

Metro South Health Disability Plan 2023-2026

*Ask * Connect * Listen * Respect*

About the Plan

The *Metro South Health Disability Health Plan 2023-2026* outlines Metro South Health's commitment to fair, equitable and high-quality health services. It affirms our respect for the diverse strengths, abilities and needs of people with disability and our commitment to understanding what really matters to people. Our focus on person-centred care drives the way we provide healthcare.

Metro South Health recognises that people with disability reflect the diversity of our community. People with disability come from diverse backgrounds and have different values, beliefs, experiences, interests, skills and abilities, and ages. The plan aims to achieve health equity for all people with disability in Metro South, including Aboriginal and Torres Strait Islander peoples and people from culturally and linguistically diverse backgrounds.



Metro South Health services have a key role to:

- Provide people with disability and carers with high quality health care and to support them to manage their health
- Link people with the supports they need to live within their communities
- Create accessible and inclusive environments for our consumers, our workforce and members of our community.

How the plan was developed

A human-centred design approach was used to develop the Metro South Disability Health Plan. This means the plan is informed by the experiences of people with disability and their families and carers. We believe their voices and experiences should be heard on issues that impact their health.

The plan aligns with [Australia's Disability Strategy 2021-2031](#) and is based on a review of current research, legislation and policy; as well as in-depth engagement with Metro South Health staff, people with disability and their families and carers. The COVID-19 pandemic response also highlighted many disabilities equity issues such as access to telehealth, accessible information, diagnosis, vaccination and treatment services. The preliminary findings of the Royal Commission into Violence, Abuse, Neglect and Exploitations of People with a Disability has also been integral in ensuring MSH (Metro South Health) continues to improve the equity of health services for people with a disability.

Common themes emerging from these drivers include:

- The equal rights of people with disability – including the right to access healthcare.
- The need to co-design and engage people with disability and carers.
- Maximising decision-making and 'choice and control' for people with disability over their lives.
- Inclusion and participation in society employment and family life.
- The need to eliminate the inappropriate use of restrictive practices and psychotropic medications
- The right of people with disability to access services and for those services to be safe and response to their needs.

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Our Plan

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| Community Insight | <i>Health workers sometimes do not understand my disability.</i> | <i>We should all feel confident that we will receive safe and quality health care when we need it.</i> | <i>When the unique needs of people with a disability are acknowledged, supported and included in planning of all types of our experience is much better</i> | <i>To live well in the community, we need confidence that care across all sectors is available, connected and delivered to a high quality.</i> | <i>Sometimes the physical and social environment make it difficult for me to attend my appointments and access the care I need.</i> |
| Priority | Workforce We will ensure our workforce reflects the diversity of the community, is supported, and has the capabilities to care for people with a disability. | Safety and Quality We will improve the safety and quality of our care for people with disability. | Codesign We will work with people with a disability to design, deliver and monitor health services to ensure we meet the unique needs of people with a disability. | Holistic Care We will partner across sectors to ensure the social determinants impacting health are addressed. | Access We will improve accessibility to health services for people with a disability. |
| Strategies | Identify and implement opportunities to better support people with a disability who work for MSH. | Ensure that people with a disability and the issues that are important to them are documented within comprehensive Care planning and assessment processes. | Build a research agenda which will explore health access and equity for people with a disability, particularly intellectual disability and cognitive impairment. | Incorporate the needs of people with a disability into all disaster and emergency planning processes. | Work with consumers and carers to reduce fear and anxiety attributed to health care by providing desensitisation visits and community open days. |
| | Actively adopt recruitment strategies and partnerships to attract more people with a disability to the MSH workforce. | Minimise the use of restrictive practices amongst people with a disability and promote the use of positive behaviour support approaches. | Improve data collection for key metrics related to disability to improve service planning. | Improve communication and provision of information to community and non-government partners working in the disability sector. | Adopt technologies and other care alternatives to enable people with a disability to receive care closer to, or at home. |
| | Provide a variety of learning opportunities | Communicate the findings of and develop a | Actively adopt mechanisms to ensure all | Partner with disability service providers to | Ensure that the needs of staff and consumers with a |

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| | for staff to raise awareness about the needs of people with disability and how best to communicate and leverage their lived experience and expertise when providing care. | response to the recommendations identified by the Royal Commission into Violence, Abuse, Neglect and Exploitations of People with a Disability. | quality improvement initiatives include the needs of people with a disability. | ensure a smooth transition for people with disability between health and disability services. | disability are considered in the design and refurbishment of our buildings and facilities. |
| | | Analyse consumer feedback to systematically monitor and respond to issues which affect consumers with a disability. | Governance processes are established to ensure a strategic response to the planning, oversight and delivery of services to people with a disability. | Provide healthcare and navigation services for people with a disability with complex health needs. In particular support the transition from child to adult services; and adult to aged care services. | Ensure people with a disability are provided the information they need in an appropriate format and have access to assistive communication technologies when accessing our health services. |
| Measures | <ul style="list-style-type: none"> Public Sector Diversity Targets are met. Staff Experience Targets for people with a disability equal or exceed those for staff without a disability. Numbers of staff with a disability identifier on MyHR. | <ul style="list-style-type: none"> Facility Based Quality Improvement plans include a focus on people with a disability. PREMS (Patient Reported Experience Measures Survey) for people with a disability equal or exceed PREMS for consumers without a disability. Consumer feedback data. | <ul style="list-style-type: none"> Percentage of MSH Consumer advisers who identify as people with disability Number of engagement activities conducted which include disability considerations Number of MSH patients with a positive NDIS (National Disability Insurance Scheme) field in HBCIS (Hospital Based Corporate Information System) (Hospital Based Corporate Information System) (suggested target = 5% | <ul style="list-style-type: none"> Disaster Planning and Responses incorporate the needs of people with a disability. Occasions of service for disability Nurse Navigators. Partnership Health with disability sector. | <ul style="list-style-type: none"> Consumer feedback regarding communication and access. |

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| | | | of patients within 3 years. Current baseline performance = 0.87% for 2021/22) | | |
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