CMDHB Health of Older People

WORKFORCE DEVELOPMENT PLAN

(WDP)

2007 – 2011

Contents

Executive Summary

This plan is closely linked with CMDHB's Workforce Development Plan. It clarifies what additional actions it will take to ensure adequate numbers of people with appropriate skills are available for supporting older people. Targeted workforces include:

- The largest part of the older people's workforce by far is made up of an unregulated workforce who work in either age related residential care or home-based care (community support workers).
- The areas of the CMDHB provider workforce most closely involved in supporting older people are Needs Assessment and Service Coordination (NASC) and Assessment Treatment and Rehabilitation (AT&R) staff, including geriatricians.
- The informal and unpaid carer workforce is a significant resource. This resource requires further support to maintain older people living in their place of choice.

CMDHB hospital and primary care workforces are included in the CMDHB Workforce Development Plan. However, this Health of Older People Plan refers to further specific actions required if older people are to receive efficient and effective services.

Older people have complex and interacting needs. They often require treatment from a range of health professionals, carers and services, including a range of government and community agencies.

Overall, gaps in available care, fragmentation of care and lack of coordination are common. Current older people confirm that it can be difficult to navigate through the present raft of services and systems.

The primary pressures on community residential and home based services for older people include:

- A rapidly aging population resulting in increasing demand
- Increasing acuity of need[1].
- Clear direction from national policy and service users/families that "aging in place", i.e. normally in their own home, is preferred. This will require a greater integration of services.
- A community residential and home based support sector with high turnover, low levels of pay and training, and subsequently poor quality and safety.[2]
- An ageing workforce, for whom flexible part-time work is expected to be the norm, especially in the future.
- A workforce and services still inadequately prepared to meet the needs of older Maaori, Pacific and other ethnicities.
- Low levels of gerontological expertise in working with older people among the hospital workforce.
- A primary care workforce that will need greater support from specialists to manage the health of older people more effectively in the community.

[1] HOP preliminary workforce development plan identifies an increase in age and level of disability among patients.

[2] Ministry of Health 2004

- Inadequate support for community primary care and residential services to manage the health of older people without admission to hospital.

The primary strategies of this plan in response to these pressures are to:

- develop and implement training programmes for community support workers as well as hospital based staff within the sector and
- ensure crucial supports are in place to maximise the ability of mainstream services to support older people efficiently and effectively.

More specific responses required from CMDHB Health of Older People are:

Community Services

- Considerably higher volumes of skilled community support workers in a more stable workforce. Ongoing training is expected to stabilise and reorient workforce to provide high-quality and safe services.
- Expand the range of services to better support informal carers and maintain independent living skills of service users.
- Begin development of well-supported volunteer services across the community sector.
- Continue developing the model of care including assessment tools to maximise the retention of independent living skills of older people. Train all staff in the use of the tools
- Develop all future plans in collaboration with the community service sector and older people.
- Focus on older adults as being a significant contributor to the future workforce.

Provider Arm

- Work closely with other services in the provider arm including Mental Heath Services for Older People to ensure a cohesive, efficient and effective health service for older people.
- Work with the tertiary education sector to ensure adequate training is provided for all members of the hospital based teams.
- Expand CMDHB services.
    - Double NASC staff levels by 2011 to ensure timely assessment is available for service users.
    - Additional staff for expanding AT&R wards.
    - Four additional geriatricians and nurse specialists to enhance community support.[3]
    - Education opportunities for all health professionals employed by CMDHB provider services involved in meeting needs of older people

General

- Link with health promotion programmes to optimise healthy living and the maintenance of independent living skills.
- Work intersectorally with other government agencies to ensure they have the skills to support this population.

[3] A current trial of this model is underway with the first geriatrician and specialist nurse and will be evaluated.

Health of Older People Services have already started on a number of initiatives that are expected to address these issues, including:

- Development of a training programme (ATRACT) for medical, nursing and allied staff across DHB provider activities in serving the needs of the elderly.
- Training in providing Maaori best practice services.
- Specialist geriatric support for primary care and residential services trial.
- Training programme for community support workers.
- Training programmes in the management of Dementia
- Increasing the wages and conditions of community-based support workers.
- Encouraging the maintenance of independence of older people through daily activities.

This plan is designed to support the drive to further improve services for older people within Counties Manukau.

1. Background

1.1. Scope of the HOP Workforce Development Plan

The plan covers the whole community sector of people serving the needs of older people in Counties Manukau.

It includes the regulated workforce, such as nursing staff in residential care, as well as the non-regulated workforce, including support workers, home care and needs assessors.

1.2. An Overview of the Workforce

Counties Manukau Older Population

Counties Manukau has been, and remains one of the fastest-growing regions in New Zealand. It has a diverse population with complex health needs and service requirements. Counties Manukau includes the territorial local authorities of Franklin, Papakura and Manukau, covering an estimated population of 440,600 in 2006, 10.7% of the total New Zealand population.

