



**South East Health  
Disability Action Plan**

**2000-2003**

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*Prepared by the Disability Action Plan Group of SEH December 1999*

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# CONTENTS

<b>1</b>	<b>EXECUTIVE SUMMARY .....</b>	<b>1</b>
<b>2</b>	<b>INTRODUCTION.....</b>	<b>2</b>
2.1	AREA MISSION AND VALUES .....	2
2.2	DEFINITION .....	4
<b>3</b>	<b>OVERVIEW OF CORE BUSINESS AND FUNCTIONS OF SOUTH EAST HEALTH .....</b>	<b>5</b>
3.1	THE AREA HEALTH SERVICE .....	5
3.2	AREA FACILITIES AND SERVICES .....	6
3.3	DISABILITY SPECIFIC HEALTH SERVICES .....	7
3.3.1	<i>Prevention and Early Intervention.....</i>	8
3.3.2	<i>Mental Health Services .....</i>	8
3.3.3	<i>Bed Management For Rehabilitation Medicine.....</i>	9
3.3.4	<i>Community Rehabilitation.....</i>	9
3.3.5	<i>Neurological Rehabilitation .....</i>	10
3.3.6	<i>Orthopaedic Rehabilitation .....</i>	11
3.3.7	<i>General Geriatric Rehabilitation.....</i>	11
3.3.8	<i>Amputee Rehabilitation.....</i>	11
3.3.9	<i>Cardiac Rehabilitation.....</i>	12
3.3.10	<i>Pulmonary Rehabilitation .....</i>	12
3.3.11	<i>Chronic Pain Management.....</i>	12
3.3.12	<i>Spinal Cord Injury Rehabilitation.....</i>	12
3.3.13	<i>Brain Injury Rehabilitation .....</i>	13
3.3.14	<i>Paediatric Rehabilitation .....</i>	13
3.3.15	<i>Developmental Disability.....</i>	14
3.3.16	<i>Hydrotherapy.....</i>	14
3.3.17	<i>Equipment and PADP.....</i>	15
3.3.18	<i>Disabled Driver Service.....</i>	15
3.3.19	<i>Rehabilitation Engineering.....</i>	15
3.3.20	<i>Visual Impairment.....</i>	15
3.4	MODEL FOR SERVICE DELIVERY .....	16
<b>4</b>	<b>THE POPULATION.....</b>	<b>17</b>
4.1	PREVALENCE OF DISABILITY IN SOUTH EASTERN SYDNEY.....	18

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5	PROCESS OF THE DEVELOPMENT OF A DISABILITY PLAN .....	20
6	COMMUNICATION STRATEGIES.....	21
7	PROCESS FOR REVIEWING, MONITORING AND EVALUATING THE PLAN.....	21
8	MEASUREMENT OF PROGRESS .....	22
9	REVIEW/UPDATE OF PLAN .....	22
10	SOUTH EAST HEALTH DISABILITY ACTION PLAN .....	23

**APPENDICES**

*Appendix 1: Profile Of Disability Action Initiatives in SEH 1999*

*Appendix 2: Checklist For Use By All State Government Agencies And Participating Local Councils*

*Appendix 3: Model Format for Annual Reports*

*Appendix 4: Terms of Reference for Area Disability Access Committee*

# 1 EXECUTIVE SUMMARY

The *NSW Government Disability Policy Framework 1993* translates into action the government's commitment to improving opportunities for people with disabilities to share fully in community life. Within the spirit of the Disability Policy Framework, our responsibilities are to be proactive in ensuring we eliminate or reduce barriers to people with a disability.

Various laws including the Commonwealth Disability Discrimination Act 1992 and the NSW Disability Services Act 1992 underpin the framework. Health services, as government agencies, are required to comply with the framework and to submit Disability Action Plans every third year to the Ageing and Disability Department (ADD).

The South East Health Disability Action Plan is the first formal disability plan for the Area as a whole. Individual facilities and services have undertaken initiatives to improve opportunities and access for people with disabilities. Until now, there has been a lack of a coordinated and unified approach as to how the Area as a whole should address the issue.

This plan is consistent with the guidelines proposed by ADD for the development of disability plans and highlights the complex nature of services provided throughout the Area. The priority areas covered in the plan relate to physical access, promoting positive community attitudes, training of staff, information about services, employment in the public sector and complaints procedures.

The Area's commitment to improving services for people with disabilities does not finish with the completion of this action plan. The processes of implementation, monitoring and evaluation are equally important. The Area recognises it is only through a comprehensive approach that it can ensure that people with disabilities are afforded the same participation in the health system as other health consumers. South East Health is committed to ensuring optimum quality of life, independence and participation of individuals with disabilities and their carers.

## 2 INTRODUCTION

The NSW Government Disability Policy Framework provided the impetus for South Eastern Sydney Area Health Service (South East Health) to embark on the exercise of developing a disability action plan. This plan provides a profile of the Area Health Service and identifies a range of activities in each of the priority areas for action. Through the implementation of this plan the Area will contribute towards the goal espoused by the NSW Government of “a society in which individuals with disabilities and their carers live as full citizens with optimum quality of life, independence and participation”.

### 2.1 AREA MISSION AND VALUES

*Good health care, better health* is the vision that guides the provision of health service within the South Eastern Sydney Area Health Service now known as South East Health (SEH). Underpinning this mission are the following values at the core of service delivery:

- High ethical and technical standards in clinical and business practices
- Appropriate, accessible and efficiently managed services
- Accountability and responsibility to the community we serve
- Commitment to research and teaching
- Emphasis on planning, evaluation and outcomes measurement on a population basis.

The values espoused are further defined by the patient charter, articulated by NSW Health and adopted by South East Health. The charter, which includes information on the standards of services, states:

*“We will respect your dignity. We will treat you, your family, friends and carers courteously and with full acknowledgment of your culture, religious beliefs and conscientious convictions, sexual orientation, disability issues and your right to privacy.”*

Whilst these values and mission highlight a core commitment to the provision of services to people with disabilities, there has up until now been no single Area Disability Plan to draw together all the existing elements of specialty services relating to disability. This Plan draws such elements into a cohesive framework and determines the future priorities for the Area with regard to disability action.

The Area's responsibilities within the spirit of the *NSW Government Disability Policy Framework 1993* are to be proactive in ensuring we eliminate or reduce barriers to people with a disability "sharing fully in community life". As an organisation we need to be able to demonstrate we have done everything within reason to ensure we are **not** discriminating against any people with a disability who may use our facilities.

## 2.2 DEFINITION

The definition of disability adopted by the Area is that of the NSW Disability Services Act 1992:

*“a person is in the target group if the person has a disability (however arising and whether or not of chronic or episodic nature):*

- a) that is attributable to an intellectual, psychiatric, sensory, physical or like impairment or to a combination of such impairments; and*
- b) that is permanent or is likely to be permanent; and*
- c) that results in:*
  - i) a significantly reduced capacity in one or more major life activities, such as communication, learning, mobility, decision-making or self-care; and*
  - ii) the need for support, whether or not of an ongoing nature.”*

The rates for both disability and handicap are strongly age -related, with the highest rate of severe handicap occurring in people aged 65 years and over.

