

# BRIEFING PAPER 2014



Home &  
Community  
Health  
Association

## The Home and Community Health Association (HCHA) calls for comprehensive changes to policy, planning and integration of home and community support services.

Individuals want to remain in the home of their choice as long as possible. Providers want to deliver high quality sustainable services and funders want to ensure effective use of financial resources. As our population ages more supports and services are needed to enable people to remain safely in their homes and home communities. In order to do this collectively we – government, funders, service providers and service users – need to think, plan and act differently.

Four broad actions are needed to ensure that clients continue to have access to safe, good quality home and community support:

1. Development and implementation of a policy framework that prioritises home and community support and removes unreasonable inconsistency.
2. A focus on growth, retention and development of our workforce.
3. A stronger focus on aligning service models to services that support client choice, family and whānau relationships.
4. Proactively averting legal challenges, which if allowed to escalate will move the service quickly into insolvency.

### THE OUTCOMES WE AIM FOR ARE:

Clients, providers and funders have a clear sense of direction.

There is consistency of access to and funding of similar services.

Clients and their families are able to have more choice and control about the services they receive.

Clients receive more skilled support that matches their need.

More people able to live and stay well or get better at home or in their communities.

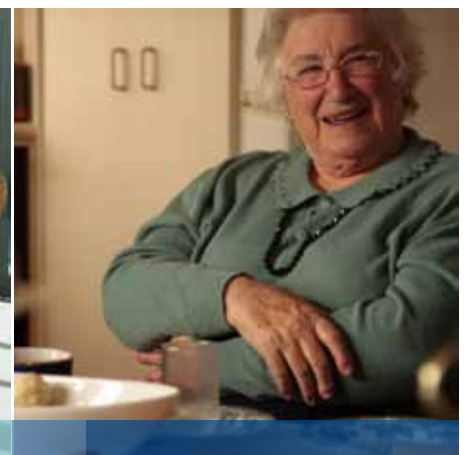
Clients experience a more coordinated and seamless response to their health needs.

Outcomes are met, service gaps are more accurately identified and providers and funders work together on solutions.

Service planning and service delivery are improved, being better informed through the shared use of available data.

Workers are incentivized to join the sector, undertake training, and provide care and support across a range of services.

Providers are able to focus on quality improvement and capacity development and less on legal challenges and mere survival.



## A POLICY FRAMEWORK

A good framework will require consistency, enable flexibility and cooperation, compensate fairly and manage complexity.

The lack of clear policy direction, and considerable inconsistency in funding and service models for home and community support has been noted by the Auditor General as well as highlighted by the Human Rights Commission, and repeatedly by HCHA. The demand on the service, nationwide, is growing at too great a pace to allow for the extensive regional variation that has no underlying policy direction, and is seriously damaging this health service.

Service reviews are being used primarily as a budgeting tool, when their aim should be to plan for service capacity. A deeper understanding is needed of the strengths and linkages between health providers, and across services. We also need better understanding of how improved resourcing of home and community services will reduce the costs of institutional care – costs that are financial, social and psychological. We need to understand what is working well, and there are some good examples – closer integration of home and community support and nursing services; more efficient use of needs assessment; effective use of home-based rehabilitation and recovery; flexible day and respite care services; and community based injury or illness prevention programmes.

The call for consistency also applies to quality improvement. The home and community service now has a mandated minimum standard, but there is more than can be achieved through shared development of guidelines and other quality initiatives.

The use of more accurate data about the client mix and the cost of providing services allows for better projections about demand and supply. There is, for example, a need for more oversight of InterRAI data (information held on InterRAI needs assessments of older people across New Zealand). If that were used productively and analysis of aggregated data was accessible, we would have a much clearer understanding of client needs across New Zealand. Shared analysis of data between funding agencies and providers will also help ensure that reality matches theory. There are service development tools available (costing tool, casemix models, decision tools) that can be applied, but they need to be used broadly and more effectively.

The best response to pressure is to work together. Emerging contracting relationships such as alliance contracting, streamlined contracting and whānau ora enable more cooperation and risk sharing than compliance based contracts.

### A targeted focus on workforce growth, retention and development

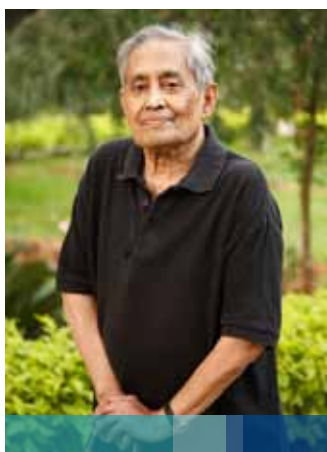
#### WORKFORCE PLANNING FOR THE COMMUNITY WORKFORCE SHOULD:

- Be applied in national and regional plans.
- Safely extend the scope of practice of regulated staff.
- Safely advance the skills and expertise of non-regulated staff.
- Include consideration of the balance between opportunities and risks.
- Incentivize competency development.
- Encourage workforce growth.
- Be achievable.

Trained, well-resourced and fairly paid staff are better able to support the needs of clients, whether those clients need rehabilitation or restorative care, or whether they are living with declining health. The approximately 25,000 staff in our sector work alongside people living with spinal or brain injury, moderate to serious dementia, intellectual and physical disabilities, and chronic medical conditions. Broadening the understanding of the capabilities of this workforce, including risks and opportunities, will make more visible how much they are doing and can do.

