NZHHA NEWS

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NZHHA Conference – simply the best!

NZHHA Chairperson Trish Neal and Hon Tony Ryall

Mistress of Ceremonies Ginette McDonald

Delegates in the audience were interested and engaged.

Christchurch presenters and attendees receive a standing ovation

This year's NZHHA Conference lived up to its theme – we fronted up! We had record attendance – 242 compared to 160 in the previous year – and there was a real buzz of energy, thinking and talking.

Conference presentations are now available online at www.nzhha.org.nz/conference. Some of the keynote presentations are profiled in this newsletter.

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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Auditing DHB performance

Deputy Auditor-General Phillippa Smith and the audit team present on the home-based services report at the NZHHA Conference

In mid July Lyn Provost, the Auditor-General, released her performance audit on home-based services for older people and Deputy Auditor-General Phillippa Smith spoke about this report at our Conference in August.

The gaps in factual data about home care limited what they could say. The Auditor-General noted this problem, commenting that a full assessment of the effectiveness, quality and consistency of services is restricted by the lack of reliable performance information and also by the lack of a mandatory standard.

She formed a general view that home support appears to be delivered adequately. Clients who were interviewed by the audit team said their support workers and the services they received were essential and helped them to live independent lives.

The level of recorded complaints was so low, in fact, that the Auditor-General queried the robustness of DHB complaints processes.

The Auditor-General also commented that progress by DHBs against the Health of Older People Strategy has generally been slow, with many services still not fully integrated or coordinated with other health services.

At the NZHHA Conference Phillippa Smith explained how the Office of the Auditor-General expected to find a clear strategic and policy framework; a clear plan to implement that strategy; and measures of progress.

There is a strategy (The Health of Older People Strategy) that has been in place for nine years, and which provides a clear direction for DHBs. However, DHBs are not always clear on how to implement its objectives. And the Auditor-General found that few of them know whether the services they contract are effective and efficient, or whether there is an unmet need.

We were pleased to see the Auditor-General's support for a mandatory standard of service delivery for Home and Community Support. Voluntary adoption of the standard has its limits. It also keeps the service 'out of sight' in a strategic sense.

Home based support is integral to the government's policy of supporting people to live longer at home. But it is hard to develop coherent national research or policy around home support when little is known about its effectiveness, true cost or quality.

Finally the Auditor-General raised a question about sustainability of the service given the need for improved training of workers to support the increasing complexity of people's care needs.

She noted the large size of the workforce, and the high staff turnover. She also noted the part-time nature of the workforce, and casualised nature of the work, the reduction of services requiring lower skills, and the inconsistencies DHBs' purchasing of home support.

In response to the OAG report, the Ministry of Health is currently working on an audit framework project for Home and Community Support service providers.

The concern of our members is that health leaders will respond to the report by simply increasing auditing and box ticking.

NZHHA Service Quality Awards launched

At the Conference NZHHA Chairperson Trish Neal launched the inaugural NZHHA Service Quality Awards.

These Awards recognise the contribution by individuals and organisations to the delivery of high quality home and community health and support services.

Entries for the NZHHA Service Quality Awards will open in February 2012 and the winners will be announced at the 2012 NZHHA Conference.

Three award categories will be available:

- Life Membership Award, conferred on an individual who has rendered major and exceptionally valuable services to the Association
- Service Innovation and Quality Award, which spans the range of service delivery including innovation, person-centred care, continuous quality improvement, supporting and building community strength and the use of technology to strengthen service quality
- Workforce Initiative Award, recognising the improvement of service delivery through workforce development (training and professional development, recruitment, retention, staff support).

NEW ZEALAND
HOME HEALTH ASSOCIATION
announces the launch of the

NZHHA
SERVICE QUALITY
AWARDS
[2012]

NZHHA Service Quality Awards 2012

The New Zealand Home Health Association is proud to announce the inaugural NZHHA Service Quality Awards. These awards recognise the contribution by individuals and by organisations to the delivery of high quality home and community health and support services.

Entries for the NZHHA Service Quality Awards will open in February 2012, and will be announced at the 2012 NZHHA Conference (in August or September 2012).