The Plan extends to all patients, staff, carers and visitors who have a disability.

### 3 OVERVIEW OF CORE BUSINESS AND FUNCTIONS OF SOUTH EAST HEALTH

South East Health was formed in July 1996 and has grown into the largest, most complex Area Health Service in the State. It provides health care for its approximately 772,000 residents and is a major tertiary service referral Area for the rest of NSW, spending over \$1 billion annually.

#### 3.1 THE AREA HEALTH SERVICE

South East Health extends from Sydney Harbour in the north through Botany Bay and Port Hacking to the Royal National Park in the south. The Area incorporates the Local Government Areas (LGAs) of Woollahra, Randwick, Botany, Waverley, Rockdale, Hurstville, Kogarah and Sutherland and part of South Sydney and Sydney LGAs.

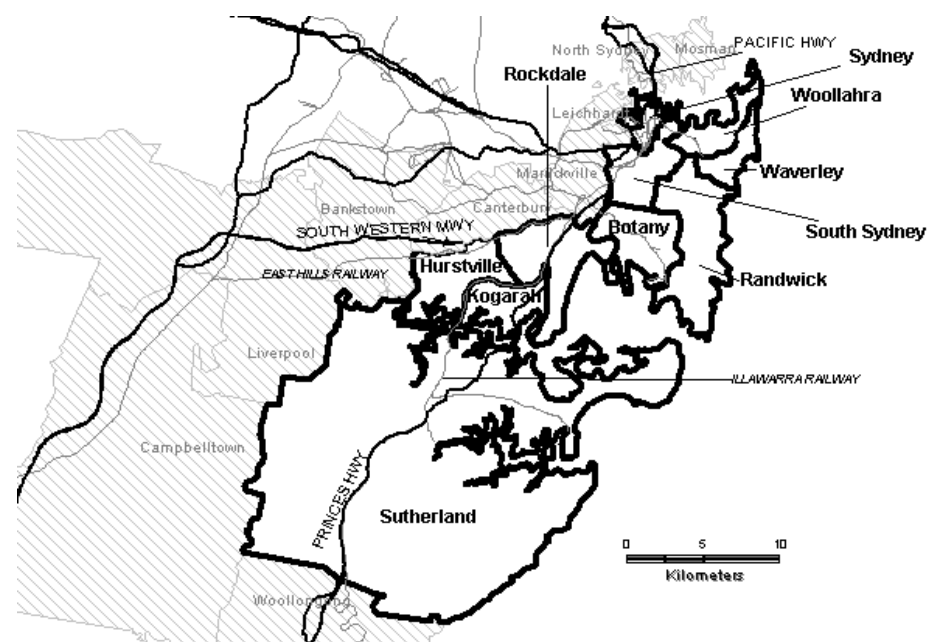


Figure 1: The South East Health Area

### 3.2 AREA FACILITIES AND SERVICES

The Area Health Service incorporates a number of hospitals and their associated community health services:

- ◆ Prince of Wales Hospital/Prince Henry Hospital
- ◆ Royal Hospital for Women
- ◆ St George Hospital
- ◆ Sutherland Hospital
- ◆ Sydney Children's Hospital
- ◆ Sydney Hospital and Sydney Eye Hospital

It has a number of Affiliated Hospitals:

- ◆ Calvary Hospital
- ◆ St Vincent's Hospital/Sacred Heart Hospice
- ◆ War Memorial Hospital (Waverley)

It also operates a large government nursing home:

- ◆ Garrawarra Centre for Aged Care

There are 44 private hospitals/day surgery units in South Eastern Sydney, providing some 1340 beds. The largest facilities are Prince of Wales Private, St George Private and St Vincent's Private Hospitals.

For planning purposes, the Area is divided into four service catchment areas. Each catchment area covers a geographical sector and comprises the Eastern suburbs, Inner City, St George area and Sutherland s hire.

These catchment areas are artificial constructs to assist in service profiling. Local residents and inflows may attend any of the facilities within the Area. The catchment populations for the Inner City area are inflated daily by an estimated 750,000 people due to the influx of workers to the city, beaches and educational institutions.

All of the SEH hospitals and community health services are providing at least Level 4 services and the principal referral hospitals are providing mostly Level 5 and 6 services. Each hospital provides a comprehensive range of clinical programs in medicine and surgery. Some hospitals have special commitment in particular areas: heart transplantation and HIV/AIDS at St Vincent's Hospital, Obstetrics and Gynaecology at the Royal Hospital for Women, paediatrics at the Sydney Children's Hospital, Hand Surgery and Ophthalmology at Sydney Hospital and Sydney Eye Hospital and Palliative Care at Calvary and Sacred Heart Hospitals.

The Community Health Services are organised to provide comprehensive generalist services to their local communities. These include specialised family, aged care, palliative care, drug and alcohol, sexual health, health promotion services provided on a sector basis and networked with each major hospital. Mental health services provided across the continuum of care in hospitals and community health facilities are also operational on a geographical sector basis.

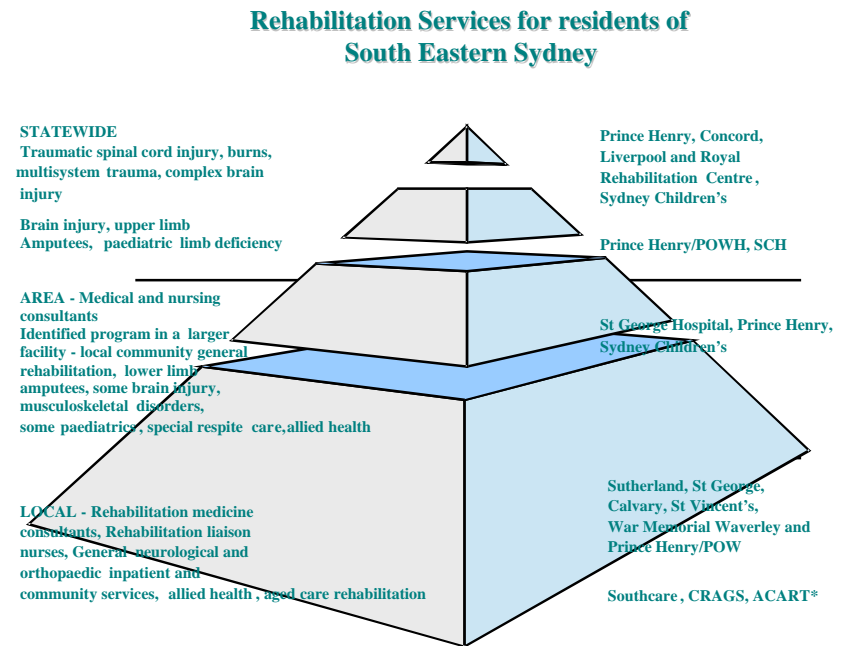
### 3.3 DISABILITY SPECIFIC HEALTH SERVICES

In SEH there are hospital and community health services dedicated to the rehabilitation of people with disabilities. The shared goal of the person with a disability and his/her team is improvement in function. For core hospital rehabilitation services, people are admitted based on the four geographical sectors and some specialised programs are provided on an Area basis. In addition, residents of South Eastern Sydney are able to access within SEH one of the state-wide Spinal Cord Injury Rehabilitation Programs and the Upper Limb Amputee Rehabilitation Program at the Prince Henry hospital (which will be relocated to the Prince of Wales site). The coordination of the State's Artificial Limb Scheme is based at Calvary Hospital.