Health support in the home can be boosted by safely extending the scope of practice of regulated staff, and by greater use of nurse practitioners in the community sector. Community care would also be improved through targeted access to clinical expertise, such as older people specialist clinical teams, allied health assessments, dementia care, palliative care, wound management and behavioural support. Disability support providers also need access to expertise, such as supporting people with disabilities as they age, transitioning clients from residential to community services, and more understanding about how to implement the International Convention on the Rights of Persons with Disabilities.

High level support for competency based remuneration, implemented via funding as well as policy would help us to build our workforce. We face shortages and high turnover across



New Zealand in all the roles within our workforce (support workers, clinical and allied professional staff, facilitators, administrators and managers) because we cannot compete with the public or the private sector. We cannot build a sustainable workforce when contract rates force support workers onto the minimum wage. The problems are driving workers out of the sector, provider organisations to the wall, unions to legal action and compromising safety, quality and choice for clients.

Continued financial support for literacy and numeracy training for community support workers will help us recruit more workers. There has been a sizeable increase in staff training over the last several years, but a large proportion of the workforce have no formal qualifications. We rely increasingly on new migrants and older unqualified workers, for whom home support employment allows them to step onto the qualifications pathway. We need continued access to training that helps them on that journey.

## A stronger focus on aligning service models to services that support client choice, family and whānau relationships

Whilst New Zealand has adopted or endorsed strategies, conventions and policies that support client choice, and that focus on communities and whānau, the theory is slow to be applied to home and community funding streams other than in disability.

There is still unreasonable geographical variability in access to services that best suit individual and family need, within the available funding. For some service users the answer is more clinically focused support, or steady rehabilitative support. Others want to decide how they use the available support to live independent lives, and some need more of a focus on family, whānau or aiga centred support. All need competent, respectful, compassionate and responsive care, and trained and consistent service responses. We are not there yet.

HCHA supports the whānau ora philosophy. Kaupapa Maori services know best how to assist people to strengthen their mana, mauri and wairua.

We also need to retain and support Pacific focused services that apply Pasifika practice and values to assist in the achievement of better health outcomes and better lives for Pasifika people in New Zealand.

### A CLIENT CENTRED APPROACH WOULD MEAN:

The promotion of flexibility and responsiveness in care and support across funding for all client groups, particularly where it enables more control and choice.

More flexibility in the way packages of support are delivered to older people, to focus on outcomes and goal achievement.

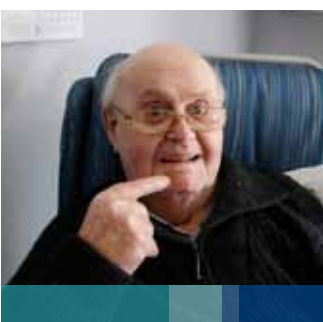
Clients experiencing more flexible respite care and day service options to ensure that those caring for their partner or family member are able to get the essential breaks they need.

Clients experiencing seamless support where there is more than one funding stream, with less duplication of form filling and assessments and better sharing of information.

A closer involvement of service users in service development.

Meeting obligations and goals under the International Convention on the Rights of Persons with Disabilities, Whānau Ora and Whāia Te Ao Mārama, the Carers Strategy, Faiva Ora Strategy, and the Health of Older people strategy.

More consistent needs assessments across regions and funders.



Proactively address legal challenges, which if allowed to escalate will move the service quickly into insolvency

Increasing demand on the service and its workforce without sufficient resourcing and structural change has led to legal challenges, the most recent on travel time. The Terranova pay equity case is also relevant to our workforce. Providers of home support do not have the financial backing to carry ongoing liability, placing services at risk.

HCHA and providers have made representations to the Government about a way forward on these issues, which is a mixture of policy and payment. The Government has given an initial positive indication that it has heard the concerns around travel time, but the broader issues of inconsistency between funders and undervaluing of the workforce need to be urgently addressed. A strategic response on contract rates would be one way of moving towards much greater consistency of wage rates across New Zealand. This work could be supported by application of costing tools such as that developed jointly between the sector and District Health Boards.

Such an approach would also have a positive impact on the pressing need for consistency in standards and quality, and on workforce development. Right now it is impossible to review national service specifications and quality indicators or grow a workforce based on competency, because the contract rates vary so greatly from one area of New Zealand to another that new requirements simply cannot be afforded in many areas.

## SUMMARY

New Zealanders need and deserve a home and community sector that provides high quality services focused on needs of clients and one which is financially sustainable now and into the future.

Some emerging models are showing great results in the improvement of client choice and flexibility, in health outcomes and in the efficient use of resources. Most providers and funders however still struggle within a procurement approach that treats individuals, clients and workers, like widgets. This won't be good enough to manage the demand that is heading our way. Nor will an approach that squeezes the providers or their workforce into untenable and unfair arrangements.

The issues cannot be left to fester, and need urgent attention. A strong sustainable client focused home and community health sector is essential to New Zealand's health and disability system. We know it can be achieved, the answer is for sector stakeholders to work together. HCHA calls for thought leaders to work together to proactively discuss and develop solutions.



*Purpose: A National voice that promotes and advances excellence, partnership and sustainability for the home and community sector*

*Vision: New Zealanders have access to safe, compassionate, quality home and community health services*

Home & Community Health Association

Tel: (04) 472 3196 / Email: [info@hcha.org.nz](mailto:info@hcha.org.nz) / Fax: (04) 472 3176 / PO Box 5344, Wellington 6145 / [www.hcha.org.nz](http://www.hcha.org.nz)