

NZHHA NEWS



Issue 31 – April 2011

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Whole Lotta Shakin' Going On!

by Julie Haggie, Chief Executive Officer, NZHHA



Photo courtesy of WeatherWatch.co.nz.

Our friends and colleagues in Christchurch have had such a dreadful start to the year.

Since February 22, managers, coordinators and support workers have had to leap numerous hurdles to ensure clients were accounted for and safe, and to keep services operating. Damaged offices, broken and closed roads, variability of amenities such as phones, water and sewerage have been some of the logistical problems, not to mention the loss of friends, destruction to their own homes and violent disruption to their normal lives.

Immediately after the quake Christchurch providers worked together, meeting each day, allowing for a central point of referral for the Needs Assessment and Service Co-ordination Service (NASC), as well as for ACC and the Ministry of Health (MoH). Access was ready to make its training room available for use by other providers. In response to the problems of damaged roads and phones, providers and community support workers had to think of innovative solutions, such as sharing workers across areas.



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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Obviously support workers had a critical role in checking on their clients, but also in assisting them to get their houses back in order, and to manage without running water or electricity. In many cases families uplifted their relative and could not easily let the carer know, this was anticipated from the September quake. Providers have also been supporting those discharged from hospital.

The Canterbury DHB and ACC also recognised the need for providers to react quickly and differently, and responded more flexibly with fee payments. NZHHA advocated to all funders for a flexible response to payment processing and the recognition of the additional fuel and telephony costs.

The tough job continues for our Christchurch colleagues. As Ray Lind of Healthcare of NZ commented, "We have finished the sprint and are now running the marathon."

The marathon will include home support providers having to respond to the likely increase in numbers of elderly needing home support because of the dire state of residential and hospital bed capacity in Christchurch. The number of residential beds in the area has been reduced by around 400, and secondary care bed capacity has been reduced by over 100.

Families who have taken their relatives home rather than having them evacuated are becoming stressed, and there is no bed capacity to maintain normal access to respite care. The arrival of winter will exacerbate health issues and place additional loads on the whole health system in Canterbury, as its citizens live with damaged housing and loss of personal income.

Canterbury DHB has developed a recovery plan which calls for a move towards a more effective and efficient integrated health system focused on the patient, their family and based, where possible, in the community.



Registrations are now open for the NZHHA 2011 Conference (3-5 August, Wellington).

A draft programme is now available on our conference website. We are going to have some very interesting and challenging presentations.

Gerald Pilkington, former National Lead for Homecare Re-ablement, Department of Health, England. Gerald will outline the progress and evidence base behind the implementation of homecare re-ablement services across England.

Drawing from his work with services over five years he will set out the benefits, both quantitative and qualitative, the lessons learnt and future opportunities.

'Re-ablement' consists of early intensive intervention to support people to regain/retain independence, which is being shown to reduce the need for ongoing home support.

Phillippa Smith, Deputy Auditor-General, will

speak about the Office of the Auditor General performance audit on home based services, which is due to be published just prior to the conference.

Tania Thomas, Deputy Health and Disability Commissioner (Disability) will talk about person-centred care, outcomes based services and complaints handling.

Phillip Patston will give food for thought on diversity. We are also firming up keynote presentations on case-mix funding, nursing oversight, crisis management, measurable outcomes and results based accountability.

We are still open to receiving abstracts for individual and concurrent sessions, and will accept those until 30 April 2011. The conference website is available at www.nzhha.org.nz/conference. The MC for the conference will be the wonderful **Ginette McDonald**.

CREST – Early Supported Discharge Service Commences in Canterbury

An early supported discharge service called CREST – Community Rehabilitation Enabled Support Team – started on 4 April with three contracted providers: Healthcare of NZ, Access and Nurse Maude.

The service will support over 3000 clients per year who will be discharged early from hospital. It has been set up quickly due to the lack of residential and hospital beds following the Christchurch earthquake.

The aim of the service is to prevent avoidable hospital admission from general practice and emergency departments by providing a responsive assessment and short-term period of intensive home based support to clients who would benefit from a rehabilitation approach (as opposed to those who only need a shorter term acute demand response). Similar international ‘enablement’ models show improvements in client recovery and reduce long term support requirements and entry to residential care.

Each client receives an individualised programme of health promotion, with particular emphasis placed on the role of fitness and the prevention of physical decline.

The clients’ GPs are informed of the outcome of the programme and follow up community programmes may be suggested. The CREST team will work with other medical services such as GPs, Older Person’s Health Specialist



Photo courtesy of Dreamstime.com.

Service, and community pharmacists, and will provide and co-ordinate continuing clinical assessment during the 2-6 weeks of the CREST programme to ensure recognition of any need for change in nursing or medical treatment.

The contract includes providing education for the clients, carers and family regarding health promotion and injury treatment.

In relation to supported discharge the CREST team will provide seven day support for clients on discharge from hospital until they are able to live independently, and facilitate the smooth transfer of clients from the emergency department to the community, by identifying and resolving issues as they arise.

