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New Zealand Home Health Association Newsletter
Issue No 34 - November 2012

Squeeze, Stretch & Flex

NZHHA Home and Community Conference 2013

The New Zealand Home Health Association Conference 2013 is shaping up to be another excellent Association event.

There are three streams:

- Integration and flexibility
- Workforce and future planning
- Outcomes and measures

The conference programme will focus on questions that challenge providers, funders and service users.

- The government wants service integration - what does that mean for home and community agencies?
- Are we responsive to client need, What about choice, cultural context, and independence?
- Service models are changing, and there is pressure on the public purse – what are the implications, what is the future?
- How can we value our workforce?
- How do we know that our work is effective?

Invitations are open until 30 November for the submission of abstracts. Visit www.nzhha.org.nz/conference2013.

Confirmed speakers include:

Dr Kevin Woods, Director-General of Health, who will give the opening address.

Associate Prof Walter Leutz PhD, MSW, BA (by videoconf) on integration. Walter Leutz wrote a seminal article on Integration: 'Five Laws for Integrating medical and social services.'

John P. Hirdes, PhD, is Professor, Ontario Home Care Research and Knowledge Exchange Chair, Dept Health Studies & Gerontology, University of Waterloo on Interrai.

Sandra Hanmer , MHSc, CHE. CEO, Healthcare of NZ and member of the NZHHA Executive. Sandra will reflect on New Zealand and Canadian home support services.

Te Radar (Andrew Lumsden) is the MC for the conference.

www.nzhha.org.nz/conference2013/

A fierce wind

After an extensive consultation and tendering process, the Accident Compensation Corporation's decision in August to reduce the number of contract holders from 86 to 6 swept a bitter wind through the home support sector. ACC had clearly indicated its intention to reduce provider numbers, in its efforts to "better align the service to its overall strategic direction: improved client outcomes, enhanced service quality, closer supplier relationships and more sustainable levels of business for suppliers"

Reducing the number of providers will also reduce the number of interactions that ACC needs to have around referral, quality control, outcomes and administration. The responsibility for those interactions has now shifted to the contract holders, with KPIs and benchmarking driving performance.

There are four national providers: Healthcare of NZ, Access Home Health, Geneva Healthcare, Medibank. Two others hold regional contracts: Presbyterian Northern (Auckland/ Waikato) and Royal District Nursing services (Auckland).

What happens to the other 80? Two of the largest privately owned providers (McIsaac Caregiving Agency and Panacea Healthcare) have been bought by Healthcare of NZ. Some providers have already left the industry, and we can expect to see further change and amalgamation over the next 12-24 months.

Most are now sub-contracting to one or more of the lead providers. They pay a percentage of the contract rate as an administrative fee, and the contract holder is their point of contact for referrals, quality assurance and payment. This is presenting new challenges for both providers and contract holders. In the future there may be opportunities to innovate. For now folks are focussed on staying upright.

Many providers hold contracts with a range of funders (DHB, Ministry of Health, ACC, MSD, private), but funding has been tight across all of these streams. A Service review by Capital and Coast DHB last year, and one currently underway by Southern DHB have/are also reducing contract holders. Not suprisingly, the process has been particularly stressful for managers.

It is still early days and it isn't clear what the impact has been, or will be, on clients. Providers and ACC were very keen to ensure a smooth transition.

Paying family carers

The Ministry of Health is consulting on 'Paying Family Carers to Provide Disability Support'. This comes as a result of court action by family carers. The court decision was that a blanket policy of not paying family carers for providing home and community support to their disabled family members is discriminatory under the New Zealand Bill of Rights Act.

The Ministry needs to have a working policy by May 2013 to avoid further legal action. The policy has to be palatable to carers and disabled people and be legally sustainable, whilst also restraining expenditure and mitigating risks. That's a challenge!

Any policy will likely challenge for Home and Community Support providers holding Ministry of Health contracts, since it was the restriction under this funding pool that was challenged.

It isn't clear what level of take up there will be, but use of current versions of Individualised funding, family care payments and the carer support allocations under ACC and MoH indicates that many disabled people are keen to have their paid care provided by a famiy member. It may also offer some disabled people living in residential facilities the opportunity to move into homes with family paid support, or with a combination of family paid and agency paid caregivers.

NZHHA thinks that any policy should aim for paid family carers to fit into current funding and service models that involve wage payments to workers, such as Individualised Funding and/or employment of family carers through HCSS agencies.

