medical Aids Subsidy Scheme
MSHHS	Metro South Hospital and Health Service
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NGO	Non-government organisation
QDP	Queensland Disability Plan
SSSD	System Support Services Division

Queensland Health disability service plan 2014–16

Queensland Disability Plan 2014–19

Priority 1: Support people with disability and communities to be well-informed and confident about what the NDIS means for them

Strategy 1.1: Provide information, in partnership with the NDIA, to people with disability, families, carers, service providers, government and community about the NDIS

Ref no.	Actions	Timeline			Responsibility
		Year 1 Activities	Year 2 Activities	Year 3 Activities	
1.1.1	Develop a high level NDIS communication strategy to support information sharing and consultation across Queensland Health and with key partners regarding the implementation of the NDIS in Queensland.	Communication strategy for NDIS transition finalised and implemented	Implementation continues and the plan reviewed and amended as necessary	Ongoing	DoH–HSCI
1.1.2	Establish an accessible online information portal to provide up-to-date information on the: <ul style="list-style-type: none"> • introduction and transition to the NDIS in Queensland • impact of the NDIS on the Queensland public health system • interface between Queensland Health and the NDIS. 	Online information portal for health professionals is available on Queensland Health intranet	Expansion of online information portal to consumers and key stakeholders through the Queensland Health internet site	Ongoing	DoH–HSCI
1.1.3	Provide targeted education about the NDIS to staff most likely to interface with the NDIA and/or potential and actual clients eligible for the NDIS.	Key target staff groups identified Resources developed	Participant feedback indicates increased awareness of NDIS	Ongoing	DoH–HSCI

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Priority 2: Support people with disability, families and carers to exercise choice and take up opportunities

Strategy 2.1: Develop resources and deliver workshops across the state to build the capacity of people with disability, families and carers to participate in planning and exercise control over their disability supports

Ref no.	Actions	Timeline			Responsibility
		Year 1 Activities	Year 2 Activities	Year 3 Activities	
2.1.1	Provide information resources on the NDIS, including specific information on the Queensland Health and NDIS interface, to HHSs and partner organisations to help them assist communities, individuals, families and carers to prepare for the introduction of the NDIS.	NDIS specific resources distributed to HHSs.	Ongoing	Ongoing	DoH–HSCI
2.1.2	Provide information and resources in accessible formats through HHSs on disability support services available to people with disability, families and carers.	Draft information and resources for consultation and circulation	Circulate information and resources and update as necessary	Ongoing	DoH–HSCI HHSs

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Priority 3: Support non-government disability service providers to operate in a competitive market-based environment

Strategy 3.2: Transition existing block funding arrangements to an individualised approach wherever possible

Ref no.	Actions	Timeline			Responsibility
		Year 1 Activities	Year 2 Activities	Year 3 Activities	
3.2.1	Work with Queensland Health funded NGOs delivering NDIS in-scope services to prepare for the introduction of the NDIS, including the transition of existing block funding arrangements to an individualised approach to funding.	Identify Queensland Health funded NGOs whose funding will be affected by the transition to NDIS	Provide affected Queensland Health funded NGOs with information about the NDIS, NDIS health interface, and ensure they are linked in to whole-of-government sector readiness activities	Ongoing	DoH–HSCI DoH–SSSD

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Priority 4: Develop a skilled and strong workforce

Strategy 4.1: Implement a Queensland workforce strategy, including an Aboriginal and Torres Strait Islander workforce strategy, that builds the skills of existing and new workers and attracts, recruits and retains staff including people with disability