For children, there are core programs for early intervention for those at risk of developmental disability and diagnosis and assessment services. As well there are state-wide paediatric brain injury and spinal injury services based at the Sydney Children's Hospital.

These services reflect the model of care delineated in 1995 in the NSW Department of Health's *Policy Framework for Medical Rehabilitation*<sup>1</sup>

with people with disabilities having access to core services locally and specialised services in selected places.



\* Sutherland Hospital's community aged care and rehabilitation service, Calvary rehabilitation and geriatric service for St George district and Northern Sector Community Health aged care and rehabilitation team

**FIGURE 2: REHABILITATION SERVICES**

<sup>1</sup> NSW Department of Health (1995): A Policy Framework for Medical Rehabilitation in NSW

### 3.3.1 Prevention and Early Intervention

Rehabilitation staff are actively involved in primary and secondary prevention programs in conjunction with General Practitioners, Health Promotion staff and in their specific units. Programs are conducted targeting vascular disease - especially stroke, osteoporosis, falls, sporting preparation and motor vehicle accidents.

Clinicians are keen to be involved with individuals and their carers as soon as possible after an injury or onset of a disorder to assist in the minimisation of impairment and prevention of secondary disability. Both curative and protective therapies are provided and taught to people with disabilities to maximise their maintenance programs.

### 3.3.2 Mental Health Services

Currently no data are available for estimation of prevalence of mental disorders in the population although it is conventionally noted that mental disorders were the leading cause of years of 'healthy life' lost due to disability (YLD) in 1996, accounting for nearly 30% of total YLD in Australia<sup>2</sup>. Inpatient data and community health data are the two major sources of information and these data reflect the use of

mental health services rather than the true prevalence of mental disorders in South East Health<sup>3</sup>.

The *South Eastern Sydney Area Health Service: Mental Health Strategic Plan 1999 – 2004*<sup>4</sup> details the services provided that cover all mental health services and are not disability specific.

The Specialist Mental Health Program is coordinated, planned and led at an Area level. The program is delivered through operational units in four sectors, which have a responsibility for all services to all age groups. Each sector has an acute general hospital psychiatry unit, consultation liaison psychiatry team(s), a partnership model with general practitioners, and a community mental health team, which includes specialist sub-teams in child and adolescent mental health and in older people's mental health. At every level there are services for people disabled by a mental disorder.

While most core clinical services are provided at the sector level, there are tertiary specialist services in place. These include specialist programs for Mood Disorders, Anxiety Disorders, Neuropsychiatric Disorders and HIV/MH comorbidity. Some disability related services

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2 Mathers, C., Vos, T., & Stevenson C. (1999) *The Burden of Disease and Injury in Australia*. AIHW Cat No. PHE17, Canberra.

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3 South Eastern Sydney Area Health Service, *Population Health Profile 1997*  
4 *South Eastern Sydney Area Health Services: Mental health Strategic Plan 1999 – 2004*

for clients with mental health problems are provided via the NGO sector and these have their funding distributed via the Area.

### 3.3.3 Bed Management For Rehabilitation Medicine

The Australian Bureau of Statistics<sup>5</sup> established in its *Survey of Disability, Ageing and Carers* that 19% of the Australian population considered itself disabled - 13% of people under 60 and 56% of people who are over 60. These data are useful for general discussion of services for people with disabilities, most of whom access health care services in the community. However, usually a person with a disability first accesses the health system because of a devastating event which requires prolonged hospitalisation until recovery is sufficient for care to be provided at home. In terms of hospital beds for rehabilitation medicine and geriatric evaluation and management (GEM) the State guidelines<sup>6</sup> and analysis of separation data<sup>7</sup> are more useful. In South Eastern Sydney there are approximately 200 beds for rehabilitation medicine in the public and private sectors. In response to the recognition of the growing need for refurbished inpatient beds, facilities are being redeveloped at Sutherland and Calvary Hospitals; Prince

Henry's rehabilitation services are being transferred to Prince of Wales Hospital to new accommodation and beds are being developed at St Vincent's Hospital. It is expected that by 2002 the distribution of approximately 240 designated rehabilitation beds across public and private rehabilitative services will be as depicted in Table 1:

**Table 1: Projected 2002 Distribution of Rehabilitation Medicine Beds**

Hospital	Numbers of beds for rehabilitation and geriatric medicine
Sutherland	28 beds for general rehabilitation
Calvary	32 beds for orthopaedic, amputee and cancer rehabilitation
St George	24 beds for stroke, other neurological and uncomplicated brain injury
St Vincent's	25 beds for musculoskeletal, stroke, HIV and cancer rehabilitation
War Memorial	35 beds for orthopaedic and neurological rehabilitation for older people
Prince of Wales	12 beds for general geriatric rehabilitation 28 beds for complex neurological rehabilitation, amputees, orthopaedics 18 beds for spinal cord injury rehabilitation
Private hospitals	approximately 40 beds for neurological and orthopaedic rehabilitation programs

### 3.3.4 Community Rehabilitation

Each sector has a domiciliary rehabilitation team, which for organisational efficiency is integrated with a community aged care evaluation and management team. Sutherland has Southcare, St George has the Calvary Rehabilitation and Geriatric Service (CRAGS) and the

<sup>5</sup> Australian Bureau of Statistics (1999): *Disability, Ageing and Carers 1998*

<sup>6</sup> NSW Department of Health (1995): *A Policy Framework for Medical Rehabilitation in NSW*

<sup>7</sup> South East Health (1999): *Clinical Services Plan – Analysis of Bed Requirements*

Inner City and Eastern Suburbs has the Northern Community Health Aged Care and Rehabilitation Team (ACART). In addition the Prince of Wales Post Acute Care Service (PACS) provides a rehabilitation -in-the-home service for people with orthopaedic problems who can be discharged home early.

These teams, along with outpatient rehabilitation staff at Sutherland, St George, War Memorial and Prince Henry Hospitals provide therapy – physiotherapy, occupational therapy, speech pathology, social work, dietetics, psychology, podiatry both for people with newly diagnosed disabilities and for people continuing a rehabilitation program following hospitalisation. This group is particularly concerned with arthritis after care, stroke management, joint replacement and fractured neck of femur.

Other specialised teams providing outpatient care are made up of both rehabilitation staff and staff from other clinical divisions and they provide pain management, cardiac rehabilitation and pulmonary rehabilitation, again on a geographic basis.