The awards are open to all financial members of the New Zealand Home Health Association. They will be granted based on criteria of innovation in response to need and available resources, person-centred care, continuous quality improvement leading to measurable outcomes, and workforce development. For the Life Membership award the criteria will be based on exceptional personal contribution to the sector.

AWARD CATEGORIES

NZHHA Life Membership Award
Award for exceptionally valuable services to the Association

The Life Membership Award is conferred upon an individual who has rendered major and exceptionally valuable services to the Association.

INsite

INsite Service Innovation & Quality Award
Award for improving the quality and/ or effectiveness of service delivery.

This category spans the range of service delivery, including innovation, person-centred care, continuous quality improvement, supporting and building community strength and the use of technology to strengthen service quality.

Workforce Initiative Award
Award for improving service delivery through workforce development.

Training and professional development, recruitment, retention, staff support

CONTACT

For information about award criteria and entry forms, please contact NZHHA

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Home and Community Support Sector Standard

*The draft revised Home and Community Support Sector Standard is now under public consultation. Standards Committee Chair **Andrea McLeod** talks about the Standard Review.*

Why is the Standard being reviewed?

This revision is driven by a desire to ensure people receive good quality support in their home and/or community that contributes to their goals.

Since the Standard was first published in 2003, there have been significant changes in the health and disability environment at strategic, service design and service delivery levels, which are reflected in the new version of the Health and Disability Services Standard (8134). It is sensible for the HCSS Standard to align with 8134.

The revised draft Home and Community Support Sector Standard also reflects a fundamental shift towards more person-centred support, where people are empowered to make decisions about their own lives and supported to live the lives they want to live.

The standard is increasingly being used as the benchmark for delivery of home support services in government contracts. NZHHA has made certification to the standard compulsory for all members.

What are the main changes to the Standard?

The Standard is, in effect, getting a complete overhaul to increase emphasis on the consumer. It reflects a stronger focus on outcomes for people receiving support. It more explicitly recognises that providing support in a person's own home or in the community has important implications for relationships between both parties and that these relationships differ from those where support is being provided in a residential facility that an organisation owns or is responsible for.

In addition, the Standard reflects how the range and type of support being provided is evolving as more people with acute and/or complex needs are being supported to live in their homes for longer. Criteria statements, for example, are outcome focussed.

The Standard recognises the range of services provided by and of staff employed by home support organisations.

Are there any additional or new sections?

Yes, to reflect the increasing range of services being provided and risks to be managed, some sections have been boosted, while we have other new sections. These include infection control, medication management, enablers, skin integrity, nutrition and hydration.

How will this impact upon service delivery?

The intent of the revised Standard is to put consumers at the front. This is embedded in all of the criteria. Whereas the current Standard states, "The service provider will…", the revised Standard says, "The consumer will receive or experience…" .

While many home support organisations already work from this premise, it will still challenge us all to ensure we are embedding the philosophy of person centred care in all of our service elements.

Will it increase compliance or financial costs?

That is hard to say at this point. The change might require providers to review their policies, particularly those that haven't previously been included in the Standard.

The revised Standard recognises that the range and depth of functions varies across the sector. The foreword notes that "not all parts of the Standard are applicable to all organisations" and the auditing will reflect that.

As an example, if your company doesn't do peg feeding or medication management, you will not get audited against those services.

How can people make comments on the Standard?

The Standard is available for public consultation until 4 November on the Standards NZ website at www.standards.govt.nz.

Māori provider hui to discuss the Standard

In early August the Association held a one day hui for Māori providers of home support, where providers discussed how well the wording of the current Standard addresses Māori service user and provider needs and any changes that could be made in the revised Standard. In terms of strategic direction, He Korowai Oranga: Māori Health Strategy, continues to set the direction for Māori health development in the health and disability sector, and informs any changes to the revised Standard.

DHBNZ → All DHB

A new entity is emerging that will take over key functions of DHBNZ.

'All DHB' is a national arm of Central Region Shared Services (CRTAS), based in Wellington. This move was prompted by the emergence of new government agencies such as Health Workforce NZ, the National Health Board (NHB), the Health, Quality and Safety Commission, Health Benefits Ltd, the National Health IT Board, the NHB Capital Investment Committee and the Crown Health Financing Agency which are driving the health sector's strategic direction.