The consultation document asks what level of support families should be expected to provide unpaid, and to what extent, if any, limits should be put the level of paid family care that is allocated and the rate they are paid.

NZHHA thinks that Needs Assessment Agencies should determine, working with the disabled person, the level of support need and the allocation available, and what option might suit the disabled person best. This could be Individualised Funding controlled by a family member, employment of the family member through an HCSS agency, or a combination of paid family and non-family caregivers.

Forcing a set rate for family carers could perpetuate inequity. We think a balanced approach is needed that takes into account leave, superannuation, training, qualifications and quality assurance.

There is also the issue of accountability. A range of views was expressed at the consultation meetings about the level of quality assurance and auditing that should occur - from a 'hands off the family' approach at one end, to compliance with Standards and auditing at the other. NZHHA is of the opinion that where public funding is provided

Paying family carers cont..

for services, then there needs to be accountability, both around quality of service and around appropriate use of funds. Home health agencies experience rigorous auditing on a regular basis.

Any payment system needs to have checks and balances, to allow for flexibility and trust where appropriate, but also accountability. Allowing family members to be employed through an agency would contain the risk of inappropriate behaviour or use of funds, both of which do occur, despite good intentions by good people.

No matter what form of payment system is adopted, NZHHA thinks that more resource is needed to assist transition. We support the use of independent advocates and/or a mentoring process. We also think that a dispute and mediation process is needed to allow for low-cost resolution of lower to medium level disputes about assessments, allocations and complaints. Enhanced respite is also needed, so that the choice for family paid carers is supported.

The consultation document notes that the court decision has implications for the 'wider base of family members providing support, (such as those providing support for older people receiving district health board funded supports). It is envisaged that this policy development will establish a framework that will be relevant for other groups.

The consultation document is available at the Ministry of Health Website. Submissions are due Tuesday 6 November 2012.

Service specification on hold

In 2011 the Ministry began redrafting the National Service Specification for Home and Community Support Services. NZHHA was invited to the table this year and there has been some good collaboration on the content. The aim is to have a specification that reflects the range and level of services being delivered.

Unfortunately there has been little discussion about how the application of the service specification could be funded across New Zealand. Significant variation in rates across DHBs mean that there is a widening gap between areas where the improved services can be afforded and those where to a greater or lesser extent, they cannot.

Alarmed that some funding agencies wanted to use the 'draft' service specification in service contracts, NZHHA had no option but to withdraw from further consultation on that service specification. We are instead working with funders towards the development of nationally consistent costing methodology.

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***Purpose**: Growing and strengthening providers of home and community services*
***Vision**: Quality home health and community support services*

Standard now required

The Government's decided last year to require home support providers to meet a minimum standard of quality. All organisations with a home support contract through a District Health Board, the Ministry of Health Disability Support Services or Accident Compensation Corporation have to be certificated to the Home and Community Support Sector Standard by September 2013.

The requirement sits under contract rather than under law (as with other health services), but it is a good first step. We have reached a milestone in community care, and NZHHA acknowledges the many people and organizations who advocated for the minimum required standard .

For the public, this change will offer more assurance that a homecare provider has met a benchmark of quality. Audit report summaries will be publicly accessible online and funding bodies will be able to access certification reports, reducing duplication.

Auditors assess against a range of criteria under the headings of consumer rights, organisational management, human resources and service delivery. Certification runs on a three yearly audit cycle with a mid point shorter audit, and monitoring to correct outstanding issues.

The revised Standard places more emphasis on outcomes for the consumer, and includes elements that bring it in line with new service requirements such as an increased focus on promoting independence. It also reflects increasing complexity of need in the community through the addition of criteria for skin integrity, nutrition, infection control, challenging behaviours and medication management.

A Ministry of Health project has established transitional arrangements and audit requirements to ensure greater levels of audit consistency. It is now working on ways of ensuring that clients have more information about, and easy access to, complaints procedures.

The project also had the aim of reducing unnecessary auditing by encouraging funders to align or combine their contract audits with auditing against the standard. Until now most funders have not actually seen certification reports. The elevating of the Standard offers the opportunity for joint discussion and cooperation to support ongoing quality development.

Providers not currently certificated to the Standard have some work to do to meet the September 2013 deadline.

In July NZHHA hosted a series of seminars in main centres on the requirement to meet the Standard, the transition and implementation process. They included presentations from the Ministry of Health and from auditing agencies, as well as NZHHA. They were very well attended by a range of providers, consumer advocates, DHB staff, auditors and needs assessors.