### **3.3.5 Neurological Rehabilitation**

Stroke rehabilitation is a key feature of most rehabilitation medicine units in Australia, particularly if they are catering to an older population. Approximately 1200 people each year are admitted to SEH hospitals with a new stroke and the Rehabilitation Teams at Sutherland, St George, War Memorial and Prince Henry Hospitals see most of these. The average time spent in hospital rehabilitation for stroke is 27 days, although people with complex subarachnoid haemorrhages or multiple problems stay on average 50 days.

Stroke rehabilitation is a major area of inpatient, outpatient and domiciliary speech pathology, occupational therapy and physiotherapy, often for many months for hemipareses, swallowing difficulties, bowel and bladder problems and speech disorders. Stroke Recovery groups are available in all sectors and SEH rehabilitation staff are involved in the provision of education and support services for them. People with other neurological problems such as viral motor neurone diseases, hypoxic brain syndromes and progressive degenerative disorders such as Parkinson's Disease and Multiple Sclerosis also may benefit from programs provided in both the inpatient and outpatient setting.

### **3.3.6 Orthopaedic Rehabilitation**

Orthopaedic problems such as fractures of the upper limb and neck of femur, joint replacements for knee and hip disorders and multiple trauma from road accidents are common reasons for admission to rehabilitation services at Sutherland, Calvary, War Memorial , and Prince Henry Hospitals and will be in the future for St Vincent's Hospital.

### **3.3.7 General Geriatric Rehabilitation**

Geriatric Evaluation and Management (GEM) is a term which has been coined for rehabilitation of older people with complex multisystem disease with goals which are less extensive than for people with one major disabling event. This general geriatric rehabilitation focuses on improvement in health status, compensatory strategies and prevention of deterioration and the main goal of care is return to life which is supported in the most homelike environment. All the inpatient and community rehabilitation teams provide general geriatric rehabilitation and it is acknowledged that 90% of inpatients in rehabilitation units are people over the age of 70 years.

### **3.3.8 Amputee Rehabilitation**

With declining incidence of peripheral vascular disease and improved management as well as improvements in workplace safety there has been a decline in amputations for disease and trauma. The average length of stay for a below knee amputee has also declined from many months of hospitalisation for training in an artificial leg to a few weeks on temporary prostheses followed by outpatient therapy prior to the prescription of definitive artificial limbs. Patients are admitted for amputee rehabilitation at St George (and in the future this work may be transferred to Calvary) and Prince Henry Hospitals. Prince Henry has the expertise for the state -wide program for upper limb amputees and it provides outreach advice to peripheral metropolitan and country areas.

Prostheses are provided through the National Artificial Limb Scheme, administration of which has been delegated to each state. In NSW the Scheme expends approximately \$5 million per year and is administered for the State by Calvary Hospital.

### **3.3.9 Cardiac Rehabilitation**

There is a cardiac (outpatient) rehabilitation program in Sutherland, St George, St Vincent's and Prince of Wales Hospitals and each of these programs is working towards compliance with the state benchmarks for cardiac rehabilitation. Most of the patients are those who have had a myocardial infarction and/or coronary artery bypass surgery. In addition St George Hospital is currently conducting a NH&MRC funded study into rehabilitation for cardiac failure.

### **3.3.10 Pulmonary Rehabilitation**

The Pulmonary Rehabilitation Programs provided by Sutherland, St George, St Vincent's and Prince of Wales Hospitals are mainly physical programs led by physiotherapists and occupational therapists with the Prince of Wales program being somewhat more comprehensive and involving a health education officer.

### **3.3.11 Chronic Pain Management**

There are Pain Management Teams at St George, St Vincent's and Prince of Wales Hospitals which are made up of anaesthetists, palliative care physicians, pain management nurses, rehabilitation physicians,

physiotherapists and psychiatrists and they have access to psychologists. Some of their work is focussed on people with chronic benign pain and a new service at Calvary Hospital is particularly focussed on older people.

### **3.3.12 Spinal Cord Injury Rehabilitation**

The Prince Henry Hospital, linked to the acute spinal service at Prince of Wales, has one of the two State-wide spinal services (the other is at Royal North Shore Hospital and Royal Rehabilitation Centre Sydney at Ryde). Prince Henry admits some 200 people per year for inpatient care, of whom approximately 50 have new traumatic spinal cord injuries. Although the admission criteria include non-traumatic spinal damage this work now seems to be cared for in peripheral Level 5 rehabilitation units in the metropolitan and rural centres. This service will be transferring to the Prince of Wales site.

The Prince Henry Program provides for rehabilitation of newly injured people and admits people living with paraplegia and quadriplegia for intercurrent illnesses and maintenance bowel, skin and bladder management.

### **3.3.13 Brain Injury Rehabilitation**

When a resident of South Eastern Sydney suffers a major brain injury s/he will be assessed for rehabilitation potential and triaged to St George or Prince Henry Rehabilitation Units. If there are complex rehabilitation needs or a challenging behaviour complicating the clinical picture then the person will be offered care in the Liverpool Brain Injury Unit if the resident comes from the Sutherland or St George areas, or the Royal Rehabilitation Centre Sydney's Brain Injury Unit if from the Inner City or Eastern Suburbs.

The community outreach in South Eastern Sydney for people with brain injury is not well developed in Health and for ongoing maintenance and support, there is a heavy reliance on the services of the non government organisation (NGO), Head East. There are plans to provide dedicated adult brain injury outreach staff in the future.

The brain injury team for children is funded as a state-wide service and operates from Sydney Children's Hospital.

### **3.3.14 Paediatric Rehabilitation**

Rehabilitation services for children exist in community health early childhood services in Sutherland, St George and the Northern Sector. The children seen are those who are at psychosocial risk or those who have displayed some developmental delay or disability. In South East Health, diagnosis and assessment services for children with disabilities are auspiced by Health. There are two teams – one for the Southern Sector based at the Old Post Office in Kogarah and one for the Northern Sector based at Tumbatin at Zetland. Tumbatin, which is a service of the Sydney Children's Hospital, also receives referrals from all over the State.

The community therapy services for children are provided by either community health services or by outpatient hospital staff in Sutherland, St George and the Northern Sector (speech pathology provided by community health and Sydney Children's Hospital; occupational therapy and physiotherapy by the Sydney Children's Hospital). Children with physical or mild intellectual disability are seen by Health staff for therapeutic intervention, children with moderate to severe intellectual disability are seen by staff from the Department of Community Services (DCS) with whom our staff have close links.

There is a specialised paediatric rehabilitation team at Sydney Children's Hospital whose main target group is children with brain injury. They also see children with cerebral palsy, spina bifida and orthopaedic disorders. The service at Sydney Children's Hospital provides a Gait Laboratory in conjunction with the University of New South Wales. The team members provide a consultative outreach service to rehabilitation physicians, paediatricians and therapists throughout the state for outpatient and community care.

In 2001, special teams for therapy for school -aged children will be developed in both the Southern and the Northern sectors.

### **3.3.15 Developmental Disability**

Adults with developmental disability from cerebral palsy, Downs Syndrome and other disorders are involved with DCS staff for their therapy and equipment needs, particularly those who are living in group homes auspiced by DCS. The health needs of people with milder intellectual disability are addressed by general practitioners with referral to adult rehabilitation clinics for specific advice.