The CREST teams will provide a referral assessment treatment and rehabilitation service for GP teams where a frail older person is recovering from an acute illness treated at home and is in danger of escalation to rapid decline and acute admission.

The service is also expected to support, promote and enhance opportunity for Whānau Ora.

Home and Community Support Sector Standard Review

The Home and Community Sector Standards Review Committee has met twice since February and is on track to have a draft standard ready for public consultation in August 2011. The timeframe for completion is March 2012.

The Committee is very representative and includes people from a range of home based support providers, funders, auditing agencies, professional bodies and consumers, and there are some very robust and healthy debates occurring.



THE NEW ZEALAND HOME HEALTH SECTOR

MAKING THE MOST OF HOME SUPPORT SERVICES

In late March NZHHA released Making the Most of Home Support Services which paints a picture of a sector that is fragmented, unregulated and chronically under-funded.

The report proposes a series of urgent actions that are needed

Over the last 10 years the home support sector has experienced considerable changes.

- Client numbers have changed.
- More clients getting home support have higher health needs than in the past (because more are remaining at home rather than shifting into residential care facilities).
- Home-based care is being used to support post acute care recovery and rehabilitation, chronic disease management and palliative care.

We are now at a crossroads in terms of the viability of these valuable services. To date investment in home support has been reactive with little strategic intent.

There have been (and still are) few controls on the quality of service. Multiple funding and contracting arrangements have resulted in inconsistencies in service delivery and pricing arrangements.

The service is now under threat, as a result of years of marginal funding, the addition of contract requirements (training, clinical oversight) and increasing external costs, e.g. fuel. NZHHA fears that a number of providers will shut up shop over the next two years, reducing choice, particularly in smaller communities.

We are also worried that, without decent investment in the sector, more clients will be faced with less support of lower quality.

Our workforce is the mainstay of the service. ninety-five percent are women and most are working part time hours close to the minimum wage.

Although many of our members try to support their staff to get the basic training, 61 percent of community support workers still have no qualification.

Staff are the key resource for providers and to retain them providers need to be able to offer incentives for training, more security in terms of hours of work, and a career pathway.

With better trained and more satisfied staff, and more realistic funding, there is the potential for the home and community support sector to offer a broader range of services in the community, acting as a bridge between primary and community care, and reducing demand on

secondary care and specialist services.

NZHHA is calling for:

- mandatory service quality standards for all home support providers
- minimum training depending upon the service provided
- standardisation of contract documents and purchasing frameworks
- better research into, and support and training for workers dealing with complex care needs
- more realistic payment for services
- involvement of providers in interdisciplinary teams and in strategic planning
- research to measure the economic contribution of home support services and to quantify the needs of those living at home now and in future decades.

The report has been widely distributed and is already attracting comment and generating discussion.

An electronic copy is available on the NZHHA website at www.nzhha.org.nz.

New Model for Disability Support Services

The Ministry of Health has started its project to develop a new model for disability support services:

www.inclusionaotearoa.co.nz/the-new-model

www.moh.govt.nz/moh.nsf/indexmh/disability-keyprojects-model.

The new model aims to improve the way disabled people get information and individual support through Local Area Coordinators, to move towards allocating funding rather than types and levels of support, and to give more choice and control to people regarding the support they buy.



The Western Bay of Plenty has been chosen as the first place to demonstrate how the new model might work and Inclusion Aotearoa is supporting the Ministry in the demonstration project. A Reference Group is being established.

Office of Senior Citizens Web-based Reporting Process



The Office of Senior Citizens has developed a web-based reporting process for positive ageing, as part of its Positive Ageing Strategy.

The site offers a database of activities, initiatives and policy work, and sets some indicators for achieving the goals in an effort to measure progress over time. The site also offers some useful statistical information on the ageing population. To find out more go to www.msd.govt.nz, click on Seniors and then Positive Ageing on the left hand menu bar.

An example of statistical information is regarding the economic contribution made by older people to our society. New Zealand has one of the highest employment rates of older people in the OECD. Among 65–69 year olds in 2009, New Zealand's employment rate of 34 percent was nearly three times higher than the OECD median of 12 percent, and considerably higher than the rates in the United Kingdom (18 percent), and Australia (24 percent).

Skills Strategy



During February and March NZHHA accepted a contract from Careerforce to undertake a skills strategy. The aim was to develop an understanding of the skill needs of the home support workforce over the next three years.

This has three main uses: it will feed into Careerforce's overall understanding of skill needs and its responsibilities to Government, it will inform NZHHA as it raises issues around training and workforce needs, and it will assist members to benchmark the training levels and needs of their own staff against others in the sector.

NZHHA contracted with Quigley and Watts to develop the strategy, and this included undertaking a survey of members on training data and needs analysis, as well as talking in more depth with individuals from member organisations, user groups and funders. The survey generated information that we knew but now have confirmed.

- The community support worker workforce is 95 percent female working an average of 21 hours per week.
- Seventy-five percent of the workforce are over 36, and 9 percent are over 65. Pacific people are over-represented in the

workforce (18 percent of all community support workers are Pacific compared with the general population (6 percent).

