

# Homepages



New Zealand Home Health Association Newsletter  
Issue 33 – May 2012

## HCSS Standard – focus on the client

*The Home and Community Support Sector Standard has undergone a year of work and consultation, and the revised version is now available.*

The Standard applies to organisations contracted to deliver home and community support and the service providers who work for them. Copies are now available on the [Standards NZ Website](#).

Since 2003 when the Standard was first published there have been significant changes in health and disability policy and practice affecting our services. These changes have included a move towards person-centred support, self-determination and a focus on quality of life outcomes.

Additionally, people are choosing to live in their own homes longer with increasingly complex needs that require more coordinated service responses than the traditional household management and personal care.

Certification against Standards is now recognised as an important driver for safety and quality improvement in New Zealand.

Whilst most funders have referenced the Standard, levels of compliance vary, and it is estimated that around half of the 120 or so providers in New Zealand remain un-certificated. This will change as the government has notified its intention to require agencies to hold certification.

The revised Standard refocuses standards to support



the achievement of good outcomes for people as opposed to the current focus on service provider processes. This reflects the shift from provision of standard units of service to a goal-based, person-centred approach. The revised Standard also has a more explicit focus on involving consumers in decision making, which reflects the move within New Zealand towards more restorative models of care and an emphasis on optimising consumers' independence.

It recognises the increasing role of health practitioners and other professionals – nurses, physiotherapists, occupational therapists, social workers – in restorative models of home and community support services.

In addition, a closer alignment with the Health and Disability Services Standards has been achieved together with an emphasis on roles and responsibilities inherent in providing services in

someone's home.

Both the Health and Disability Services Standards and Home and Community Support Sector Standard have similar formats and criteria related to areas that are common, for example, consumer rights, human resources and open disclosure.

Open disclosure of adverse, unplanned or untoward

events in service provision is also a new addition to the revised Home and Community Support Sector Standard that was introduced in the 2008 revision of the Health and Disability Services Standards.

NZHHA will be running workshops for providers, funders and auditors in July on the revised Standard in Auckland, Wellington and Christchurch

# Human Rights Commission Draft Report

*Radio New Zealand recently reported on draft findings from a leaked report by the Human Rights Commission about equal employment opportunities in the aged care sector.*

The draft says thousands of mainly women are caring for older people in residential facilities and at home for barely the minimum wage and that the low wages and pay inequalities are an indignity that must be addressed.

Although the draft report did not include recommendations, the body of the report proposes solutions to address inequitable pay and conditions including a stepped increase in rates to achieve pay parity between support workers and hospital assistants.

This would be welcomed by NZHHA. There is also an urgent need to look at travel reimbursement, which is particularly stark in home support. For our workers, travelling by car from one house to another is essential to a service that supports people to live at home, but DHB rates include only a fraction of travel reimbursement.

The cost of travel in home care is a major issue of fairness that can be addressed through proper reimbursement by funders of travel at the recommended IRD rate.

The Prime Minister has acknowledged the disparity, but has said the government is not in a position to meet the cost. No one is more aware of the tough times we are in than our providers and their staff who are struggling to maintain services. But our people can't ignore the problem – they have to face it every day.

Home support providers are having to make decisions to cut training, and then supervision, which they know will further undermine workforce retention and put the quality of services at risk.

They are deeply concerned about how they will meet further increases in the minimum wage and an increase in Kiwisaver contributions next year. Workers face increases in petrol prices and in the cost of living, but our employers are unable to offer them guaranteed hours.

A comprehensive review of the pricing and workforce model for home support is needed in the longer-term. In the short-term we can't guarantee the sustainability of the services in several regions of New Zealand.

## Cool Tips for Winter Wellbeing



Age Concern has produced a new information sheet for older people on winter wellbeing, and is keen to distribute it as widely as possible. Preview a copy at [www.ageconcern.org.nz](http://www.ageconcern.org.nz).

Free copies can be ordered by emailing [national.office@ageconcern.org.nz](mailto:national.office@ageconcern.org.nz).