### **3.3.16 Hydrotherapy**

Hydrotherapy is the use of water for therapeutic gain. The water in the pool is heated and this is utilised to warm the body to allow for more comfortable exercising. The water allows for removal of the effect of gravity and very weak muscles are able to contract and strengthen with the assistance of the buoyancy. The water also provides gentle natural resistance for the strengthening of muscles being repetitiously exercised.

Hydrotherapy is a modality enjoyed by many people with arthritis and it is very effective for people with peripheral nerve lesions, stroke, brain injury and orthopaedic problems.

There is a hydrotherapy pool at the Suthe rland, St George, War Memorial and Prince Henry Hospitals and the Royal South Sydney Community Health Complex. A hydrotherapy pool will be included in the redevelopment of the rehabilitation area of Prince of Wales Hospital.

### **3.3.17 Equipment and PADP**

The equipment needed for people with disabilities may be loaned by hospital and community health centre Equipment Loan Pools or may be supplied to eligible people under the Program of Appliances for Disabled People (PADP) scheme. The three lodgment centres in South East Health – Sutherland and Calvary Hospitals and Royal South Sydney Community Health Complex (which also administers special spinal PADP funding) – spend approximately \$1.6 million annually. These centres also administer the Rehabilitation Appliances Program for the Department of Veterans Affairs.

### **3.3.18 Disabled Driver Service**

Calvary Rehabilitation services recently established an Area Driving Assessment Service. Previously, people with disabilities from this Area were assessed for their driving safety by programs in Ryde and elsewhere.

### **3.3.19 Rehabilitation Engineering**

The rehabilitation engineering program, which began at Royal South Sydney Hospital many years ago was moved to Prince Henry Hospital and is expected to move again to Prince of Wales in its redevelopment. It is a program which analyses and provides special seating and makes adjustments to wheelchairs and other equipment to customise it for the needs of individual people with disabilities.

### **3.3.20 Visual Impairment**

South East Health accommodates the Sydney Eye Hospital which has a number of specialised clinics for visual impairment. It provides outreach clinics throughout the State and a mobile service to the local community for screening for visual deterioration. In conjunction with the Royal Blind Society, the Prince of Wales aged care services have recently begun a Vision Rehabilitation program.

### 3.4 MODEL FOR SERVICE DELIVERY

Under the Health Services Act (1997) the role of the Area Health Service is to promote, protect and maintain the health of its residents. It achieves this through a comprehensive range of programs across the Area provided in hospitals and community health centres.

In conceptualising the model for the Disability Action Plan in SEH it was recognised that unique to this health services are the range of services and activities provided specifically for people with disabilities such as the artificial limb scheme and save sight services. Whilst mainstreaming or integration of health services for people with disabilities is considered a priority, it was still considered important that these specific disability services be recognised individually.

Figure 2 depicts the conceptual model for considering service for people with disabilities in SEH. Disability specific services are supported by a range of core health services considered equally available to people with disabilities. Additionally identified in the model are the external relationships of SEH that reflect the Area's commitment to ensuring the needs of people with disabilities are met. Partnerships and collaborations the Area has with disability related agencies, services and NGOs are reflected in the outer circle.

According to this model people with disability may move between any of the services offered by the Area from disability specific services to core services and vice versa and through to support in the community through a number of other agencies and partnerships.

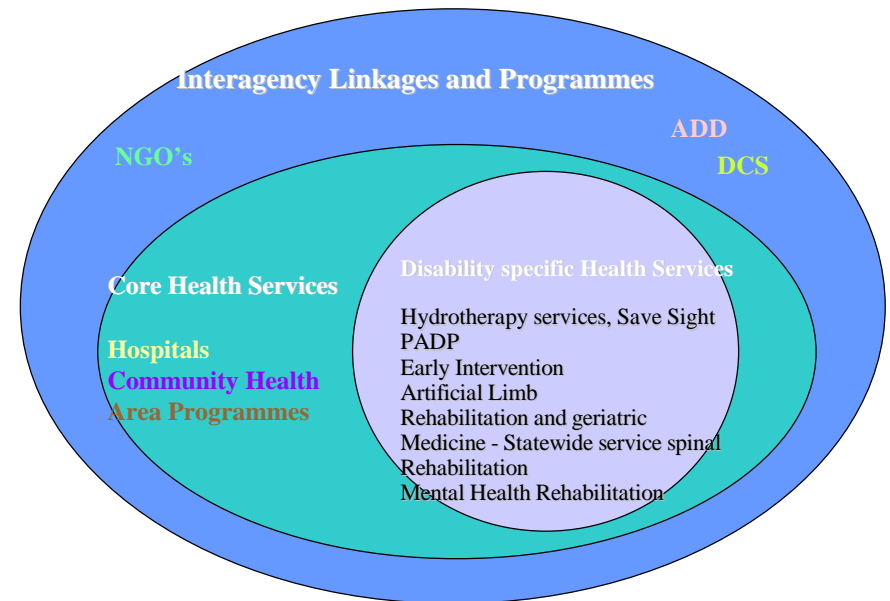


Figure 3: South East Health Disability Framework

## 4 THE POPULATION

According to the Australian Bureau of Statistics, in 1997 the estimated resident population of SEH was 755,661<sup>8</sup>, or 12% of the total population of New South Wales (6,204,728). Population projections for the Area to the year 2001 predict an increase of approximately 0.56% annually to 772,660<sup>9</sup>. The largest proportion of the residents of SEH (27%) lives in Sutherland LGA, followed by Randwick with 17% and Rockdale with 12%. Sydney, Sutherland and South Sydney are the fastest growing parts of the Area.

The Area also provides health services to many people who come to the Central Business District, the University of New South Wales, Sydney International and Domestic Airport Terminals, beaches and many recreational and sporting venues, estimated at 750,000 daily. Specialist tertiary care is provided to residents of surrounding Area Health Services and country areas.

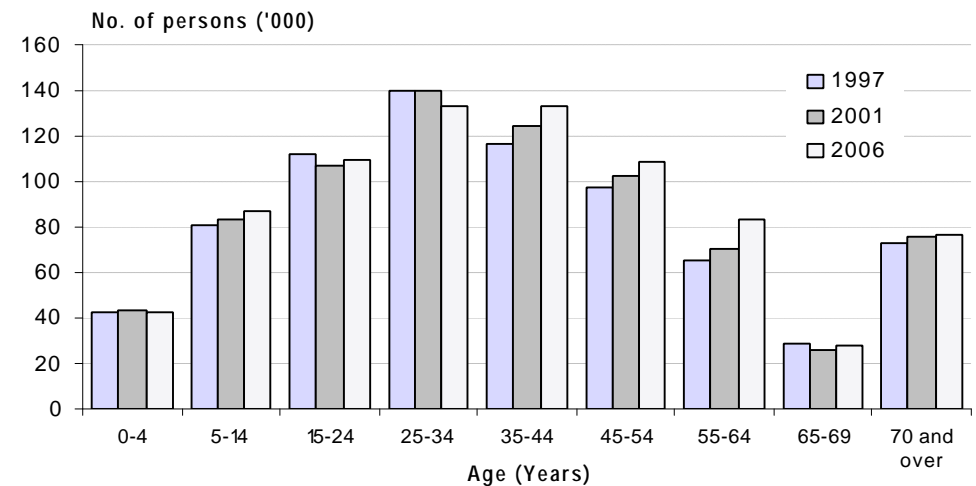


Figure 4: SEH population by age

<sup>8</sup>ABS. 1997 *Population by Age and Sex, New South Wales*. Cat No 3235.1, 1998.

