

Developing Community Nursing and Allied Health

Notes from Workshop Four (28 May 2007)

Background

C&C DHB has commenced the next steps (2007 onwards) in continuing the development and implementation of the 'Integrated Home and Community Care' programme which was introduced in 2004/2005.

As outlined in the project approach document (available on http://www.ccdhb.org.nz/planning/homecommunity/home_community.htm) a wide sector working party was formed in March to look at the criteria for developing options for the next stages of community nursing and allied health (community therapies) C&C DHB is currently holding workshops with the working party to enable the development of an options paper for consultation.

Working Party

The working party consists of 51 participants. This is made up of two union organizers, 31 participants from the C&C DHB community health services (health care assistants, district nurses, specialist oncology, stoma, continence nurses, physiotherapists, occupational therapists, speech therapists, dieticians, social workers and administration staff) 12 from Primary Health Organisations and six other participants (Care Coordination Centre, Mary Potter Hospice, Package of care providers).

Meetings and Workshops

Following is a summary of the four workshops held from mid march to end of May 2007

Workshop One

Initial meeting was held on 19 March 2007 which focused on the introduction and orientation to the development of community nursing and allied health services. Relevant materials in relation to this project was circulated and a presentation to provide context to the Integrated Home and Community Care programme.

Workshop Two

The second workshop held on 24 April 2007 moved to exploration through real case scenarios. Four teams were formed to work through the case scenarios and present their findings. There were common themes and concepts that emerged. Please see summary and detailed notes from workshop on our webpage.

Workshop Three

The third workshop focused on formulating concepts from those emerging themes. Following the real case scenarios of workshop in April a set of questions/ requirements was presented in a matrix format for each of the identified groupings of services.

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Workshop Four

This last workshop was dedicated to looking at workforce development and drew from national workforce programmes and current C&C DHB programmes as presented by

- *Nursing Workforce* by Cheyne Chalmers, Director of Nursing and Midwifery, CCDHB
- *Allied Health Workforce* by Margaret Sanders, Social Work Advisor, CCDHB
- *Unregulated Workforce* by Shereen Moloney, Manager Older Persons Health, Planning and Funding, CCDHB

Following the presentations the working group discussed the following three questions in the context of developing community nursing and allied health workforce and taking a sector wide approach,

Questions One: What do you believe are the future requirements in terms of ensuring continued service delivery through high quality workforce?

Questions Two: What are the workforce initiatives that we can develop in partnership across the sector?

Questions Three: How can community nursing and allied health workforce support the development of community support worker roles in delivering a home and community care services?


Summary of Workshop Four group presentations

Following the team presentations, Eldred Gilbert Director of Nursing Primary Care summarised the session and identified the following fundamentals.

- That we needed to look at the **total** community health **workforce**. It was noted that this was one of the few times that we had come together as a group across sector to discuss our common workforce issues.
- The need to **start now** given the national challenges ahead by 2012
- Grapple with the **difficulties** and then move to **action**
- Appropriate **communication** across sector

We need:

- Capacity, Capability, Leadership, Information
- Population focus across sectors is needed
- New models within existing systems will not work

Means  Method  Model

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The following are detailed notes from the workshop as presented by the teams.

TEAM - A

What do you believe are the future requirements in terms of ensuring continued service delivery through high quality workforce?

- Structured induction programmes
- New graduates (allied health) (new to health)
- Career pathways
- Leadership roles/coordination
- Education frameworks
- Well defined competency frameworks

What are the workforce initiatives that we can develop in partnership across the sector?

- All of the above
- Specialist nurses? For more (hospital or community focus) e.g. Stoma
- Addressing the needs
- Capacity & Capability
- MDT

How can community nursing and allied health workforce support the development of community support worker roles in delivering a home and community care services?

- MDT framework (primary)
- Generic Education package

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TEAM - B

What do you believe are the future requirements in terms of ensuring continued service delivery through high quality workforce?