# Ministry of Health work on Quality Assurance and Services

*In 2010 the Ministry of Health began looking into quality assurance across the home support sector. The 2011 report by the Auditor-General confirmed what the Ministry had become aware of – that little is known about the quality or effectiveness of home support services because the means of data collection and monitoring is variable or non-existent.*

Policy officials at the Ministry of Health are now working on four inter-related work streams around quality assurance. These are:

- a plan for the transition from the current to the revised Home and Community Support Sector Standard (HCSS)
- a contractual requirement for DHB-funded HCSS providers to conform to the Standard
- a national cross agency audit framework for government-funded HCSS providers
- a national process for complaints management and consumer satisfaction for consumers of government-funded HCSS projects.

The objectives of this work are to provide a way to improve consistency and demonstrate quality across the home based support sector, as well as to improve public confidence in its quality through more publicly available access on provider performance.

A further aim is to ensure older people can voice their satisfaction (or dissatisfaction) with the HCSS in a safe and effective manner, and that the appropriate action is taken.

The Ministry also aims to reduce duplication of effort for funders and providers in terms of meeting accountability requirements (auditing).

A separate project within the Ministry is the development of a **Tier 2 national service specification**, which aims to improve outcomes for older people and those with chronic health conditions, and to increase

efficiency for DHBs and service providers by increasing national consistency in how services are categorised and quality and reporting requirements are specified.

The fact that it is Tier 2 indicates its position in a suite of national service specifications. The overarching Tier 1 service specification is for community health, transitional and support services. HCSS, specialist community nursing and allied health services are at Tier 2.

The Ministry recognises there will be regional variation in how services are purchased and/or delivered to enable ongoing innovation.

The Ministry has been working with DHB representatives to develop a draft service specification. All DHBs have been given the opportunity to comment on this.

The working group, now including NZHHA representatives, is considering DHB feedback and revising the draft specification.

NZHHA is taking part in the consultation, but we remain concerned that a costing of the service specification has not yet been done, particularly where new elements are being considered. As we have noted before, the range of rates across funders varies considerably, and many funders respond with a head in the sand approach to calls from providers to cost out the service they want to buy.

If elements such as specified levels of supervision and training, certification to the Standard and restorative care are going to be added into a service specification at a national level, or added on by funders after the national specification has been agreed to, then those funding agencies need to be crystal clear about what it costs to deliver those elements, and build that costing into their budgets.

The next step will be distribution of the draft for sector comment (e.g. service providers, consumer and advocacy groups) planned to commence mid May 2012.

# Measuring our mistakes

*In March 2012 the Health Quality and Safety Commission (HQSC) published its National Reportable Events Policy.*

A reportable event is one that has resulted in harm or could result in potential serious harm that occurs to any person as a result of any health care related process. It is a broad term that is categorised into serious and sentinel events. A serious event is one which has led to significant additional treatment and a sentinel event is life threatening or has led to an unexpected death or major loss of function. Falls were the most commonly reported serious and sentinel events in hospitals in 2009/10.

Reporting adverse events or incidents helps health services manage the risks of providing care. Incident management identifies problems and failures in the system so we can learn from them and prevent similar events from happening.

The HQSC has now started to work with community sector organisations to encourage the development of matrices of serious and sentinel events that are particular to each sector, and then to encourage reporting back to HQSC of any serious and sentinel events.

Matthew Pitt, Senior Advisor, Reportable Events with the HQSC gave presentations at the March Auckland Branch Meeting of the NZHHA and at a webinar in April.



A group of keen women in the home support sector are now working to develop a draft matrix of serious and sentinel events that is relevant to our sector, to talk about the issues around reporting these and about training or information that would improve our members' understanding of responding to, recording and reporting serious events.

Their initial thoughts will be circulated to NZHHA members in May for comment.



THE NEW ZEALAND  
HOME HEALTH  
Association Inc

The New Zealand Home Health Association Inc is the national body representing providers of home health care services, supporting them to achieve the highest possible standards.

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# ACC Review – All change

*Home support providers anxiously await the outcome of the Accident Compensation Corporation (ACC) service review for home and community support services (including child care).*

For providers whose work is predominantly funded by ACC, the loss of contract may mean the end of their business; others will have to substantially downsize, while some may continue to operate as sub-contractors.

ACC is trying to solve a problem of its own creation, where it had allowed unfettered access to the home and community market. The market was swamped with start up providers, as well as existing health or labour providers adding ACC provision to their suite of services.

There was considerable variability in the standard of care being delivered across New Zealand, and intense competition for clients and work in some services.