<sup>9</sup>NSW Health Department *Projected Population 1998*.

## 4.1 PREVALENCE OF DISABILITY IN SOUTH EASTERN SYDNEY

In its survey, *Disability, Ageing and Carers 1998*, the Australian Bureau of Statistics estimated that 19% of the Australian population were people with disabilities, while 15% reported having specific restriction and 6% reported severe or profound handicap.<sup>10</sup> The incidence of disability increased with age with 56% of those over 60 years having a disability.

The survey identified that about one in seven residents in SEH suffered from disability of some sort (see Table 2). The prevalence of disability increased with age, with nearly 50% of people aged 70 and over being disabled.

Of the percentage of people with a disability within SEH, it is estimated that 14.9% suffer from a profound core activity restriction of communication, mobility and self-care, while 34% suffer from a schooling or employment restriction (see Table 3).

**Table 2: Prevalence of Disability by Age, SEH, 1998**

	Persons without disability	% without disability	Persons with disability	% with disability
0-4	57700	98.63	n.p.	1.37
5-11	67000	93.18	4800*	6.82
12-17	54400	97.67	n.p.	2.33
18-64	536400	87.96	73400	12.04
65-69	18700	59.55	12700	40.45
70 and over	42700	50.59	41700	49.41
<b>Total</b>	<b>776900</b>	<b>85.21</b>	<b>134800</b>	<b>14.79</b>

*n.p.* - Not available for publication due to the small number but included in totals where applicable. \* - Subject to sampling variability too high for most practical purposes.

Data source: ABS. Survey of disability, ageing and carers, 1998.

**Table 3: Disability Status, SEH, 1998**

Disability Status	No. of persons
Profound core activity restriction (a)	20100
Severe core activity restriction (a)	19400
Moderate core activity restriction (a)	22600
Mild core activity restriction (a)	42600
Schooling or employment restriction (b)	46800
Total with selected restriction (c)	114300
<b>Total with disability</b>	<b>134800</b>
(a). Core activities comprise communication, mobility and self care.	
(b). Total may be less than the sum of the components as persons may have both a core activity restriction and a schooling or employment restriction.	
(c). Includes those who do not have a specific restriction.	

Data source: ABS. Survey of disability, ageing and carers, 1998.

<sup>10</sup> Australian Bureau of Statistics(1999): *Survey of Disability, Ageing and Carers 1998*.

Disability in the workplace is also an important dimension for consideration in the Disability Action Plan for the Area. The Equal Employment Opportunity in Public Employment report for 1999/2000 identifies a government benchmark of 12% of employees with a disability. South East Health has a disabled employee level of 1% compared with 5% for the NSW Health system as a whole.

The Area staff profile shows 120 employees who identify themselves as having a disability, of whom 19 require work -related adjustments

to be made. Data show that 27 people with a disability left South East Area Health employment in 1999/2000. Of these 3 (0.2%) were people with a disability requiring a work -related adjustment.

The lower representation of employees with a disability in the workforce of South East Health highlights the need for strategies to investigate and redress the imbalance.

## **5 PROCESS OF THE DEVELOPMENT OF A DISABILITY PLAN**

Through NSW Health each Area Health Service was requested to nominate a Disability Contact Officer. The NSW Health Department in conjunction with Ageing and Disability Department conducted training and information sessions on the Disability Policy Framework. Disability training was undertaken by four personnel from SEH, the Area's disability contact officer and personnel from the various facilities involved in the development of the Disability Plan.

Senior executive of the Area were informed of the requirements at an Executive Forum and commitment to the action plan was obtained. It was proposed that a Disability Action Planning Group should be convened to facilitate the development of the plan. Each of the facilities and key programs was invited to nominate a representative for the Action Planning Group. Area programs and services represented included Human Resources, Learning Services, Complaints Management, Community Development and Clinical Services Policy and Planning. Consultations were also undertaken with key consumer

groups associated with the Area, such as the Australian Quadriplegic Association.

Given the complexity of the operating environment of SEH, it was determined that each facility or service would undertake to complete a disability profile according to the main headings of the Disability Policy Framework. The proforma developed is presented in Appendix 1. In addition to providing a snapshot of where the Area was in terms of development of initiatives specifically designed to address people with disability, this profile provided a baseline for the future development of priority areas.

From the profiling exercise it became apparent that a number of issues related specifically to the local operating environment, whereas others were relevant at an Area level. The strategies outlined in the plan reflect both local and Area-wide initiatives that will be undertaken across SEH (section 10).

## **6 COMMUNICATION STRATEGIES**

The communication strategies involved with the Disability Action Plan have related primarily to the developmental phase thus far. Essential for the next phase of the plan is a comprehensive communication strategy, which will serve to both inform and educate staff and the community on the Area's response to the identified gaps.

The Area Public Affairs Unit will be pivotal in the development of the communication strategy with a range of strategies planned over the duration of the plan. Strategies will include the inclusion of the Disability Action Plan on the Area's web page. Additionally, information distributed to the public from South East Health will be assessed for its user friendliness for people with visual disabilities and an audit will be conducted to assess capacity for telephone typewriters for communication.

## **7 PROCESS FOR REVIEWING, MONITORING AND EVALUATING THE PLAN**

The Disability Action Planning Group is responsible only for the development of the Area's Disability Action Plan. The next phase of the Plan requires a different infrastructure to support its carriage.

An essential consideration in the determination of the optimal structure for implementation monitoring was the use of existing infrastructure. Past experience has shown that the creation of additional committee structures does not lead to sustainability of an initiative. Building on existing committees ensures a more sustainable future for the initiative and confirms it as a core business of the organisation. As identified in the strategies for the Area, each facility or program will nominate a local committee responsible for the monitoring and evaluation of the plan. This may be an existing committee dedicated to disability (access committees already exist in some facilities) or alternatively another suitable committee such as the Quality Improvement Committee.

Each of these committees will report at an Area level to the Area Disability Access Committee which is the peak committee for strategic advice and performance monitoring on rehabilitation and disability in SEH. This committee in turn will report to the Area Quality Council (Appendix 4).

## **8 MEASUREMENT OF PROGRESS**

Progress will be measured by performance against the performance indicators nominated in each of the priority action areas identified.

Additionally the Area Disability Access Committee (see Appendix 4) will receive reports from facilities/programs and disseminate relevant information throughout the Area. Reporting of progress on the implementation of the Disability Action plan will occur formally in the Annual Report of South East Health and to NSW Ageing and Disability Department.

