

Māori Health Workforce Development Plan



2004 – 2009

Capital and Coast District Health Board

Māori Health Workforce Development Plan 2004 - 2009

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EXECUTIVE SUMMARY

Developing a workforce plan is an unenviable task requiring consideration to local, regional and national approaches and influences. The aim of this Māori Health Workforce Development Plan is to provide a tactical view to the development of the Māori health workforce current and into the future, and offer a pathway that enables implementation and evaluation of a preferred way forward.

The Central Region District Health Board (DHB) Māori managers regional vision is “A competent, capable and comprehensive Māori workforce” with the subsequent collective mission statement as “Together develop a workforce that supports whanau ora’. A regional approach ensures alignment of workforce development across the region, builds on new relationships established and intra-sector collaboration, reduces the number of initiatives duplicated across the region and allows district health boards to capitalise on critical mass.

Capital and Coast District Health Board is using the regional workforce development plan to progress a local workforce action plan. Strategies and plans, workforce supply, costs and allocation and demand forecasts are some of the interdependent workforce elements that inform this plan. The drivers have been identified as capacity, capability and competence.

The action plan identifies appropriately targeted strategies (current and future) for action, allocation of appropriate resources and at what level development is driven.

Consideration has also been given to the dynamic and ever-changing health environment, the specific needs in the primary/secondary and tertiary sectors and the realities of low numbers of Maori within education and health.



1. INTRODUCTION

Global influences, increased mobility of the professional health worker, international shortages, technological advances and funding complexities continue to put pressure on the health workforce in New Zealand. The demand to meet health needs and changing disease patterns are impacting directly on the health system and service delivery, and particularly on the availability of an appropriately skilled workforce to achieve these strategies¹.

Māori concepts of hauora place whanau at the centre of health, yet it is widely acknowledged that Māori are under-represented in the health and disability workforce and over-represented in many of the health service areas. Māori health workforce development is therefore a vital component to health workforce development nationally and critical to improving health outcomes.

A number of initiatives are contributing to workforce development in the health and education sectors. The Ministry of Health, HWAC and DHBNZ play important roles in ensuring that systems identified at a local and regional level are put in place to accelerate and better co-ordinate a sustainable Māori workforce. In addition, recognition is given to other groups and sectors including Māori/iwi who have contributed to Māori workforce development to date.

The Central Region DHB Māori management group which includes the Wairarapa, Hutt Valley, MidCentral, Whanganui, Hawkes Bay and Capital & Coast District Health Boards have come together to consider and identify common issues at both a local and regional level. Initial discussions recognise the importance of locally owned and driven initiatives that support

¹ HWAC – Framing Future Directions 2002

planning at a national level, identify workforce development as a high priority area, and endorse the need to develop a comprehensive Māori workforce plan.

The function of the plan is that it will inform planning, funding and development at local level, identify integrated local and regional initiatives and guide implementation.

It will also identify the many needs and the local, regional and national levels at which the development would be driven. Although Māori specific, the intent of this document is to support workforce planning at a district health board level.

The intention of this plan is to ensure connectedness to the district health board and add value to the national and organisational workforce planning process. It aims to contribute towards meeting Māori aspirations and illustrates the contribution that Māori can make to health improvement.