The DHBs have agreed to deliver some core DHB functions from a national arm of CRTAS.

These are employment relations (strategy development, negotiations, enhancement of DHB operational capability and the provision of information); national services (strategy and collective/national contracts, system performance improvement and service relationships); and collaboration (the provision of support services and information sharing.

The DHBs have agreed to a 2011–12 'All DHB' Annual plan to deliver those services, and this can be found at the DHBNZ website: www.dhbnz.org.nz.

In terms of home support, the plan includes a coordinated response by DHBs to the Office of the Auditor-General's report on services into home and community support (an audit framework project), and further work to "increase consistency of approach to Home and Community Support Services between DHBs and across funders".

For years NZHHA has been seeking more consistency in auditing, contract specifications (where services are similar) and funding. But we can only give a guarded welcome to the 'All DHB' approach.

Our concern is that DHBs will drive towards the lowest common denominator in terms of funding rates whilst specifying more and higher level expectations in terms of needs assessment, auditing, reporting, training and outcomes.

We have seen examples of this recently which are deeply worrying. Providers can't pull rabbits out of hats.

Fronting Up: NZHHA Conference 2011

We were delighted with the NZHHA Conference 2011, and want to share a few moments.

Minister of Health Hon Tony Ryall opens the Conference

"Research tells us that consumer-centred care improves the consumer's care experience, the outcomes of the care, the quality and safety of care improves, costs decrease, and provider satisfaction increases." – Tania Thomas

Phillip Patston

Formalities commenced with an opening mihi by Te Ati Awa kaumatua Sam and June Jackson, and a welcome from NZHHA Chair Trish Neal.

Minister of Health Hon Tony Ryall then officially opened the Conference. He acknowledged the work of home care workers and organisations in their outstanding efforts and perseverance during and after the Christchurch earthquakes. He talked about the global and national financial situation, how the government is looking to protect and grow the public health service, putting more emphasis on efficiency and productivity.

The morning plenary session kicked off with presentations by Phillippa Smith, the Deputy Auditor-General, who spoke about the lack of reliable information about home support for the elderly. There is more on this report on page 2.

The primary keynote speaker was Gerald Pilkington, a UK researcher and former senior government official who described how how re-ablement home care services in the UK have improved client health outcomes. There is more on his address on page 10.

Tania Thomas, Deputy Health and Disability Commissioner (Disability) challenged us not to pay lip service to consumer centred care, but to embed it in all facets of our work.

Rod Watts then described how Presbyterian Support Northern has worked towards an outcome-focussed approach using 'results based accountability'.

After lunch Phillip Patston took us on a thoughtful expedition, talking about diversity, and decay. Phillip's presentations are best experienced directly, they offer a chance for self-reflection that breaks through regular boundaries. We learned two new words – dysfunctionophobia and transmogrophobia.

The last speaker of the day was Chai Chuah who gave a comprehensive presentation on trends in health care.

The girls then put on their lippy, and we loaded up the buses for a quick trip to parliament, where we admired the beautiful Grand Hall, held up our pinkies and mingled with invited guests and MPs.

On our return to the James Cook Grand Chancellor hotel we found the conference venue transformed into a casino/nightclub. We gambled with health dollars, were entertained by the Improvisors and danced the night away to the music of the Hipnotics, ably assisted by the talented Alton Miller from Home Support Hawke's Bay.

There were some tired faces on Friday morning, but we were again energised by our wonderful MC Ginette McDonald. Most of the morning was spent looking towards Canterbury, with a focus on the CREST service model, and an excellent session on managing services in a crisis. Dr Philip Schroeder from the Canterbury Primary Response Group started the session on earthquake response, and providers then shared their experiences during and after the earthquakes. All Christchurch attendees were given a standing ovation.

In between plenary addresses we had concurrent sessions on topics such as nursing, case mix funding, supported living and the Auckland DHB home-based support model.

"Diversity is the synergy of uniqueness and commonality."

– Phillip Patston

"The health system is working well but is not on a sustainable growth path."