Ref no	Actions	Timeline			Responsibility
		Year 1 Activities	Year 2 Activities	Year 3 Activities	
4.1.1	Verify the DoH's human resource policies promote improved workforce participation and workplace support for employees with disability.	Reviews of statewide human resource policies take into account the QDP	Ongoing	Ongoing	DoH–SSSD
4.1.2	Provide health specific input to the development of a whole-of-government Queensland workforce strategy.	Work with the DCCSDS to progress the development of the workforce strategy	Activities in line with the workforce strategy	Ongoing	DoH–HSCI
4.1.3	Incorporate workforce readiness into the Queensland Health NDIS Transition Plan and communications plan to ensure staff are prepared for the introduction of the NDIS.	Workforce readiness strategy completed	Workforce readiness strategy is implemented, reviewed and amended as necessary	Ongoing	DoH–HSCI
4.1.4	Increase health professionals' knowledge of the NDIS, and particularly understanding of the Queensland Health and NDIS interface, through awareness raising activities with staff, internal forums (such as the Queensland Clinical Senate) and external partner organisations.	Awareness raising activities developed Participant feedback indicates an increased awareness of the health/NDIS interface	Awareness raising activities modified based on feedback and whole-of-government NDIS transition planning Participant feedback indicates an increased awareness of the health/NDIS interface	Participant feedback indicates an increased awareness of the health/NDIS interface	DoH–HSCI HHSs

4.1.5 Engage with people with disability and their carers to deliver disability specific in-service training for staff to raise awareness of disability specific issues and develop confidence of staff caring for people with disabilities.

Engage with the Queensland Disability Advisory Council on the development of strategies

Strategies implemented, reviewed and amended as necessary

Ongoing

DoH-HSCI
HHSs

Awareness raising activities developed

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Priority 5: Prepare Queensland Government departments to transition disability funding and services to the NDIA

Strategy 5.1: Develop a clear understanding of disability funding and services currently provided across the Queensland Government to inform transition planning for the NDIS

Ref no.	Actions	Timeline			Responsibility
		Year 1 Activities	Year 2 Activities	Year 3 Activities	
5.1.1	Undertake pre-transition planning for the NDIS including the development of a Queensland Health NDIS Transition Plan, comprising of a range of initiatives to prepare Queensland Health for the commencement of the NDIS from 1 July 2016.	Queensland Health NDIS work plan 2013–2016 finalised	Implementation continues, reviewed and amended as necessary	Ongoing	DoH–HSCI
5.1.2	Work collaboratively across agencies and actively participate in whole-of-government disability reform and NDIS transition planning activities.	Attendance at whole-of-government transition planning forums Bilateral meetings with other key Queensland Government agencies	Ongoing	Ongoing	DoH–HSCI HHSs
5.1.3	Progress actions under the Joint Action Plan with DCCSDS and Department of Housing and Public Works to transition younger people with disability from hospital settings to appropriate accommodation in the community.	Undertake joint assessment and planning to transition people from acute health facilities to community accommodation Undertake annual survey of long stay younger patients with a disability in public health facilities	Progress Joint Action Plan Monitor progress based on the number of people transitioned Undertake an annual survey of long stay younger patients with a disability in public health facilities	Ongoing	DoH–HSCI HHSs

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Priority 6: Enhance mainstream services and facilities to enable genuine choice and participation in areas including education, employment, health, justice services and housing

Strategy 6.4: Improve the capacity and accessibility of health services, including preventative services and health promotion to people with disability

Ref no	Actions	Timeline			Responsibility
		Year 1 Products/ activities	Year 2 Products/ activities	Year 3 Products/ activities	
6.4.1	Undertake statewide health service planning projects for brain injury rehabilitation and spinal cord injury services to inform local HHS planning and establish a platform for HHSs in negotiation with the DoH for service improvement.	Develop a statewide strategy for brain injury rehabilitation and a plan for the statewide spinal cord injury service	Use the strategy and plan to inform local health service planning and healthcare purchasing	Ongoing	DoH–HCQ HHSs
6.4.2	Continue to provide a dual disability program in mental health services with the aim of enhancing the capacity of mental health services to respond to the mental health needs of people with intellectual and developmental disabilities.	Monitor and review	Ongoing	Ongoing	HHSs
6.4.3	Continue to provide the Deafness and Mental Health Statewide Consultation Service which strives to promote appropriate and accessible mental health care for deaf and hard of hearing people throughout Queensland.	Number of clinical provisions of service Number of training and service development activities	Ongoing	Ongoing	MSHHS