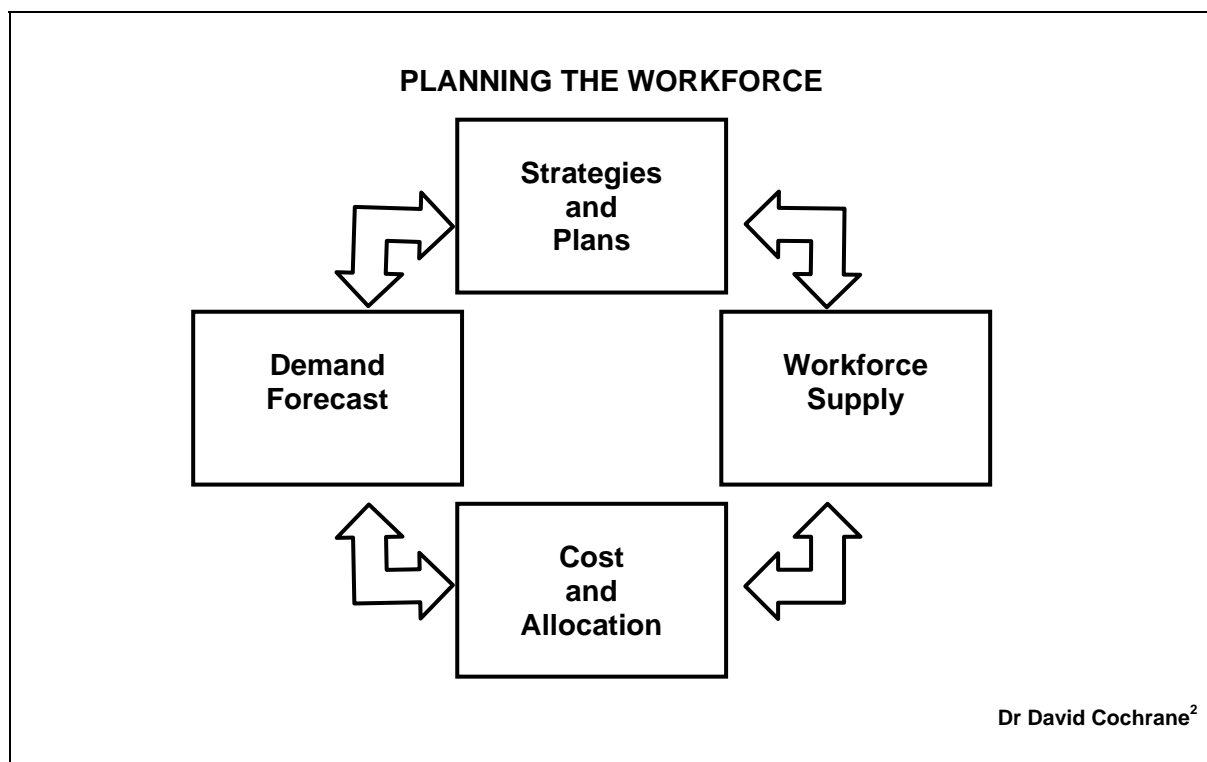
This plan ensures that the constant of whanau ora is central to workforce development and satisfies the needs of management and the Board who lead and enable this plan to occur. It also fulfils the needs of Māori Health workers to deliver their service and ensures that the needs of whanau who are the recipients of that care are met.



2. SYSTEMIC APPROACH TO PLANNING

Māori are under-represented in the health and disability workforce and there is clearly a need to change this. The case for change is typified in current strategies and plans and insists on the right number of people with the right skills in the right place at the right time. Critical to ensuring that this occurs is an approach that is consistent with national and local direction.

The planning model below portrays four interdependent workforce elements. Together these elements describe the groundwork that will inform the workforce gaps and relevant development needed both current and future. This model identifies the current workforce, gaps, costs, what level will drive development, the number and skill mix we need to meet future demand, and a pathway to implementation and growth.



² David Cochrane – Healthcare Workforce Modernisation (2003).

Strategies and Plans

“We need the right numbers with the right skills in the right place” (Cochrane, 2003). Formulating strategies and plans involves the detailed investigation of the current workforce situation and the subsequent development of action plans to address any gaps identified. This will commence with an analysis of the internal and external factors that affect or may affect the district health boards ability to achieve its objectives current and into the future. Underpinning this planning process are the national strategies and local needs assessments.

Planning will require that at any given time only one central guiding plan is put into operation to achieve the agreed objectives. Every attempt must be made to collect and use all available information during the planning process, recognising that uncertainty does exist and that information is often incomplete³. This will allow the district health boards to build on, refine and modify plans at all levels if the situation arises.