– Chai Chuah, Director, National Health Board

"The care and support workforce is key to raising health sector productivity and ensuring a sustainable health system."

– Ray Lind, CEO, Careerforce

Chai Chua at the parliamentary reception

Alton Miller from Home Support Hawke's Bay is a star

Dr Philip Schroeder led an excellent session on managing services in a crisis.

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Peter Hausmann chairing the session on the CREST programme

Grant McAneaney and Sandra Buddle from Chubb Vital Call

Item or Event Sponsors

Marsha Marshall (MoH DSS), Julie Haggie (NZHHA) and Ray Lind (Careerforce)

Andrew Saunders from Careerforce and others act out the Wellington mountains and wind.

Jennifer Jones at the Healthcare of NZ stand

Sam Jackson (Te Ati Awa kaumatua) gives the opening mihi.

Christchurch's Fran Cook, Esther Perriam, Anne Schumacher and Mavis Shirtcliffe, are ready to present

Graeme Titcombe and others try their hand at the gambling table

Harold McIsaac on the bus to Parliament

Delegates enjoy the Parliamentary Reception.

Re-ablement – helping people ‘to do’

The primary keynote speaker for the NZHHA Conference was Gerald Pilkington who talked about how effective the rollout of re-ablement support has been in the UK.

Re-ablement is aimed at providing services for people with poor physical or mental health who are in the community or who have recently been discharged from hospital.

It is a short-term (up to eight weeks) package of intensive personal support which helps people accommodate their illness [or condition] by learning or re-learning the skills necessary for daily living.

It has an attitude of helping people ‘to do’ rather than ‘doing to or for’ people, and is outcome focussed. Efficiency and better outcomes are necessary because in the UK home-based support is provided by 152 Councils, which collectively spend just over 19 billion pounds on adult social care.

Gerald Pilkington worked with the Care Services Efficiency Delivery Programme, as part of the UK’s Department of Health to support 152 English local authorities to achieve their efficiency targets within adult social care. Working with services and academic research teams, he built the most comprehensive body of evidence within the UK and sought to share this with local authorities and provided support as they implemented or improved a service.

The findings of a longitudinal study show re-ablement services can appropriately reduce the demand for homecare packages by up to 60 percent in the first year and that, for many people, the benefits can last for at least two years. In addition, by mainstreaming the service, it can become the default pathway for the majority of referrals that have historically been provided with maintenance homecare services.

Research has shown that access to equipment plays a vital role in helping people become more independent; that there are delays where discharges rely on referral back to care managers, and that for re-ablement to operate effectively staff need to have the skills to motivate and encourage service users to become as independent as possible. Research also shows that being involved in re-ablement increases staff commitment, attitude, knowledge and skills.

In terms of costs, during the initial eight-week period the cost was three times that of conventional homecare. However this additional cost was more than offset by higher costs of conventional care in the follow up period. This indicated a break even point at approximately 30 weeks.

Studies have shown the benefits of re-ablement for many people last up to, and beyond, 24 months, and not merely for the 10-12 month follow-up period covered by this study.

If re-ablement services are managed well, they can effectively and efficiently deliver the benefits in terms of ongoing use of health and social services.

Eldernet: what we have learnt

In August Eldernet launched the report it commissioned with funding from the Canterbury District Health Board on the learnings of aged care providers in response to the earthquake in Canterbury. The report was researched by independent researcher Dr Sue Carswell.

This report shares learnings from interviews with over 105 participants from 70 aged care organisations in Canterbury. Owners, managers (head office and facility managers) and staff generously shared their experiences of the 22 February 2011 earthquake, the challenges they faced and what helped them.

They reflected on what they had learnt and provided suggestions for enhancing emergency preparedness and response. The findings from these interviews are shared to inform future planning and to provide insights into what worked well in a large scale emergency.

The research included interviews with five home support agencies as well as residential services. The interviewees included senior managers, several staff members and three focus groups with 18 home support workers who work on an assignment basis.

The focus of the interviews was on elderly clients, however some interviewees also worked with ACC clients and people of other ages who had a variety of needs.

An overwhelming sentiment expressed by interviewees was – ‘Be prepared, it can happen.’ Many acknowledged that you cannot be prepared for every eventuality but from their experience they stress it is extremely important for organisations and individuals to take responsibly and be as prepared as possible.