## **9 REVIEW/UPDATE OF PLAN**

The review and update of the plan will occur annually and become the responsibility of the SEH Disability Access Committee of the Area. Each facility/program will be required to report its progress in the implementation of the Disability Action Plan at the local level.

# 10 SOUTH EAST HEALTH DISABILITY ACTION PLAN

## 10.1 PRIORITY AREA FOR ACTION:

## PHYSICAL ACCESS

### Goal / Outcome:

- Uninterrupted/unimpeded access to health services and programs for people with a disability in SEH

### Identified Barriers:

- Absence of access audits for many programs/facilities in the Area
- Lack of comprehensive range of communication options
- Heritage listing of some of the older buildings
- No designated responsibility for management of access locally
- Absence of affordable and accessible hospital transport
- Inadequate or poorly designed accessible parking for patients, visitors and staff

### Performance Indicators:

- Identified local committee responsible for disability access
- Access Audits to be conducted to identify barriers within SEH facilities (including plans for new buildings)
- Number of reported modifications/changes or initiatives implemented to facilitate improved access across the Area

Strategies	Resources	Officer Responsible	Timeframe
Each facility/program will have a nominated committee responsible for management of disability related initiatives.(eg Disability/Access Committee or Quality Committee )	Existing facility or program infrastructure	Executive Director of facility or Manager	December 2001
A minimum of three initiatives, consistent with issues identified in access audit are addressed and reported eg TTY phones, signage, mobility map, disabled parking	Existing facility or program infrastructure	Executive Director of facility or Manager	June 2002

<b>10.2 PRIORITY AREA FOR ACTION:</b>	<b>PROMOTING POSITIVE COMMUNITY ATTITUDES</b>
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**Goal / Outcome:**

- Positive attitude of the Area health services towards people with disability is reflected in the promotion and delivery of services

**Identified Barriers:**

- Lack of close association between the community with disabilities and the health service
- Problems with coordinated discharge
- Attitudinal barrier by staff as to appropriate care options available

**Performance Indicators:**

- Service initiatives which promote/recognise needs of people with disabilities as being integral to service provision
- Involvement of programs and staff in the training and education of community groups
- Number of consumer consultations and consumer membership on facility /service committees

Strategies	Resources	Officer Responsible	Timeframe
Continue support of disability relevant programs/workshops in the Area eg spina bifida education program, Sydney Eye Hospital Outreach Program	Program specific resources/hospitals	Executive Directors or Program Managers	Annually
Review existing patient information and audit for disability specific advice	Hospitals	Local disability access committees	Annually
Register of consumer consultations specifically addressing needs of people with disabilities	Area	Assoc. Director Community Development	Ongoing register
Ensure composition PADP committees are representative of the client group	Local PADP coordinators	Director Clinical Services	Ongoing

**10.3 PRIORITY AREA FOR ACTION:****TRAINING OF STAFF****Goal / Outcome:**

- All employees of the Area have an appreciation of the obligations and responsibilities in ensuring provision of services to individuals with disabilities

**Identified Barriers:**

- Competing demands of training and legislative requirements for health service staff
- Staff shortages
- Staff attitudes to people with disabilities

**Performance Indicators:**

- Disability action plan included in local and Area orientation programs for new staff
- Learning services conducts disability specific staff training programs and involves people with disabilities from NGOs including AQA
- Number of participants attending disability training
- People with disabilities from NGOs such as AQA involved as trainers

<b>Strategies</b>	<b>Resources</b>	<b>Officer Responsible</b>	<b>Timeframe</b>
Orientation programs specifically address issues relating to Disability Action Plan and framework	Existing orientation program	Local orientation program Executive Directors, Program Managers and Learning Services.	Dec 2002
Learning Services incorporates disability program as part of the annual program of service activities, targeting identified priority areas eg staff in Emergency Departments and Operating Theatre	Learning Services	Manager of Learning Services	Annual programs

**10.4 PRIORITY AREA FOR ACTION:****INFORMATION ABOUT SERVICES****Goal / Outcome:**

- Successful promotion of the range of services offered to people with disabilities

**Identified Barriers:**

- Service overlaps and gaps between health care providers and other agencies

**Performance Indicators:**

- Communication strategy developed for the disability action plan
- Interagency seminars conducted by Area relating to disability

<b>Strategies</b>	<b>Resources</b>	<b>Officer Responsible</b>	<b>Timeframe</b>
Development of an internal and external communication strategy specifically related to the disability action plan, eg web page	Area	Public Affairs	July 2001
Develop partnerships around issues relating to disability services with other disability service providers and NGOs	Area	Disability Contact Officer	Ongoing
Produce a brochure listing services and contacts and distribute widely through disability organisations and community health services.	Area	Public Affairs	Dec 2001
Apply criteria for disability access to web page	Area	Information Technology Service	Dec 2001

**10.5 PRIORITY AREA FOR ACTION:****EMPLOYMENT IN THE PUBLIC SECTOR****Goal / Outcome:**

- Employment opportunities and the working environment are equally accessible and available to people with a disability

**Identified Barriers:**

- Current staff freeze
- Perceived conflict between merit based recruitment and targeted employment
- Extent of workplace adjustment required
- Difficulties with physical access for staff
- Lack of advocacy for people with disabilities

**Performance Indicators:**

- Number of persons with a disability employed in SEH
- Improvement of physical access in the workplace for all employees

<b>Strategies</b>	<b>Resources</b>	<b>Officer Responsible</b>	<b>Timeframe</b>
Review of Human Resources Plan to identify specific strategies relevant to ensuring equal employment opportunity for people with disability	Existing resources	Director of Human Resources	July 2001
Monitoring of identified strategies for equal employment opportunity for people with disability	Existing resources	Director of Human Resources	Annually
Strategic partnerships with Disability Employment Agencies in the Area. An example is AQA workforce.	Existing resources	Director of Human Resources	December 2001
Develop strategies for advocacy for people with disabilities	Existing resources	Director of Human Resources	December 2001

**10.6 PRIORITY AREA FOR ACTION:****COMPLAINTS PROCEDURES****Goal / Outcome:**

- The management of complaints will contribute to the service enhancement/development for individuals with disability

**Identified Barriers:**

- Inadequate communication of complaints to appropriate services
- Fear of retribution on the part of long stay or repeated stay patients (such as those in the spinal injuries units.)