- Generalists are specialists
- Good planning & Strategy - integrated
- Focused communication to attract
- Training collaboration – across sectors & educational inst.
- Prioritised e/g/ to support workers
- Appropriate funding streams/allocation
- Undergrad training – OPS, Chronic Care
- Workforce Survey
- Population specific planning e.g. ages, disabilities
- Leadership – support development, planning
- Rapid Response

What are the workforce initiatives that we can develop in partnership across the sector?

- Incentives, e.g. CTA funding, DHB
- Flexibility of positions
- Buddy return to work programmes
- Community specific training – in base train
- Clear Clinical Career Pathways inter-sectoral

How can community nursing and allied health workforce support the development of community support worker roles in delivering a home and community care services?

- Integrate into MDT/IDTs
- Packages of training
- High Priority
- Possibly get “specialized” and be supported by approp. Health practitioner
- incl. supervision/leadership/mentoring
- Casual workforce
- Availability of transport or compensation
- Value recognition, remuneration & linked to career pathway

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Workforce Initiatives

- National Service frameworks and guidelines for training and supervision (quality & governance incl.)
- Learning from areas of expertise, promoting opportunities
- Mentoring/Supervision – intersectorial
- Innovative and flexible service contracts – this promotes communication, less barriers
- Investment in relationships between Health Care providers
- Recognised Career pathway / support from Management across workforce
- Reduced disparities – resources (all services & sectors)

- Acknowledge complexity of patients and ageing population
- Education/training and ongoing support – regular not ad hoc
- Robust risk management framework

We currently have a case mix of acute and chronic patients for whom our current services cannot meet all their needs.

We need appropriate service responses in the community

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TEAM - C

What do you believe are the future requirements in terms of ensuring continued service delivery through high quality workforce?

Leadership to be:

- across DHB
- Multilayered
- Dedicated FTE
- Community dedicated

Investment

- Remuneration
- Safe staffing levels
- Clinical / environmental
- Education/training
- Graduate placement

Value

- Information
- Acknowledgement
- Input ideas

Marketing

- Recruitments(schools)

What are the workforce initiatives that we can develop in partnership across the sector?

Partnership

- Forums
- Manage the models
- SME
- NGO

IT – health records

- e-learning
- shared sites
- common pathways & guidelines

Joining forces

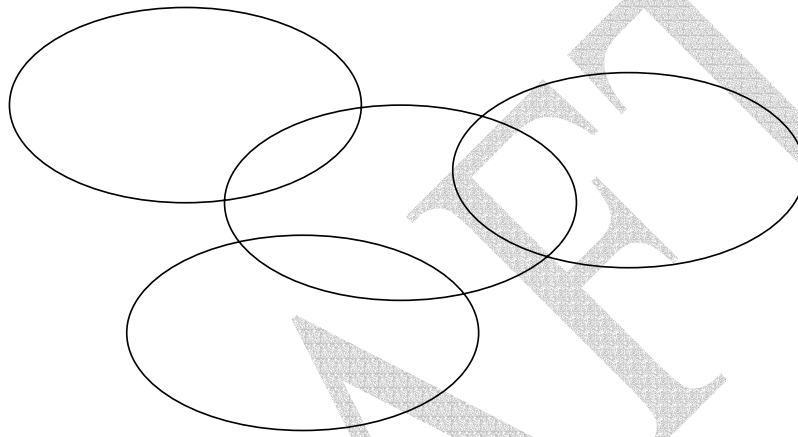
- Recruitment
- education

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How can community nursing and allied health workforce support the development of community support worker roles in delivering a home and community care services?

Key skills

- Able to work across
- Consistent approach



Ideally we should move the circles closer so we have an inter related services servicing the patient.

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TEAM - D

What do you believe are the future requirements in terms of ensuring continued service delivery through high quality workforce?

Future requirements

- CHS keep within DHB
- Sector wide competencies per discipline across workforce
- MDT approach
- IT development & competency with usage
- Staff retention/recruitment
- Appropriate underground training
- Sustainable funding supported by cost analysis of future models
- Valuing what we have now
- Management structure that supports workforce = quality
- Healthcare assistants remain supported by nurse & AH teams

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