The research looked at the initial response to the earthquakes, and offered key learnings such as ensuring that emergency exits are easy to open and checked regularly, that a structural assessment of damaged buildings is undertaken to ensure safety before returning, and the need for contingency planning to relocate operations. Four organisations had to evacuate their offices on a permanent or temporary basis.

Carswell also looked at the ongoing challenges, particularly in relation to utilities such as sewage, power and water, and other issues such as insurance and movement around town.

She noted that managing stress over the long term has become important, particularly because of the multiple aftershocks.

There is much useful advice in the booklet for home support providers across the country.

For example, in relation to communications, to have contact lists in hard copy and in electronic copies in several locations, updated regularly to reflect changes in clients, staff and home support workers.

Analogue phones, of course, and also car phone chargers are useful. The home support providers also categorised clients so they knew who the top priority clients were.

As is well known now, a co-ordinated response between a number of home support providers was set up with one provider (Nurse Maude) acting as co-ordinating post for nursing and home support care.

There was very positive feedback from providers who participated in this initiative with two managers identifying this as one of the most helpful things done following the earthquake.

The report is freely available online at www.eldernet.co.nz.

The Ministry of Health's new model

The Ministry of Health (Disability Support Services) has been busy developing its new model for supporting disabled people.

The development process itself has been 'inclusive', relying heavily on a reference group which includes user representatives.

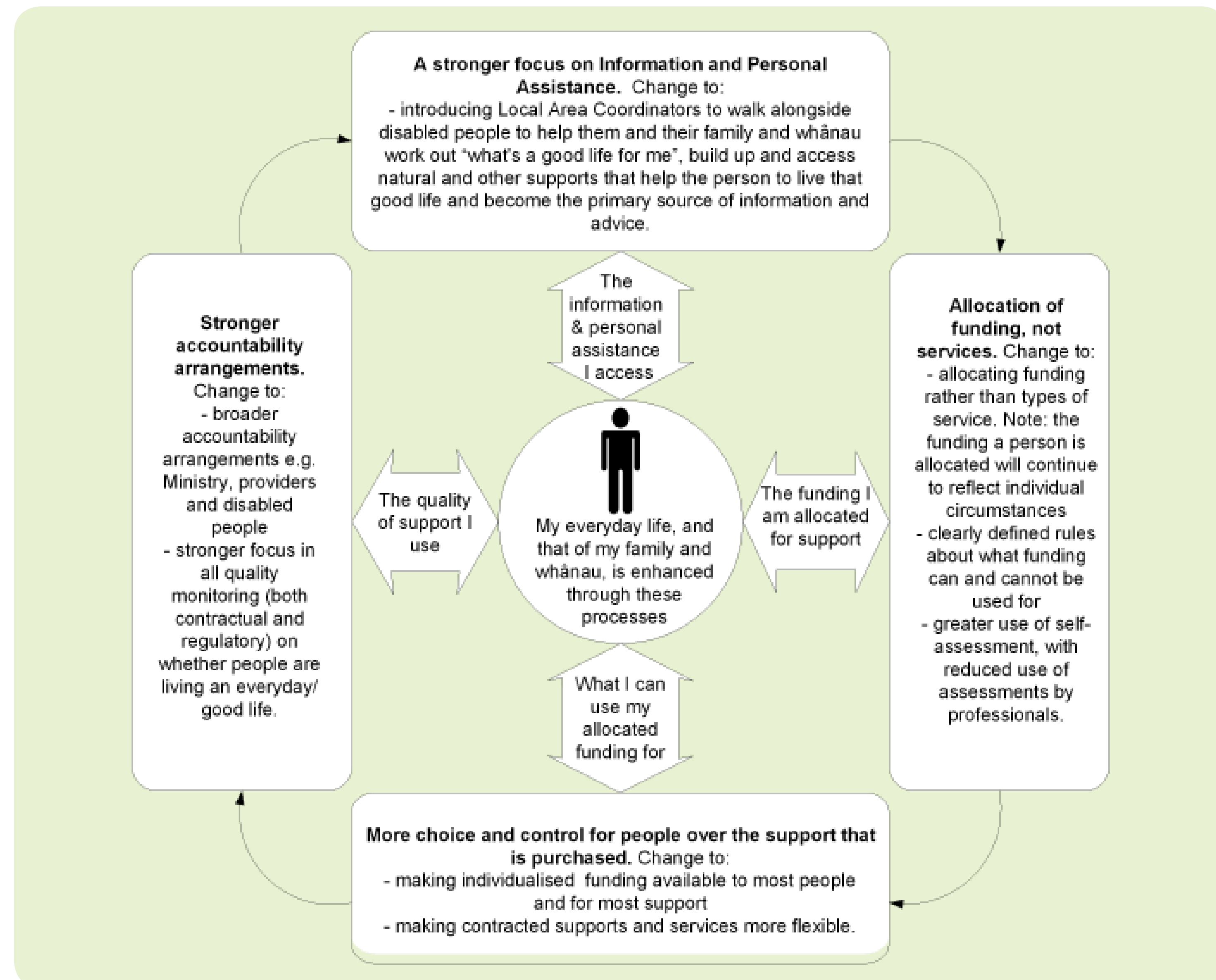
The Ministry is aiming for services that are more person-centred and integrated. The model adopts 'self-directed purchasing' (allowing users more control over the publicly funded supports they access); and 'local area coordination' (LAC). LAC has been operating in parts of Australia for some time, where coordinators facilitate a fair needs assessment (which could include self-assessment), and equitable allocation of services.