Following a consultative process, ACC developed a model that, among other things, favours national and regional service provision over multiple contract holders, combines contracted services across the suite

of home and community services and imposes higher quality standards via certification to the Home and Community Support Sector Standard, and via training.

The model has generated intense activity amongst the 86 providers who hold contracts with ACC, as it is likely that the number of providers holding contracts will reduce considerably.

ACC is currently considering the tender bids and is expected to shortlist this week or next.

It is yet to be seen what impact this service review will have on workforce and continuity of services.

Only a few providers have experience, for example, in dealing with implications of Part 6A of the Employment Relations Act, which has recently been applied to the home care sector. See *Vulnerable workers – the law and best practice* on page 7.



## Moving and Handling Guidelines for the Homecare Sector

*In 2011, while the Moving and handling people: The New Zealand Guidelines (March 2012) was being drafted, a group of home carers in Auckland met with several members of the Guidelines Panel.*

At these meetings, which were convened by Betty Jenkins, those representing home carers expressed concern that the *NZ Moving and Handling Guidelines*

did not address issues specific to moving and handling in home care.

Home carers and other support people often work in isolation and in non institutional settings. These carers experience different work conditions from those working in larger organisations and institutions.

Dr John Wallaart of ACC undertook to secure resources to enable the development of another guidelines doc-



ument for moving and handling people in home care. David Thomas and Yoke Leng Thomas are to oversee the development and writing of the document.

The overall purpose of the proposed home guidelines is to provide home carers with a range of options to address moving and handling issues they often face. It will address issues around health and safety for workers and clients, service issues, working with funding agencies and other relevant topics that home carers or clients raise.

Betty Jenkins has noted that, "the proposed guidelines should set best practice for home carers and our clients".

The new document will complement *Moving and*

*handling people: The New Zealand Guidelines* (March 2012) and extend those principles into home care services.

The outline includes sections on risk assessment, client mobility and care planning, equipment, accessing resources, staff training, communication, service agreements and possible future trends.

Anyone interested in commenting on or contributing to the guidelines should contact Yoke Leng at: [ylthomas@xtra.co.nz](mailto:ylthomas@xtra.co.nz).



## Conference 2013 – 11-12 April, Auckland

*The New Zealand Home Health Association conference has a new date of 11-12 April 2013.*



The plethora of conferences in related fields this year, and the great deal of energy and cost being incurred by providers in responding to various tender bids, convinced us to defer our conference for six months from the originally planned date of August.

Watch for more information to come out about this conference. Our first premier international speaker is Associate Professor Walter Leutz who will present by weblink.

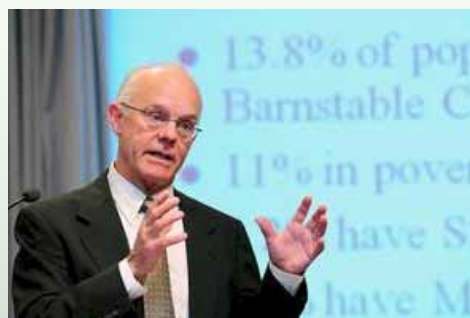
Walter Leutz is an Associate Professor at the Heller School at Brandeis University, MA. He is the author of perhaps the most well-known framework for health-related service integration.

Integration is a main theme of the conference, and we will be looking for presentations that offer insight into linkages, networks and coordination. Ideas include:

- healthy homes support healthy people
- living options

- consumer-directed services in disability and aged care
- social isolation and social networks
- supporting people with specific conditions (e.g. brain injury, diabetes, dementia)
- workforce – value, training, productivity, competencies, pathways
- assistive technologies
- choice and function
- people in context – culture, gender, religion, strengths and needs.

The NZHHA will call for abstracts in late May. Contact [info@nzhha.org.nz](mailto:info@nzhha.org.nz) if you want to ensure you are on the list to be contacted.



*Associate Professor Walter Leutz who will present to the conference by weblink*

# Vulnerable workers – the law and best practice

*Legal disputes last year in Canterbury, and currently in the Wellington region, have brought home support providers and funders face to face with Part 6A of the Employment Relations Act 2000. In this article, Hamish Kynaston and Joss Opie from Buddle Findlay provide information about the legislation.*

## Part 6A and home-based support services

Part 6A provides certain protections for all employees affected by a “restructuring” (e.g. a sale or transfer of a business, or the loss by an employer of a contract which means that its employees will not be required to do some or all of the work they did). The greatest protections, however, are for so-called “vulnerable employees”, which include employees who provide cleaning or food catering services.