6.4.4	Queensland Centre for Intellectual and Developmental Disability funded to provide clinical assessment and review services; consultation services to people with disabilities, their families/carers and health service providers; and training to enhance the capacity of health services to respond to the health needs of adults with intellectual and developmental disabilities (which includes general health, mental health and sexual health).	Number of assessment and review packages of care Number of clinical advice (telephone / email) packages Number of workforce training and education activities	Ongoing	Ongoing	DoH–HSCI Mater Health Services
6.4.5	Partner with the Queensland Mental Health Commission, the National Mental Health Commission, and other key stakeholders to identify additional actions required to deliver real improvements to prevention, early intervention and mental health care for people with intellectual disability.	Engagement is evident throughout planning and evaluation	Ongoing	Ongoing	DoH–HSCI
6.4.6	Support the implementation of the Partners in Recovery (PIR) model of coordinated support and flexible funding for people with severe and persistent mental illness with complex needs through membership of local PIR consortiums.	HHSs are members of local PIR consortiums	Ongoing	Ongoing	HHSs
6.4.7	Review and maintain the BreastScreen Queensland Policy Protocol and Procedure Manual, the Queensland Bowel Cancer Screening Policy Manual and the Queensland Cervical Screening Program Manual to reflect national standards and state guidelines for people with a disability in the areas of access, participation, informed consent and communication.	Manuals reviewed	Modifications made to manuals based on review	Ongoing	DoH–HSCI
6.4.8	Implement the enhanced maternal and child health service where all new families have access to support provided through in-home visiting in the first month after birth and community clinics at key stages during the first year of a child's life.	Extension of access to families who do not currently receive an in-home visit post birth	Increasing access to in home visiting	Ongoing	HHSs

6.4.9	Identify and eliminate systemic barriers that impact access to healthcare for people with disability such as accessibility to facilities, adjustable examination tables, bariatric lifts, weighing scales and scanning equipment.	Undertake local assessment of systemic barriers in consultation with consumers and advocacy groups to identify issues and actions	Plan for implementation of outcomes resulting from consultation	Ongoing	HHSs
6.4.10	Implement consumer and community engagement strategies to promote consultation with health consumers, carers and members of the community, including disability advocacy groups, about the provision of health services in line with the <i>Hospital and Health Boards Act 2011</i> .	People with disability and disability advocacy groups (including regional disability advisory councils) are included in consultation throughout the engagement strategy	Implement local consumer and community engagement strategy	Ongoing	HHSs
6.4.11	People with disability and carers are represented on advisory groups, forums, clinical advisory and expert committees/panels.	Consumer engagement is evident throughout planning and evaluation	Ongoing	Ongoing	DoH HHSs
6.4.12	Develop specific strategies to coordinate diagnostic and outpatient appointments targeting those people with a disability to reduce the burden of multiple outpatient appointments.	Undertake local assessment of issues in consultation with consumers to identify actions	Plan for implementation of outcomes resulting from consultation	Ongoing	HHSs
6.4.13	Advocate for the involvement of oral health services in developing partnerships to improve healthcare outcomes for Queenslanders with a disability.	Engage with health service providers and professional bodies	Ongoing	Ongoing	DoH–HSCI
6.4.14	Encourage a strong focus on prevention and early intervention through the integration of preventative health services with other healthcare priorities for Queenslanders with a disability, such as oral health and screening programs.	Increase the number of healthcare services with a focus on preventative health	Ongoing	Ongoing	DoH–HSCI HHSs
6.4.15	Identify and implement appropriate models of care for people with disability such as telehealth in a patient's home, hospital in the home, and ambulatory delivery of services.	Identify models of care that are receptive to people with disability	Implement identified suitable models	Review models of care and modify where necessary	HHSs
6.4.16	Collaborate with community organisations to improve continuity of care for people with disabilities transitioning out of inpatient care, including transition to adult services, discharge planning, multidisciplinary team work, further development of referral pathways and service directories.	Engagement is evident throughout planning and evaluation	Ongoing	Ongoing	HHSs

6.4.17	Improve access to aids, equipment and assistive technologies through working collaboratively to streamline administrative processes across agencies and governments.	Administration of community aids, equipment and assistive technology initiative transferred to Queensland Health	Review of aids, equipment and assistive technology subsidies and initiatives to better align with the NDIS model	Subject to review outcomes and decisions	DoH–HSCI HHSs–MSHHS MASS
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Priority 7: Promote genuine participation in the community

Strategy 7.3: Provide government and public information in diverse languages and accessible formats, including formats that best meet the needs of Aboriginal and Torres Strait Islander people