The seminar presentations are now available on our website.

Caring counts and costs

The Equal Employment Opportunities Commissioner hosted a 'Caring Counts Summit' in Wellington on 3 October. This aimed to identify actions that leaders within the aged care sector could take to further progress the recommendations in the Human Rights Commission's 'Caring Counts' Report.

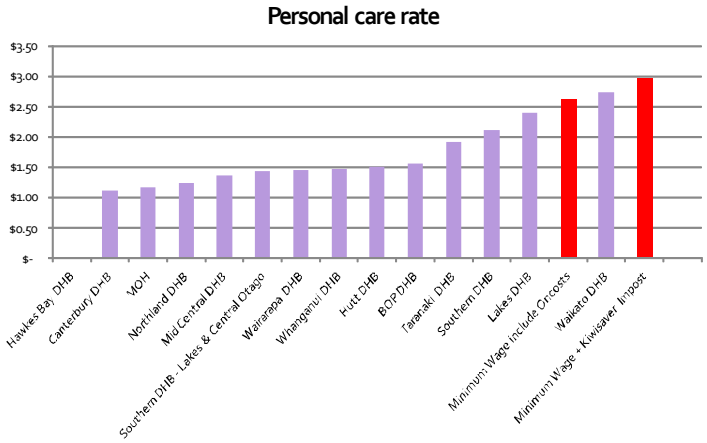
At the forum there was a general willingness of parties to work together, agreement on transparency in matters such as pay rates and travel policies.

The Commissioner has obtained a legal opinion regarding the payment of at least the minimum wage for time spent travelling between clients in the home support sector, and this is now available on the Commission website.

As a matter of information travel time has not been funded by District Health Boards nor by Ministry of Health Disability Support Services, other than in rarely applied situations. ACC is the only funder that reimburses travel time, at half the minimum wage rate. We envisage that any legal challenge on this topic would have to involve the relevant funders.

Partial reimbursement for vehicle use is paid across NZ, but the amount varies across the country according to the rate paid by the DHB and the travel policy in place. A 'Fair Travel Policy' was implemented in 2006, which was designed to partly cover the vehicle costs of the support workers, but it never addressed travel time between jobs. Even then, the funders acknowledged that the policy was only a step towards covering travel costs.

Our members want to be able to offer workers more surety around hours and payment, but most are only paid for service delivery, and that rate varies across New Zealand, with a 29% difference between the top paying funder and the lowest. Funding generally has not kept pace even with minimum wage increases (see table below). The sector desperately needs a funding framework that provides more consistency in payment and service expectations across the country. Providers also need funding models that offer the flexibility to recruit, retain, and make best use of their workforce, and this includes a viable, fair and consistent approach to travel costs.



Summary by DHB/MoH Funder Increases compared to Minimum Wage Increase 1007-2011. (Funders involved in bulk funded not included).

35 years in home care Trish Neal reflects

Trish with Hon Tony Ryall at NZHAA Conference 2011

In August Trish Neal stepped down after six years as Chair of the Association. Trish has been involved since the Association's incorporation in 1993. She was elected by the wider membership as Vice President in 2000, and was elected by the Executive Committee to the role of President in 2006.

Trish began her health career as a nurse in New Plymouth, more years ago than she wishes to reveal. In 1977, her purchase of the Auckland Nursing Bureau brought her into home care, and she also owned and operated a small aged care facility for twenty years. In 1988 Trish rebranded the bureau, subsequently growing Panacea to be one of the larger providers of home support in New Zealand, specialising in serious injury support, nursing and short term care. In 1998 Panacea gained ISO certification, and in 2004 it was one of the first agencies to be certificated to the Home and Community Sector Standards. Trish sold Panacea to AWF in 2010, and the business has since been bought by Healthcare NZ.

Trish has always taken an active interest in sectors that she has worked in, having also been President of North Shore Branch of the NZ Nurses Association for a time. She got involved in the NZHHA because she wanted to influence in the way early contracting occurred in home care services, to ensure a focus on client needs.

She brought to the role of Chair of the New Zealand Home Health Association her business acumen, as well as considerable mana and leadership skills. Along with other committee members Trish pushed hard for mandating of the Home and Community Support Sector Standard and is happy that it is now a requirement (see page 5). She is also proud of the work done by the Association to lift its profile. The views and involvement of the Association are now regularly sought on issues such as contracting, quality and workforce.