Part 6A is relevant to home-based support services because support workers who provide domestic assistance (e.g. cleaning) are likely to have rights under it. This is likely to be the case even if these workers provide personal care or other services as well. In other words, a worker does not have to work only as a cleaner to be covered. It is enough if he or she provides some cleaning services.

## Part 6A rights

When a restructuring occurs, vulnerable employees have a right to transfer their employment to the employer who will be responsible for the work these employees did for their previous employer. They also have the right to transfer on the same terms and conditions, to have their service treated as continuous, and to have the new employer recognise their accrued entitlements, such as to holidays and sick leave. If the new employer makes these employees redundant following the transfer, they are entitled to redundancy entitlements (unless their contract with their current employer provides otherwise).

The Part 6A rights will come into play whenever a provider of home-based support services loses or wins a contract following an RFP. Where a contract is lost, the support workers who provided cleaning services are likely to have the right to transfer that part of their employment to the new provider (i.e. the provider that will be responsible for that work going forward). If the new provider does not need any of the workers who decide to transfer, the new provider will have to



Hamish Kynaston



Joss Opie

*Hamish Kynaston is a Partner and Joss Opie is a Senior Associate in Buddle Findlay's employment team. They have advised on and assisted in resolving Part 6A issues in two recent home support RFPs.*

go through a redundancy process with them. It may also have to pay them redundancy compensation and any accrued entitlements.

Note also that, if following an RFP, the work is going to be shared between multiple providers, the workers are likely to have the right to transfer part of their employment to each provider. For example, if a worker has provided services to three clients, and, following an RFP, each of those clients is allocated to a different provider, the worker may have the right to transfer one third of his or her employment (and associated entitlements) to each of the new providers.

## Alternative arrangements

Complying with Part 6A in the context of home-based support services can be complicated. This is particularly so where there will be more than one provider following an RFP, and it is not clear which provider is responsible for taking on which workers. Because of this, the best way forward is likely to be for incoming or continuing providers, outgoing providers, and the workers to reach alternative arrangements which ensure a smooth transition of the clients and avoid any interruption to service delivery. Such arrangements are expressly allowed under Part 6A (between the workers and their current employer, but other providers may assist in this process). In order to

achieve this, however, advance planning is required.

### Planning ahead

When tendering for contracts, and where possible, providers should inform themselves about what their liabilities for transferring workers may be if they are successful (although this may be difficult in some tenders where there is a large number of incumbent providers). A request for this information can be made under Part 6A.

They should also have an understanding of how many additional workers they are likely to require, and what they can offer to assist in the negotiation of alternative arrangements between workers and their employer.

If the obligations of incoming and outgoing providers regarding vulnerable workers are not covered in the services contract, RFP or other documentation, providers may wish to raise this with the funder of the services. The funder could include requirements that providers will cooperate to effect an orderly transition (including complying with any process for

the allocation of an outgoing provider's clients), will share information about their workers (e.g. which clients they work for and their entitlements), and that outgoing providers will compensate incoming providers for the costs of transferring workers' entitlements, such as annual holidays.

Having these obligations addressed in the contractual and RFP documents may achieve greater certainty, although issues may still arise. We note also that the current legal dispute in Wellington may result in greater clarity around providers' obligations to transferring workers, if that dispute is resolved by an authoritative interpretation of the law by the Employment Relations Authority or Court.

In any case, it is important to be proactive. In the absence of alternative arrangements, successful providers may have no control over which workers transfer, or the terms and conditions those workers bring with them. They may also end up in costly litigation over who carries the cost for workers' entitlements.

## Wendy Hawkings QSM, ONZM

*Congratulations to Wendy Hawkings, Chief Executive Officer of Rodney North Harbour Health Trust, who received the New Zealand Order of Merit for services to health in this year's New Year Honours.*

Mrs Wendy Hawkings established the Rodney North Harbour Health Trust from her home in 1977. The Trust has now grown to cover an area from the Auckland Harbour Bridge to Whangarei, and it employs 723 full and part-time people.

It developed a pilot funding programme in 1987 which now has nationwide application for the provision of home care services.

The Trust has been innovative in its approach to in-home care so that patients do not need to be in rest homes or hospitals.