Workforce Supply

Workforce supply estimates the availability and qualifications of the current employees and the supply of qualified workers in the external labour market. The assessment of both current and future human resource needs will assist each district health board to determine whom they should be trying to recruit and select now and into the future. However there are associated issues that must be taken into consideration such as vacancy factors, head count to FTE, scope for re-deployment, turnover, retirement rates, the wider labour market and variations in local living costs (Cochrane, 2003).

Costs and Allocation

The allocation of responsibility goes hand in hand with the acquirement of financial resources⁴. National, regional and local planning are linked and demonstrates the need to engage in a collaborative approach that

³ Henri Fayol – The Manager as Planner and Strategist (1995).

⁴ Implementing Strategy – Jones, Hill et al (2001)

capitalises on opportunity and uses limited fiscal resources wisely. Each area carries a level of responsibility whether it relates to planning, future education, training needs, recruitment, retention and marketing, etc. Co-ordination is the key to development.

Demand Forecast

Future demand will determine what areas we need to grow and at what levels growth needs to occur. Statistics show a huge demand for services in areas such as Cardiovascular and Diabetes, therefore choosing what areas to grow becomes a tactical exercise, for example is the investment in the preventative or the acute setting, in doctors/nurses or kaiawhina? Further to this there is a need to be cognisant of what education is available and required to develop the workforce into the future. Cochrane (2003) states that the demand forecast must be service-led, flexible to planning timeframes and often requires more than one contingency plan to manage any uncertainty.

Although the demand forecast determines how many and what kind of workforce we need to deliver services, it needs to be acknowledged that there may not be one workforce approach that fits all situations. For example simply by increasing the numbers of Māori in the workforce will make no difference to Māori unless Māori health workers are able to meet the needs of whanau within a Māori reality.

Together these interdependent elements describe the foundation that informs the pathway towards developing the Māori workforce.



3. FRAMEWORK FOR DEVELOPING THE WORKFORCE

Vision

Prior to any framework development, meaningful and realistic direction was captured in the regional vision: “A competent, capable and comprehensive Māori workforce” with the subsequent collective mission statement as “Together develop a workforce that supports whanau ora”. This vision encapsulates the commitment of the Central Region Māori Management group to working together to consider and identify common issues at both a local and regional level. It also recognises the importance of locally owned and driven initiatives that support planning at a national level.

Core Principles

The high level principles that fall out of this vision reflect the key factors that influence Māori health status. These include the socio-economic environment, health behaviours and access to health care. For example, factors such as the differences in uptake and effectiveness of services mean that Māori have lower rates of immunisation and poorer uptake of well-child services.⁵

The principles convey the identification and development of the Māori workforce into the Māori health gain areas, growing the workforce to respond

to the high acuity and emotional needs of whanau, inter-sector collaboration and inculcating a philosophy of whanau care.

Drivers

Three drivers were identified that will move the development of a Māori workforce. These drivers underpin the core principles and act as the catalyst for determining the objectives and measuring subsequent achievement.

⁵ Healthcare Review Online (2003)

- 1. Building capacity by using robust information that informs targeted approaches in line with national and local workforce need.**

Robust information is critical to determining any future workforce development. Collecting this data will require a co-ordinated approach to better inform the sector of the current skill mix and numbers within the region. Effecting the collection of data is not perfect and Māori workers will continue to fall through the cracks for a variety of reasons, however it is a starting point with which to gather information towards profiling the workforce.

Benchmarking will assist in identifying significant variations in the workforce, e.g the number of nurses who are located in the areas that Māori are over-represented in such as Renal and Cardiovascular or the remuneration paid for like roles across the region.