The model is being trialed in the Bay of Plenty. An accountability framework is being developed, and a two-year developmental evaluation is also being planned. The Ministry will not commit to a nationwide roll out until that evaluation is completed.

The Ministry is also working on a 'Community Living Options' model which aims to provide an alternative (not a replacement) to residential care for people with disabilities.

As an example, people could rent or own their own home, using the full range of benefits available to them, while accessing a range of flexible supports. The Ministry is currently looking at how it could implement a support service for community living which would also need to ensure that the available workforce is trained in supporting independent living.

The diagram below shows the model that was approved by Cabinet in 2010.



Individualised funding

There are currently just over 900 people receiving home-based support through individualised funding (IF).

This equates to 10.6 percent of those eligible for Home and Community Support Services. An evaluation of the implementation of IF since 2009 is due to be completed soon, looking at people, processes and providers.

The Ministry of Health is also considering areas for expanding the funding model – looking at a nationally consistent framework, integrating it with the new model work that is being piloted in the Western Bay of Plenty, and also responding to service needs in Christchurch.

User feedback to date shows 98 percent satisfaction with this service. Its roll out has resulted in a number of learnings, – for example, that IF has specific impact on needs assessment services in relation to expenditure and allocation practice.

There is ongoing training needed in supporting independent living. The Ministry is also working with unions towards a collective employment template.

A 2011 paper by Laragy and Ottmann on the implementation of 'individual funding' in Australia[1] argues that this sort of funding/service model results in improved outcomes for those families wanting to take more control and exercise more flexibility.

However, it does not suit those families who prefer ongoing close contact with their case manager.

The writers say there are several unanswered questions with regard to individual funding, such as whether the disabled person's voice is heard if it is different from that of his or her family; what happens if the resources allocated are not sufficient to meet support needs and there is no case manager providing oversight; and the impact of individual funding on workers.

Laragy and Ottmann recommend a framework to improve the implementation and ongoing sustainability of individual funding.

1. Laragy, C., Ottmann, G, Towards a Framework for Implementing Individual Funding Based on an Australian Case Study, *Journal of Policy and Practice in Intellectual Disabilities, Vol. 8, No. 1, March 2011.*

ACC – Service Schedule redesign

Accident Compensation Corporation staff are in the process of re-designing the way Home and Community Support Services are funded and delivered.