**Performance Indicators:**

- Number of Disability complaints referred
- Identified action taken resulting from disability complaint

<b>Strategies</b>	<b>Resources</b>	<b>Officer Responsible</b>	<b>Timeframe</b>
Structural mechanism in place for the review of disability related complaints at local or Area level	Existing	Executive Unit Coordinator/Local Complaints coordinator	Dec 2001
Disability complaints be referred to the nominated local disability committee for action	Existing	Local disability committee	Dec 2001
Monitor trends relating to disability related complaints	Existing	Area Quality Council	Dec 2001

**10.7 PRIORITY AREA FOR ACTION:****ADDITIONAL AREA(S) FOR ACTION****Goal / Outcome:**

- Enhanced service delivery for the persons with disability through improved interagency collaboration and partnerships

**Identified Barriers:**

- Limited Area communication and information dissemination surrounding local initiatives relating to disability services
- Service duplication/gaps between health agencies

**Performance Indicators:**

- Convening of Area Disability Action and Rehabilitation Committees
- Attendance of Area staff at ADD disability planning workshops

<b>Strategies</b>	<b>Resources</b>	<b>Officer Responsible</b>	<b>Timeframe</b>
Area wide management and coordination of disability initiatives through a designated peak area committee	Existing resources	Director Clinical Services	June 2001
Partnerships between Area Health Service and ADD in regional planning initiatives	Existing resources	Director Clinical Services	Ongoing
Explore opportunities for co-location of agencies with roles in servicing people with disabilities in redevelopments	Existing resources	Assoc Director Clinical Service Development	Ongoing
Develop new services for children with disabilities	ADD Health growth funds	Director Clinical Services	July 2001
Develop new services for people with brain injury	Growth Funds	Director Clinical Services	July 2002
Develop new services for people dually diagnosed with mental, behavioural or developmental disorders	Growth Funds	Director Mental Health Services	July 2002
Increase inter-agency collaboration, ie. Local Council Disability Access Committees and/or Disability Units/Offices.	Existing funds	Assoc Director Clinical Service Development	July 2002

**APPENDIX 1: PROFILE OF DISABILITY ACTION INITIATIVES IN SEH 1999**



Facility/ Service \_\_\_\_\_

Nominated Disability Contact Officer \_\_\_\_\_

As the initial step in the development of an Area Disability Action Plan, the SEH is profiling activities/initiatives operational across the Area.

The profiling format is divided according to the priority action areas identified by Ageing and Disability Department (ADD) as essential to a comprehensive disability action plan.

Completion of the form should identify activities previously or currently undertaken that “ *contribute to ensuring optimum quality of life, independence and participation of individuals with disabilities and their carers*”

Given the amalgamated Area has not previously had a formal disability plan, it is not anticipated that a comprehensive range of initiatives will be in place. This information will serve as the basis for informing the development of the plan.

Further information can be obtained from Elizabeth Koff at the Area office on 9382-9851 or [koffe@sesahs.nsw.gov.au](mailto:koffe@sesahs.nsw.gov.au). Responses should be forwarded to the Area office.

Thank you for your assistance.

## **Action Area**

### **1) Physical Access**

(There are two aspects critical for assessing access - Physical mobility and ability to take advantage of what is generally offered to other people. Examples of initiatives consistent with this are access audits, availability of TTY ).

### **2) Promoting Positive Community Attitudes**

(Achieved through the information and education provided to staff, services users and potential service users)

### **3) Training of staff**

(Employees have been educated in what is required of them for people with disabilities)

### **4) Information about services**

(Developing information about services so that it is available to a wide range of people with disabilities)

### **5) Employment in the public sector** (Adjustments to public sector employment to accommodate the needs of people with disabilities)

### **6) Complaints procedures**

(Strategies for handling complaints by or for people with disabilities)

### **7) Additional Areas for Action** (Specific programs in health developed for people with disabilities eg early intervention, school therapies, PADP)

**APPENDIX 2: CHECKLIST FOR USE BY ALL STATE GOVERNMENT AGENCIES AND PARTICIPATING LOCAL COUNCILS**

**Name of Agency / Local Council:** South Eastern Sydney Area Health Service

**Contact Person for Disability Action Plan:** Elizabeth Koff

**Position Held:** Associate Director Clinical Services Development

**Phone:** 9382-9851 **Fax:** 9382-9891 **E-mail:** [koffe@sesahs.nsw.gov.au](mailto:koffe@sesahs.nsw.gov.au)

	<b>PRIORITY AREAS FOR ACTION: TICK (✓) WHEN COMPLETED</b>						
	Physical Access	Promoting Positive Community Attitudes	Training Of Staff	Information About Services	Employment In The Public Sector	Complaints Procedures	Additional Area(s) for Action
Barriers I identified	✓	✓	✓	✓	✓	✓	✓
Goals / Outcomes Developed	✓	✓	✓	✓	✓	✓	✓
Performance Indicators Developed	✓	✓	✓	✓	✓	✓	✓
Strategies Developed	✓	✓	✓	✓	✓	✓	✓
Incorporated initiatives that address specific needs related to the diversity of people with disabilities as identified in the DPF and Guidelines	✓	✓	✓	✓	✓	✓	✓
Resources I identified	✓	✓	✓	✓	✓	✓	✓
Responsibility for Implementation I identified	✓	✓	✓	✓	✓	✓	✓
Timeframes I identified	✓	✓	✓	✓	✓	✓	✓

**APPENDIX 3: MODEL FORMAT FOR ANNUAL REPORTS**

**STATE GOVERNMENT AGENCIES: MODEL FORMATS FOR ANNUAL REPORTS**

For all State Government Agencies

Priority Area For Action	Goals/Targets	Reporting Year Strategies	Outcomes/Achievements
1. Physical Access			
2. Promoting Positive Community Attitudes			
3. Training of Staff			
4. Information About Services			
5. Employment in the Public Sector			
6. Complaints Procedures			
7. Additional Area(s) for Action			
8. Joint Planning Initiatives under the leadership of coordinating agency			

## ***APPENDIX 4: TERMS OF REFERENCE FOR AREA DISABILITY ACTION COMMITTEE***

The Area Disability Action Committee is the forum for coordinating policy for access for people with disabilities for services within South East Health. It advises the Area Quality Council and administrators throughout the Area on the priorities for infrastructure and service provision and establishes the framework for improving the quality of those services. Its main challenge is implementation of the Area Disability Action Plan.

### **ROLES**

- Seek the views of consumers and facilitate meeting their needs
- Oversee initiatives and audits in
- Environmental access
- Communication access
- Promotion positive community attitudes
- Diversity health
- Training of staff
- Information about services
- Employment of people with disabilities
- Complaints procedures
- Endorse communication strategies for enhancement of access for people with disabilities
- Ensure the integration of statutory obligations in area policies and procedures
- Initiate special projects on access for people with disabilities
- Monitor and comment on indicators of effectiveness and safety for people with disabilities in South East Health programs

### **FORMALITIES**

- The Area Disability Action Committee is convened by the Associate Director Clinical Service Development
- Progress reports are provided on a regular and/or ad hoc basis to the Area Quality Council and distributed to Executive Directors.
- Meetings generally held 4 times per year
- Membership reviewed biennially

## **MEMBERSHIP**

- Associate Director Clinical Service Development
- Planning and Evaluation Officer Clinical Services (Minutes)
- Deputy CEO
- Chairs/representatives facility based access committees
- Public Affairs staff
- Quality improvement staff
- People with disabilities/peak consumer groups
- Area Chair Rehabilitation Services/nominee
- Area Director Mental Health/nominee
- Area Chair Allied Health/nominee
- Area Director Nursing and Community Development/nominee
- Area Director Clinical Services
- Area Director Human Resources/nominee
- Associate Director Community Development