- 2. Strengthening capability through the investment in the growth of the Māori workforce in the areas that have been identified as high need.**

The range of technical skills that the health sector is going to need over time and the ability to fulfil these requirements means that initially any strategies developed would need to include an understanding of what the sector requires prior to any development on workforce composition.

- 3. Commanding competence that grows people to respond to the high acuity and emotional needs of whanau and influence the improvement of co-ordinated care.**

Increasing the numbers of Māori workers may appear to be a good strategy, however having the right number of people deployed in the right mix of permanent and temporary work roles but with inappropriate competencies and /or without commitment will not result in success for district health boards or Māori long term.

In seeking to develop the Māori workforce, it is recognised that Te Tiriti o Waitangi and Māori experiences, priorities and knowledge are central to improved Māori health. Developing the Māori communities and improved organisational capacity is required to underpin Māori knowledge and solutions. This can occur by modifying the current competencies through available research and knowledge, workforce training and recruitment to align with the needs of Māori health and Māori development⁶.

Support Systems

Ensuring that the drivers are able to function effectively are the support systems. These are the mechanisms that enable the agreed objectives to occur. Robust information will inform workforce capacity and the prioritisation framework will identify the areas for investment. Allocation of responsibility informs the level at which the development will be driven.

Objectives and Action Plan

The high level objectives are reflective of the approaches taken in national and local strategies on workforce development and direct the action plan's activities.