They have held sector workshops, and are looking now to create a focus group to develop the service design further. During the sector workshops they looked at current challenges and successes and ideal service design features. Some of the latter included:

- a trusting relationship between providers and ACC, which would then govern how communication and processes would operate
- simplified contracting and synergy of reporting that takes into account multiple funders, particularly Ministry of Health funded home and community support
- quality of service delivery, which raised questions on what constituted quality, what quality standards should be followed and how these would be measured and applied consistently across the sector
- access to a well trained and competent workforce that can handle clients with different degrees of complexity
- flexible services and funding models, as suppliers are wary of a one-size fits all funding model.
- ensuring some form of supplier sustainability to support investment in training and workforce development
- the service should both be client centred and outcomes focussed rather than task oriented.

ACC's next steps are:

- to create a focus group to continue developing the service design
- further consultation and workshops.

Aged Care Workforce Report – incomplete

In May this year Health Workforce New Zealand (HWNZ) produced a report titled Workforce for the Care of Older People*.*

The report (available at www.healthworkforce.govt.nz) aims to inform future workforce development work by HWNZ in Services for Older People. It is interesting to see (bearing in mind the limited data available) a projection that use of home support services could rise from a current estimate of 150,000 people to 244,000 by 2026 – a rise of 63 percent.

The report leans towards planning around known data (essentially about the regulated workforces and those in residential aged care and in hospitals) and acknowledges the lack of factual data on the home and community workforce.

Unfortunately, in key diagrams and head counts, the report omits the estimated 20-25,000 community support workers and nurses, working in the community.

We need to know more about these workers – how many there are, the competencies they need now and into the future, and their motivations and disincentives for working in the sector.

The report argues for more clinical expertise but, again, focuses on professionally registered staff at the hospital end rather than in the community.

The home and community sector desperately needs more funded clinical expertise (i.e. oversight by and access to nurses and specialists) to help non-regulated staff deal with a broad range of client needs, conditions and illnesses.

Nurses (predominantly community nurses) need specific skill sets in terms of community health care, care coordination, delegation and oversight of care teams. We also need funded training opportunities for care co-ordinatorss, as well as increased training for support workers in areas such as dementia care, palliative care, nutrition and care for those with chronic and multiple conditions.

There is also much more scope for training around technological aids (monitors, equipment, hoists etc).

The report offers a model of the changing workforce, which is also professionally focussed, showing a longer training period. The reality of the home and community workforce is that training has to be run concurrently with work. Also, training can often be focussed around specific skill sets or client group needs.

HRC report into workers in the aged care sector

Human Rights Commission
Te Kāhui Tika Tangata

The Human Rights Commission is using its powers under the Human Rights Act 1993 to inquire into equal employment opportunities and issues for employers and workers in the aged-care sector.

It will look at the regulatory frameworks and how they impact on progressing equal employment opportunities, workforce supply (recruitment and retention), training and qualifications, conditions of work and wages.

The Commission will also examine the role of men and women in the aged care sector and at how the sector impacts upon migrant workers. It will consider whether it should recommend changes to legislation, regulations, policies, practices or funding arrangements, and whether there is value in promoting national frameworks, standards, guidelines or codes of practice.

Initially the report was only considering workers and businesses in the aged residential sector. However, following discussions with NZHHA, EEO Commissioner Judy McGregor has decided to bring home support within her sights.

The Commission will meet with workers and employers to hear about the positive and negative elements of this work. It is also encouraging people to make an online submission at www.neon.org.nz/agedcareinquiry.

Executive Committee changes

The NZHHA is governed by an Executive Committee, elected by members. Executive Committee positions are two year terms (which are renewable). This year there was one position up for re-election, and the successful candidate was Sheree East.

New Executive Committee member elected

Sheree East

Sheree East RGON ADN RM, PG Dip HealSci (Nursing) is Director of Nursing for Nurse Maude New Zealand Ltd. Her development of support workforce initiatives around training and recruitment has seen staff turnover within the organisation drop significantly from 30 percent to 12.5 percent.

As a nursing leader Sheree has influence at a national level, chairing the South Island Nurse Executives group and being on the executive of NENZ – the group that represents nursing employers in New Zealand.

This group of DHB and non DHB nurse leaders is influential in both policy and service development throughout the sector and gives Sheree the opportunity to actively educate and advocate for the inclusion of home and community support in discussion and decision making.

The central point of coordination Sheree activated and provided following the Canterbury earthquakes ensured home and community Support providers had access to information and resources and were linked in to key communications. This was critical to the continuation of quality care in the community during a time of immense pressure and uncertainty.