Trish reflects that some of the major changes that she has seen in home care during her 35 years in the sector include:

- the acuity of clients managed at home is much higher than it was. She reflects that in the past clients with very serious injuries had a life expectancy of around nine years, now they live much longer. This raises additional challenges, as disabled people, their families and carers are also living with age related issues arising out of serious injury and disability.
- people with disabilities have more opportunity to live in their homes now than when she first started working in the sector, when institutionalisation was the norm. More disabled people are able to live in

communities with a range of injuries and disabilities, and this has normalised disability to some extent.

- Trish has seen major changes in contracting and more recently in the rationalisation of contracts. Trish reflects that it would be impossible to set up in business the way she set up 30 years ago. There are not only more compliance requirements, gaining a publicly funded contract is much more difficult.
- The development of 'fit for purpose' qualifications is a significant change, that has the potential to enable providers to attract, reward and retain staff.

Trish is admired for her ability to sees both challenge and opportunity in any situation. She identifies adequate funding to support workforce training and retention as being the largest challenges. She sees opportunities for providers to offer or facilitate a wider range of community care options and to increase their use of technology.

Election of Executive Committee, Chair and Deputy Chairperson.

At the end of August, the NZHHA Election saw some changes in the composition of the Executive Committee.

Those leaving were Kent Youard (Access HomeHealth), Rod Watts (Presbyterian Support Northern, Trish Neal (Panacea, Chairperson) and Liz Goldie (Healthcare of NZ).

Newly elected are; Sandra Hanmer (Healthcare of NZ), Pete Carter (Rodney North Harbour Health Trust), Glenys Tremain (Pacific Homecare), David Chrisp (Access Homehealth).

At the September meeting of the Committee, The chair and Deputy Chair were elected.

The eight members of the Committee for 2012-13 are:

- Andrea McLeod (Chairperson), Manager, Health and Disability Services, LIfewise
- Nicola Turner (Deputy Chairperson), Manager, Community Services, Presbyterian Support Central
- John Wade, CEO Iris Ltd
- David Chrisp, General Manager, Northern, Access Homehealth
- Sandra Hanmer, CEO Healthcare of NZ
- Pete Carter, General Manager, Northlink Health
- Sheree East, Director of Nursing, Nurse Maude
- Glenys Tremain, Corporate Manager, Pacific Homecare

Targeted assistance for some to go digital

The Government has launched a targeted assistance package to support those people most likely to face technical and financial barriers in going digital.

The package is available to those who aren't already watching digital television and are either:

- aged 75 and over with a Community Services Card; or
- recipients of a Veteran's Pension or Invalids' Benefit; or
- former Veteran's Pension and Invalid's Benefit recipients who transferred to New Zealand Superannuation at age 65 or over.

Those eligible for the programme will receive a set-top box and the right aerial or satellite dish. The equipment will be installed and training will be provided, along with technical support for 12 months.

To find out more about this package online, go to: http://www.goingdigital.co.nz/targeted-assistance-package

New Zealand television is going digital in stages. Hawke's Bay and the West Coast of the South Island have gone digital. The rest of the South Island will follow on 28 April 2013 followed by the lower North Island on 29 September 2013 and finally the upper North Island on 1 December 2013.

Those people already watching Freeview or Sky are already watching digital television and don't need to do anything unless they have other televisions at home that don't have a set-top box.

"Everyone in New Zealand who wants to watch television after their region goes digital will need the right set-top box or a television with Freeview built-in together with an aerial or satellite dish," said Going Digital National Manager Greg Harford.

Mr Harford said it is also important to remember that all televisions, video, and DVD recorders will need to go digital if they are to continue receiving and recording programmes.

"You don't need a new television to go digital. Any set can be converted with the right equipment," said Mr Harford.

For many people going digital is as simple as buying the necessary equipment and connecting it to an existing satellite dish or UHF aerial. For others where the install is more technical an installer is required.

"Installing a set-top box can be no harder than setting up a new DVD player or some other piece of home theatre. There is also a how-to-guide at www.freeviewnz.tv with step-by-step instructions on how to install a set-top box," said Mr Harford.

For more information visit www.goingdigital.co.nz or call 0800 838 800. For those who speak little or no English, Language Line, a free telephone interpreting service, is available, by calling the Going Digital free phone and asking for this service. The NZ Relay Service for the hearing or speech impaired is also available.