Mrs Hawkings is the Chief Executive Officer of the Trust, her involvement spanning 33 years. The Trust has been recognised for the number of its employees who are furthering their education by studying for a national certificate in community support services. Much of the Trust's success is attributed to Mrs Hawkings' leadership and her compassion for the



*Wendy Hawkings receiving the New Zealand Order of Merit from Governor General Sir Jerry Mateparae*

Trust's clients.

Mrs Hawkings was a recipient of the Queen's Service Medal in 1998 and is a Justice of the Peace. She was also instrumental in the establishment of the New Zealand Home Health Association.

Wendy says her award is "for all the staff (both past and present) at Rodney North Harbour Health Trust. Their effort has made this award possible".



# Making a *Pacific* difference

*In 1988 three Cook Islands mamas voluntarily raised funds by making and selling tivaivai (Cook Island bedspreads) in response to a demand from an ageing Pacific population.*

Today, Pacific Homecare is a charitable trust with 265 paid staff providing home-based health care services throughout South Auckland to the disabled and elderly Pacific communities.

At the heart of the organisation is the vision of “healthier communities through love, care and professionalism”.

Cultural appropriateness and responsiveness underpin all Pacific Homecare activities and planning. Pacific Homecare applies a holistic approach to health and wellbeing which encompasses the physical, mental, cultural and spiritual dimensions of their diverse client base.

Clients are matched with support workers who can provide their cultural, language, dietary and faith based requirements wherever possible.

Over the past 18 months Pacific Homecare has responded to the changes and challenges within the sector by implementing major initiatives. We have increased the training and development of our staff to be the very best they can be by:

- reorientation training for every staff member to ensure our organisational culture is strengthened and captured through our shared vision, objectives and values
- partnering with *The Learning Wave* to deliver *Everyday Leaders* training to improve coordinators' line-management skills; developing the capabilities within the Administration Team through *Driving Excellence* training; and raising the baseline numeracy and literacy of 70 support workers through the *Pacific Pathways* programme to assist them in participating in further qualifications. English is a second language for 90 percent of staff
- raising the throughput of our support worker training in Level 2 and Level 3 NZQA Community and Services certification by 300



Pacific Homecare

percent this year

- meeting community needs by introducing client workshops on topics such as autism, stroke, paralysis, intellectual disabilities, epilepsy and cerebral palsy.

We have also introduced some important technology initiatives to build a strong foundation for growth, E.g:

- implementing cloud technology to enable workforce mobilisation. This allows coordinators to review and report upon changing client needs in real-time while improving the quality of service delivery out in the field
- implementing Voice over Internet Protocol (VoIP) to reduce telecommunication costs and provide capability for future scalability
- automating timesheets and mileage payments through the deployment of EziTracker and MapCheck technology to increase support worker accountability, productivity and accessibility.

We have celebrated our journey in making a Pacific difference with an official opening of our cool new offices, an end of year Christmas party and graduation, a rebranded newsletter, an inaugural Round the Bays event and Employee of the Month awards.

What's important to Pacific Homecare is that you join with us in our challenges of serving a growing multi-cultural society within New Zealand. Next time you're in our 'hood pop in for cuppa.



*The 2012 Pacific Homecare Round the Bays team*



## Professional Development in Healthcare

Enhance your professional credentials and expertise through the following accredited courses designed for people with knowledge, vocational training and experience in the healthcare sector.

### Healthcare Auditor Course

This popular course covers the principles and practice of managing and performing audits in the healthcare sector and meets the entry requirements for the Healthcare Auditor Accreditation Programme.

**NZQA Unit Standard 8086 (level 4) accredited** – *Demonstrate knowledge required for quality auditing.*

### Quality Management in Healthcare Course

Understanding quality management principles and their practical application and applying quality improvement in a healthcare setting.

**NZQA Unit Standards 8085 (level 3) accredited** – *Demonstrate knowledge of quality and its management.*

### Internal Audit Courses

We also run short courses in-house by arrangement. The two-day course is a shortened version of the Healthcare Auditor Course and is not NZQA Unit Standard accredited. Each course is tailor-made around your organisation's quality standards.

For more details visit [www.haudit.co.nz](http://www.haudit.co.nz) or email [haudit@ihug.co.nz](mailto:haudit@ihug.co.nz).

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