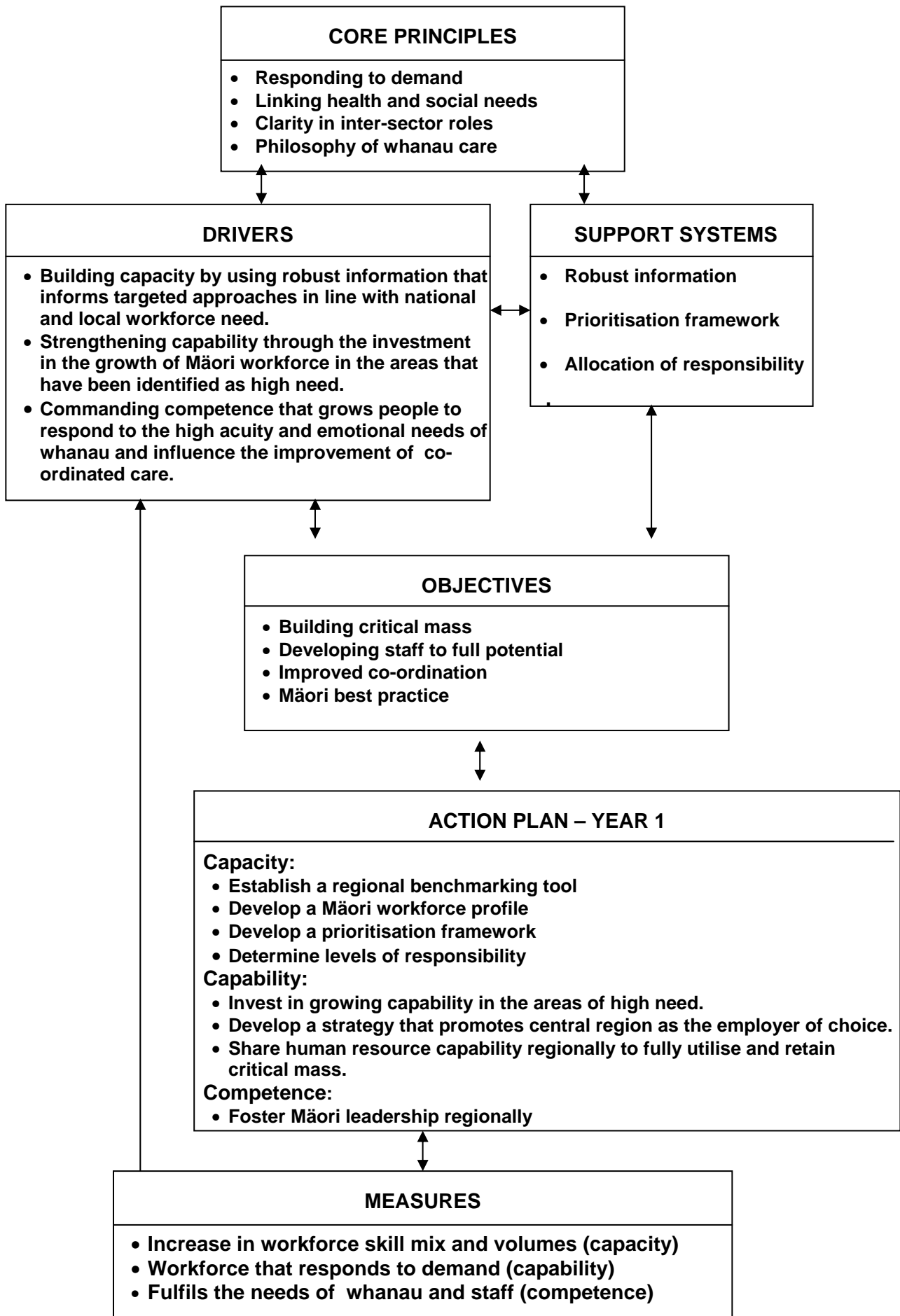
Measures

The measures that fall out of the action plan are linked back into the drivers to ensure that consistency, continuity and robustness is attributable to the vision.

The framework and action plan provide a pathway for individual district health board development.

⁶ HealthCare Review Online (2003).

WORKFORCE DEVELOPMENT FRAMEWORK





4. MĀORI HEALTH WORKFORCE ACTION PLAN

VISION	PRINCIPLE	DRIVER	SUPPORT SYSTEMS	HIGH LEVEL OBJECTIVES	ACTION 04/05	MEASURE	ACTION 05/06	MEASURE
	<ul style="list-style-type: none"> Information is used to inform future policy direction and service purchasing and development. 	<p>Capacity: robust information that informs targeted approaches in line with local workforce need and prioritised Māori health gain areas.</p>	<ul style="list-style-type: none"> Information Prioritisation Allocation 	<ul style="list-style-type: none"> Building critical mass 	<ul style="list-style-type: none"> Develop a Māori workforce profile Determine level of responsibility 	<ul style="list-style-type: none"> Local workforce register Regional workforce profile Regional activities identified Maori specific pilot/s identified 	<ul style="list-style-type: none"> Review current workforce capacity Provide sector feedback Develop a Māori specific pilot for the region Develop a prioritisation framework. 	<ul style="list-style-type: none"> Employment volumes new and current identified. Long term workforce planning and trend analysis complete.
<p>Together develop a Māori workforce that supports whanau ora</p>	<ul style="list-style-type: none"> Growing people to influence the improvement of co-ordinated care. Encouraging sector-led initiatives. Clarity in inter-sector roles 	<p>Capability: investment in the growth of Māori workforce in the areas that have been identified as high need.</p>	<ul style="list-style-type: none"> Social needs Health needs 	<ul style="list-style-type: none"> Improved co-ordination 	<ul style="list-style-type: none"> Identify training and development opportunities for Maori Develop a strategy that promotes central region as the employer of choice. 	<ul style="list-style-type: none"> Areas for investment identified regionally Recruitment approach developed Funding streams identified Building relationships across the sector. 	<ul style="list-style-type: none"> Redesign the roles to meet the needs. Priority areas defined. Identify the intra-sector links and access. Share human resource capabilities regionally to fully utilise and retain. 	<ul style="list-style-type: none"> Investment in areas of high need eg: diabetes. Co-ordinated access to funding and scholarships Invest in growing capability in the areas of high need.
	<ul style="list-style-type: none"> Central to all learning is the philosophy of care. 	<p>Competence: growing people to respond to the high acuity and emotional needs of whanau and influence the improvement of coordinated</p>	<ul style="list-style-type: none"> Standards of Practice Responsive to demand 	<ul style="list-style-type: none"> Developing staff to full potential Maori best practice 	<ul style="list-style-type: none"> Foster Māori leadership locally. Coordinate access to education and development Identify career pathway opportunities identified. 	<ul style="list-style-type: none"> Current initiatives and gaps identified Identify the training needs of current workforce. Needs analysis for current workforce completed 	<ul style="list-style-type: none"> Establish baseline of core skills for all Māori workers Review career development pathways Develop supervision/ 	<ul style="list-style-type: none"> Core skills align with best practice models. Current pathways support Māori development. Professional development