NOTICE BOARD

Medication Safety Watch

This is a Health Quality and Safety Commission Bulletin for all health professionals and health care managers working with medicines or patient safety. Issue 3 (August) contains an article about different drug names e.g. frusemide and furosemide because manufacturers are changing from the British Approved Names to the International Non-proprietary Names.

Nursing Council of NZ consulting on changes to scope of practice for nurse practitioners: authorized prescribers.

The Nursing Council of New Zealand (the Council) is consulting on changes to the scope of practice and prescribed qualifications for nurse practitioners so that these align with the proposals under the Medicines Amendment Bill that nurse practitioners become authorised prescribers. This change means that when the Bill is enacted nurse practitioners will be able to prescribe medicines that are within their scope of practice and competence to prescribe.

The Council is interested in your views on the consultation. A separate submission form is available for download from our website. Closing date 12 Nov 2012.

Careerforce notice

Careerforce has introduced a new payment for employers once their trainees have completed qualifications. The *Assessment Support Programme* began on 1 October 2012 and applies to all National Certificate enrolments.

Once trainees have completed their national certificate, employers will receive a payment calculated at approximately $11 per credit for that qualification.

For more details, and to sign up to this programme, please see the Careerforce website.

Want to learn more about Integration?

The Central Region DHBs have developed a Framework of Care for Older Adults, which is intended to provide the Central Region with a shared understanding of integrated care, consistent language to support integration developments locally and a resource to support a well informed planning process.

www.centraltas.co.nz

How many home support workers does it take change a lightbulb?

- **None, it is no longer in the specification.**
- We don't change light bulbs – we enablethem to change themselves
- **I'll do it, but I have 35 other lightbulbs to change first**
- None. The light bulb is not burnt out; it's just differently lit.

Member Profile

VisionWest Home Healthcare is part of VisionWest Community Trust and has been operating in West Auckland for 23 years. Established as the Friendship Centre Trust in 1988 the organisation was developed because of a growing desire of the Glen Eden Baptist Church to help those in need in the community. The 2010 name change reflects a vision of hope and transformation for families living in West Auckland.

VisionWest Community Trust provides a range of services to over 11,000 individuals and families every year. The community services VisionWest provides include: Home Healthcare, Social and Emergency Housing, Training Centre, Christian Kindergarten, Counselling Centre, Community Care, Budgeting Service, Foodbank and Op shop and recently a café which is a multi-functional initiative, providing a meeting place for the VisionWest community and a training ground for students to learn skills to set them on a career path in the hospitality industry.

VisionWest Home Healthcare is committed to providing a high standard of client focused care and as such enjoys a high success rate in satisfaction surveys and clients requesting VisionWest as a provider. Its mission statement is:

> to provide support services which enable people to remain living independently in their own home and to promote the clients wellbeing and individual potential, whilst preserving the culture, lifestyle, dignity and privacy of the client within their home.

One great feature of Home Healthcare is our dedication to raising the quality of service provided by support workers through setting goals to attract a higher skill base and to incentivise support workers to undertake further education and training to achieve level 2 and level 3 NZQA qualifications. In addition there are a number of other training initiatives such as online care training, moving and handling, hoists and equipment and small group training for specialities such as palliative care, high needs clients, autism, dementia and other specific topics.

A learning and development team was established to ensure training strategies are achieved and on target for the year. The clinical team provide additional support to training through clinical and quality monitoring and improvement; learning and development needs are then addressed in a timely manner. In addition to training we celebrate with our support workers in a number of forums to give recognition to their successes: monthly café style functions, summer BBQs, cultural evenings, graduation ceremonies and end of year Christmas functions.

This year has seen significant changes at VisionWest Home Healthcare, including a re-structure of the service delivery team, undertaken in response to the changes occurring within the home health sector and to prepare us for greater efficiency and improved alignment to the new sector standards. We have

VisionWest
HOME HEALTHCARE

recently appointed an experienced registered nurse with substantial experience within the homecare sector to lead this team.

As Christmas approaches the team is beginning to plan for the client Christmas party that is held every year at VisionWest. This event comprises of a Christmas show, lunch and gifts for our clients. There are many volunteers and sponsors from within our community who give time to this end of year celebration, the event is carefully planned, and is always a happy occasion for all involved.

At VisionWest Home Healthcare we are excited about the future and are confident we are in a strong position to move forward with a reputation as a high quality service provider.

The Coordination team names (from right to left): Heidi, Susan, Chatey, Jean, Belle, Vernon and Vicki.

www.visionwest.org.nz

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