Ref no	Actions	Timeline			Responsibility
		Year 1 Activities	Year 2 Activities	Year 3 Activities	
7.3.1	New and revised health and health service information is made available in a range of accessible formats such as HTML format for readers, large print and pictorial guides	Electronic Publishing Document Submission forms included if the document is to be made available in a specific format	New and/or revised information is to be made available in a range of formats	Ongoing	DoH–HSIA HHSs
7.3.2	Ensure local complaints management procedures allow people to lodge feedback or a complaint via a range of communication formats/modes, such as the internet or face-to-face.	Websites offer alternative communication modes to provide feedback or a complaint	Review mechanisms to inform further enhancement of procedures	Ongoing	DoH HHSs
7.3.3	Public information on the three population screening programs (breast, bowel and cervical) in Queensland is made available in diverse languages and accessible formats.	Monitor and review	Alter information based on the review	Alter information based on the review	DoH–HSCI

Strategy 7.5: Promote and provide access to communication and assistive technologies that are appropriate and affordable

Ref no	Actions	Timeline			Responsibility
		Year 1 Activities	Year 2 Activities	Year 3 Activities	
7.5.1	Alternative communication aids are made available and accessible to enable people with complex communication needs to identify and use the communication method/s that work best for them, such as communication boards or interpreter services.	HHS staff and volunteers are made aware of how to access a range of assistive and communication aids	Increasing use of communication aids	Ongoing	HHSs
7.5.2	Continue to provide accessible interpreter services, including expanding the use of video remote interpreting as a service option across the state where an onsite interpreter is not available.	Annual review of service agreement for the provision of statewide interpreter services including Auslan services	Revise service agreement based annual review	Ongoing	DoH-HSIA HSCI HHSs
7.5.3	Continue to develop statewide telehealth services to ensure flexibility and capacity to enhance service delivery including those people with disability in rural and remote communities.	Increasing use of telehealth services	Ongoing	Ongoing	DoH HHSs

Other actions					
Ref no	Action	Timeline			Responsibility
		Year 1 Activities	Year 2 Activities	Year 3 Activities	
Other 1	Include wording in funding agreements for specific Aboriginal and Torres Strait Islander people investment to advise that implementation of all funding agreements should be consistent with the principles of the QDP.	Develop appropriate wording for inclusion	Include additional words within funding agreements	Ongoing	DoH
Other 2	Modify the Aboriginal and Torres Strait Islander Cultural Practice Program to raise Queensland Health staff's awareness of the following: <ul style="list-style-type: none"> the high prevalence of disability within the Aboriginal and Torres Strait Islander population perception of 'disability' within Aboriginal and Torres Strait Islander culture. 	Develop component and rollout update to HHSs and DoH Aboriginal and Torres Strait Islander Cultural Practice Program facilitators	HHS and DoH Aboriginal and Torres Strait Islander Cultural Practice Program facilitators presenting information to staff	Ongoing	DoH–HCQ
Other 3	Advocate for the inclusion of information and 'hands on training' in curriculums specifically relating to caring and communicating with people with a disability.	Engage with universities, training providers and professional bodies	Ongoing	Ongoing	DoH–HSCI
Other 4	Explore the feasibility of including an identifier for patients with a disability through information systems presenting at admissions or for outpatient treatment, to support routine gathering of information, data reporting and care planning.	Investigate the inclusion of an identifier in information systems	Further work dependent on investigation findings	Ongoing	DoH–HSCI
Other 5	Continue the Children's Health Services Cochlear Implant Program to provide a highly specialised service to children who are deaf or hard of hearing.	Ongoing	Ongoing	Ongoing	CHQ HHS
Other 6	General Practice Liaison Officers continue to work with HHSs and primary care sector to improve the exchange of information, cooperation, efficiency, and quality of communication between hospitals and general practice in relation to patients and services provided by the hospital.	General Practice Liaison Officers are engaged in HHSs	Ongoing	Ongoing	HHSs

Other 7	Images of people with a disability are made available for inclusion in new preventive health materials and resources to encourage access and participation.	Images of people with disability are included in preventable health materials.	Ongoing	Ongoing	DoH–HSCI HHSs
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