		care.				mentoring programme	plans in place.
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6.1 BUILDING CAPACITY ACTIONS

Everyone with a stake in the future of health services shares a collective responsibility to ensure that extra investment is used wisely to bring about the right mix of talent, creativity and expertise to create and sustain better health care for our patients⁷.

Objective 1: Improve the quality of Maori health workforce information to inform future planning.				
Action	Milestones	Outcomes	Responsibility	Timeframe
<ul style="list-style-type: none"> Conduct a survey and develop a profile of the current Maori workforce in the CCDHB district. 	<ul style="list-style-type: none"> Collection of data from HHS by June 2005 Collection of data from providers by July 2005 	<ul style="list-style-type: none"> Readily available dataset that can be accessed and updated by health and other sectors Baseline information that informs future planning/design Provides a blueprint for deliberate planning Identifies workforce numbers, gender, profession, age, qualification, tenure, and location. 	<ul style="list-style-type: none"> MOH oversight MHDG lead Provider participation 	Q4 04/05
<ul style="list-style-type: none"> Identify gaps and develop a process to address the gaps (Gap analysis). 	<ul style="list-style-type: none"> Gap analysis for HHS by August 2005 Needs analysis of current workforce by Sept 2005 	<ul style="list-style-type: none"> Identifies where we need to grow the workforce (primary, secondary, NGO) Investment/ (financial and human) is targeted at gaps 	<ul style="list-style-type: none"> MHDG lead Secondary Car Primary Care NGO 	Q1 to Q3 05/06
<ul style="list-style-type: none"> Work with the MOH and others to develop tools, frameworks and/or training 	<ul style="list-style-type: none"> Training opportunities Staircasing/career pathway development 	<ul style="list-style-type: none"> Increased career progression Tracking workforce movements in the district 	<ul style="list-style-type: none"> MHDG lead Directors of Nursing Primary Care leaders 	Q3 to Q4 05/06

⁷ Working for Health: The Workforce Development Action Plan 2004.

to address the gaps.

- HHS leaders

6.2 STRENGTHENING CAPABILITY ACTIONS

Objective 2: Increase the Maori health workforce in the areas that have been identified as high need.