Sheree is acutely aware of the pressures on home and community support providers and has been a key member of the team contributing to the new service design in Canterbury.

Most recently she has been appointed to the Ministry of Health working party reviewing the service specifications for specialist community nursing. The working party will also be referencing service specifications for personal care and home help.

Outgoing Executive Committee member

Leanne McLiver has been on the Executive since 2002 when she was elected as the Northland representative on the Executive Committee, and prior to that in 2001 when she was a member of the ACC/NZHHA consultation group.

Leanne is Chief Executive Officer with Home Support North Charitable Trust in Northland, which employs over 530 people.

Leanne has also been a regular attendee at the Auckland regional NZHHA group. She has been particularly interested in finance and efficiency, and strongly believes that everyone – organisations and people – are accountable and should work hard.

Leanne McLiver

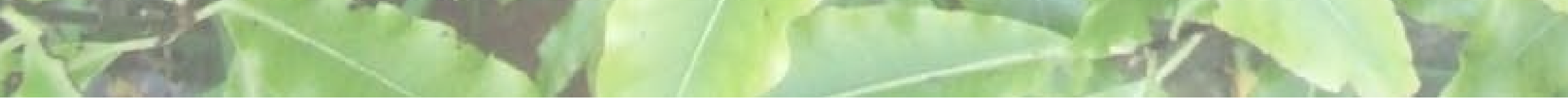
Leanne's good sense and pragmatism, as well as her sector knowledge and networking skills, have been of great value to the Association.

Conference presentations now online

Did you miss NZHHA Conference 2011?

Presentations from the Conference are now available for download at:

www.nzhha.org.nz/conference/speakers-abstracts.php.



Enjoying the Conference Parliamentary Reception some of the team from Northland (from left: Sandie Cherrington, Angie Edwardson, Teresa McEntee, JoAnn Roke, Debra Peters and Leanne McLiver)

Member profile: Home Support North Charitable Trust

Originally the Age Concern Mid North Homecare Service, the Home Support North Charitable Trust was established in 1994 by the local Bay of Islands Age Concern women.

They were concerned about the quality and availability of support for older people in the Mid-North of Northland. What started out as a little good work on the side quickly blossomed from 74 Clients to more than 1500. Soon it became obvious that the 'child' had outgrown the 'parent', and Home Support North became a separate entity, with its own objectives and mission, and independent trustees.

The business now employs 500 staff across Northland, and has contracts with the Northland District Health Board, Ministry of Health, and ACC.

It's lucky we are a charitable trust, because even though we try to operate the most efficient business model we can, there always seems to be not quite enough money to do all the improvements and enhancements we'd like.

We jumped at the opportunity, offered a few years ago, of free foundation qualification training for our support workers, and the bulk of those achieving the certificate are still with us. We then dipped our toes into the next level, and Lifewise provided their trainer to coach a hand-selected group through the Level 3 Core Competencies qualification, with pleasing success. We are grateful for support from Te Pou, who have partnered with us to provide a variety of up-skilling for our support workers.

The service has the luxury of all our co-ordinators (16) being nurses, which suits the current environment of clients being more acutely unwell and needing more specialised support and care at home.

Being a predominately rural provider of support, we must, of necessity, have three regional offices and a large fleet of vehicles to get into all the nooks and crannies of Northland's 1700 kms of coastline. Astoundingly our support workers travel 1.8 million kms each year!

We enjoy that unique 'Northland' close relationship with our funders and fellow providers, and value the opportunities afforded by our region's size, remoteness and demographic.

The 'Restorative' pilot has been an interesting challenge for us, well supported by our local NDHB, and we also get to participate in the 'real' Far North community's health. Our grant-funded shuttles assist people living up at the skinny end of the island with their travel to health appointments hours away. You have to think, you couldn't pay people enough to do what some of these volunteer drivers do for nothing!

We've grown and matured over the years with lots of help from the NZHHA and some of its members, who have variously been indispensable with freely given assistance, information, and technical support. From our position now of being the largest provider of home care support services in Northland, we are proud to be able to offer our support in return back into the sector.