- Eighty-six percent of all employees in the home and community sector are community support workers.
- Sixty-one per cent of community support workers have no formal qualifications while 31 percent hold the National Qualification in Community Support Services (Foundations Skills). This level 2 qualification is at entry-level and recognises the knowledge and skills required of support workers during their induction into work in a health or disability setting. A further 12 percent are studying towards the Foundations Skills qualification and 6 percent are seeking to gain Level 3, which is the National Certificate in Community Support (Core Competencies). This qualification recognises the industry generic knowledge and skills required of support workers working in a health or disability setting. One company had half its staff studying towards level 2 qualifications.
- The proportion of workers with formal qualifications varies from 42 percent to 97 percent.

- For the home support coordinators, six of the eight organisations had all staff members with at least one qualification.

Future needs for community support workers that were identified by those who took part in the survey and the discussions include:

- literacy and numeracy
- improved understanding of their role in complex client care: dementia care, palliative care, medication supervision; post-hospital attention; improved knowledge of safe handling techniques, hoists and equipment; autism; PEG feeding; stoma and catheter care; disability care etc.
- dealing with increasingly complex clients, and knowledge of how to link into allied health professionals.

Only one action needed was reported by multiple respondents and was the most often reported statement throughout the survey:

- DHB, Ministry of Health and ACC funding models are driven by payment per unit delivered which offers no incentive for trained staff. There is also no regular or ongoing recognition/contribution for funding trainer payment or staff training time. This is true not just for community support workers but all types of workers. This needs to be addressed in funding models and providers need to be speaking with a single voice on this issue.

Skills Highway Tools for Employers

The Department of Labour has developed a skills site providing assessment and measurement tools to assist with numeracy and literacy training.

www.skillshighway.govt.nz

People with gaps in core skills such as reading, maths and communication are often valued employees. They have difficulties, but this doesn't mean they're unintelligent or unmotivated. They may be hardworking and loyal, but their difficulties will make it hard for them to get ahead and hard for businesses to achieve best performance.



The Department of Labour website is designed to help employers understand the issue and find effective ways of improving core skills for employees and lifting their organisation's performance.

The site offers assessment and measurement tools, case studies and suggestions about making literacy more effective in the workplace.

A skills gap indicator is provided to help you identify possible issues in your employees' reading, writing, maths and communication skills. There is also a process chart for setting a process in place to improve core skills.

Guidance Aimed at Aged Care and Disability Support Workers



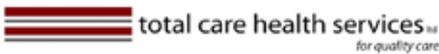
The Health and Disability Commissioner has published two new guides. The first, *Making it easy to put the Code in Action*, is a practical guide to support workers from the aged care and disability sectors. The guide aims to give practical advice about the rights in the Code with a special focus on the aged care and disability sector.

The second guide, *Making Communication Easy* contains practical tips to make it easy to communicate effectively with people with impairments. This guide provides a list of outdated and offensive words and provides impairment-specific communication strategies.

The guides are available at www.hdc.org.nz/publications/other-publications-from-hdc/disability-resources.

Member Profile: Total Care Health Services Ltd

The TCHS admin team with owner Lynn Stuart (second from left at the front). Sally Fisher (owner) is absent.



There's no such thing as a typical NZHHA member organisation. There are common elements, such as, obviously the provision of home support, but there is just as much diversity in areas such as ownership, service range and philosophies of care. We will include a profile on a member business in this newsletter. This time it is the turn of a relatively young service: Total Care Health Services Ltd (TCHS).

TCHS' Vision is to be the first choice in health providers delivering total care for the mind, body and soul. TCHS' mission is promoting recovery and independence to enable people to live a fulfilling life of their choice.

Homecare is one of a range of services provided by TCHS which also provides companion care, ACC nursing services, private nursing services, education for health professionals, workplace medical checks, cosmetic injectables and footcare services.

The private business was set up in 2007 and is directed by Sally Fisher and Lynn Stuart (both registered nurses). It employs a team of experienced and specialist employees who provide services on a 24/7 basis. TCHS has an established client base and reputation as an excellent provider of health services. Its vision is to be the first choice in health providers delivering total care for the mind, body and soul.

Across the whole business TCHS has a large team of registered nurses and support workers who provide nursing services, home and community support and primary health education in the

community to over 500 clients at any given time. Community Nursing and Homecare Services provide an afterhours service including weekends and public holidays. TCHS Homecare Services is contracted to provide home-based support to clients from Whangarei through to Hamilton, and provides support to all areas of the Auckland area. Mainly contracted for ACC serious injury and non-serious injury clientele, they also provide private support. TCHS supports staff to complete the National Certificate in Community Support Services qualification (NZQA).

TCHS has a Nurse Education Centre (NEC) led by Prue Lennox, Education Manager. This centre provides education and training for primary health professionals, TCHS community nurses and support workers. Prue has worked in the UK and Australasia as a Clinical Nurse Specialist and Medical Affairs Manager including the development and facilitation of medical education to over 10,000 clinicians in Scotland and Ireland. The NEC offers training on a range of subjects such as casting workshops, IV cannulation, wound care, CPR, mental health and Careerforce training for support workers.