Action	Milestones	Outcomes	Responsibility	Timeframe
<ul style="list-style-type: none"> Identify training and development opportunities for Maori 	<ul style="list-style-type: none"> Compile a list of existing training /scholarships Support the development of collaborative training opportunities. 	<ul style="list-style-type: none"> Increased access to training Combined training opportunities delivered 	<ul style="list-style-type: none"> MHDG lead Tertiary institutions Primary Care leaders Secondary Care leaders 	Q4 04/05
<ul style="list-style-type: none"> Explore opportunities for Maori student /new graduate placements within the health sector 	<ul style="list-style-type: none"> Identify new graduate/intern programmes and secure the number of placements for Maori at 10% Exploring innovative approaches to utilising workers who fall through the gaps. 	<ul style="list-style-type: none"> Increase the number of Maori within the workforce. Increase number attending education/training 	<ul style="list-style-type: none"> MHDG lead Directors of Nursing Tertiary institutions Primary Care leaders Secondary care leaders 	Q1 to Q4 05/06
<ul style="list-style-type: none"> Market professional health groups to potential employees from school age 	<ul style="list-style-type: none"> Workplace experience in the health sector for potential employees Promotion and involvement in secondary school career days annually. 	<ul style="list-style-type: none"> Growing our workforce by targeting and directing school leavers towards a career in the health sector. Increasing the awareness and access to health. 	<ul style="list-style-type: none"> MHDG lead Secondary school/career advisors Tertiary institutions 	Q1 to Q4 05/06
<ul style="list-style-type: none"> Develop a recruitment strategy specific to the Maori workforce 	<ul style="list-style-type: none"> Explore opportunities that encourage Māori to upskill or undertake further education. Timely to review career counselling and education marketing strategies. 	<ul style="list-style-type: none"> Strengthening the relationship between C&CDHB and schools, community and tertiary education sector Increase CCDHB profile as an employer of choice 	<ul style="list-style-type: none"> MHDG lead Directors of Nursing Tertiary institutions Primary Care leaders Secondary Care leaders 	Q3 to Q4 05/06

<ul style="list-style-type: none"> • Explore mentoring /supervision opportunities for workers new to health and/or the sector 	<ul style="list-style-type: none"> • Staircasing Maori into speciality areas/growing capability • Wrap around supervision. • Primary care programme for new graduates and workers new to the sector. 	<ul style="list-style-type: none"> • Increased number of Maori accessing scholarships and funding / education • Actioning a retention model. • Retaining Maori within the health sector. 	<ul style="list-style-type: none"> • MHDG lead • Directors of Nursing • Tertiary institutions • Primary Care leaders • Secondary Care leaders 	Q1 to Q4 05/06
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6.3 COMMANDING COMPETENCE ACTIONS

Objective 3: Growing people to respond to the high acuity and emotional needs of whanau and influence the improvement of co-ordinated care.

Action	Milestones	Outcomes	Responsibility	Timeframe
<ul style="list-style-type: none"> • Develop guidelines to increase the responsiveness of services to the priority Maori health gain areas 	<ul style="list-style-type: none"> • Draft guidelines by July 2005 • Consultation by October • Implementation March 2006 	<ul style="list-style-type: none"> • Impacts on health gain is able to be measured 	<ul style="list-style-type: none"> • MHDG lead • HHS leaders 	Q1 – Q4 05/06
<ul style="list-style-type: none"> • Review HR capability of "For Maori by Maori" providers. 	<ul style="list-style-type: none"> • Review BM4M providers June 2005 • Capacity Building investment framework for Maori completed 	<ul style="list-style-type: none"> • Planned investment for Māori/Maori provider development • Enhance small provider development 	<ul style="list-style-type: none"> • MHDG lead • Maori Health providers 	Q4 04/05



5. LINKAGE TO THE DISTRICT ANNUAL PLAN

During 2005/06, the focus will be to identify the Maori workforce within the district, review workable recruitment approaches. HR capability in all BM4M providers will be reviewed, and a responsiveness framework that guides and measures Maori health improvement will be consulted on.

What	Improve Maori workforce capacity and capability in primary/secondary care, DSS and HHS.
Who	Director Maori Development, Director Human Resources, Director Planning and Funding, Chief Operating Officer
How	Implement the Maori Health Workforce Plan and the Maori Provider Development Framework. Identify changes in the internal HHS environment that would support the DHB's ability to attract and retain Maori staff. Develop an effective recruitment approach for Maori. Supporting Maori for career progression and development opportunities.
When	Q1-2 Develop from the Central Regional profiling project, a report to inform future workforce planning/investment. Q1-3 Implement programme(s) to strengthen HR capability within Maori providers. Q3-4 Implement recruitment approach(s) within the district to engage Maori. Q4 Progress development of the framework to improve mainstream service/s' responsiveness to Maori.
DHB Indicator	HKO – 02, HKO -03, INV – 02,