Counties Manukau population aged over 65 years is 41,500 (9%), made up of European/Other 31,000 (75%); Maaori 2,400 (6%); Pacific Island 4,200 (10%); and Asian 3,800 (9%). Life expectancy at birth in Counties Manukau in 2001 was similar to the New Zealand average; 81 for females and 76 for males.

Within the population over 65 years of age, the greatest increase will be in the 85+ age group – a 3.5-fold increase from 2007–2026 (253%). In comparison, the total Counties Manukau population aged 65 years and over will more than double (221%), and the total Counties Manukau population by 35%. The larger increase in the very old reflects both increasing longevity and the baby boom generation nearing 85 around 2030. Thus, as well as growth of the population aged 65 years and over, Counties Manukau will experience a dramatic increase within this age band of those aged 85 years and over.

It is the group of very old people with the highest needs for health and support services who are expected to place significant pressure on future health services (Brink 2002). The rapid increase in the over 85 population will require additional integrated service provision to meet these needs and facilitate aging in place. Most people wish to remain in their own homes as long as possible. Consequently, developments of community-based services are vital.

Older people include a vulnerable population with complex and interacting needs who require support from a wide range of professionals in the health, residential, social service and government sectors. Furthermore, future generations are expected to have increasingly higher expectations about the quality of health care and supports and personal autonomy (Fitzgerald 2007).

Funding for older people's support is currently available through a variety of Government Department "silos", including District Health Boards, Ministry of Health, Work and Income, and Housing New Zealand. Current service users confirm their difficulty in navigating through the present raft of services and systems (Fitzgerald 2007).

The national Health of Older People Strategy endorses the right of people to "age in place" in their own homes or homes of choice (Ministry of Health 2002). Determining the future funding mix for older people's services is critical for Counties Manukau District Health Board (CMDHB) and indeed the entire older people's sector, to optimise services within severely constrained resources. The majority of cost incurred by Counties Manukau is in the workforce delivering services; therefore it is also critical that their development is closely considered.

Workforce Development Focus by Service

This plan is focused on development of the following workforces:

- **Age Related Residential Care**

  The following contracted residential services are provided in Counties Manukau:
  - Rest homes:1094 beds, 37 providers
  - Long Stay Private Hospitals: 720 beds, 19 providers
  - Dementia residential care: 80 beds, 5 providers.

- **Home-based support services**

  Home-Based Support Services (HBSS) including personal care and household management to support people at home. There are seven providers of a range of related services funded by Counties Manukau.

- **Community support services**

  A range of support and information services for the older person and their families are provided in the community and which are not funded by the DHB. These services often identify and provide services to fill the 'gaps' and do so with ad-hoc funding arrangements. These include:
  - Information and advisory services provided by Age Concern, Alzheimer's Society, TOA (Treasured Older Adult) and PIASS (Pacific Information Advisory Service)
  - Carer support services provided for those caring for people aged over 65 years with a mental health disorder or age-related disability
  - Day Care services provided by Elrond, Howick Baptist, and Te Oranga. These services support older people and their family/whaanau to remain in the community
  - Orthotics services (provision of prostheses)
  - Elder abuse and protection and home visiting services provided by Age Concern.
  - Support groups which provide specific information and support to people affected by illness or disability, e.g. Alzheimer's Society, Arthritis NZ, Royal NZ Foundation of the Blind, Stroke Foundation
  - Telephone-based support, e.g. Homeline, Caring Caller
  - Advocacy groups which provide older people with information, action and support on a wide range of issues including health, e.g. Grey Power, Age Concern, Probus, Returned Services Association
  - Voluntary, religious and cultural organisations, e.g. Red Cross, churches, marae.

- **NASC**

  NASC provides assessment of an older person's needs, with involvement of the client and their family/whaanau, and coordinates a package of care from DHB-contracted services.
  It is a pivotal mechanism to ensure resource is allocated fairly and in line with policies. To play this role successfully, NASC needs to be structured and resourced adequately to meet the volume of need.

- **CMDHB geriatricians**

  Seven Geriatricians are currently employed by CMDHB to provide assessment of older people's needs. Two employed as geriatricians provide orthogeriatricians and work in the orthopaedic ward supporting and advising the other clinicians.

  One has been recently employed as a community geriatrician supporting rest homes and general practices look after the interests of older people. There are strong links with EC so as to prevent unnecessary hospital admissions.

- **AT&R staff**

  Assessment Treatment and Rehabilitation employs 120 staff to provide an essential multi-disciplinary rehabilitative service, largely within the hospital. There are currently 69 beds supported by CMDHB within Middlemore, Pukekohe and Waiuku.

  Demand is high and an additional ward will be opened in 2009, with ward 22A moving over. In 2010, another full ward will be opened.

- **DHB provider arm staff**

  Other hospital-based staff, including nursing, doctors, allied health and unregulated workers are largely covered in CMDHB Workforce Development Plans. However, some comment is made on enhancing their skills in working with older people within a mainstream environment.

  There is a need to plan for roles and develop nurse practitioners as a model of nurse led services for older people. This model will increase the effectiveness of the specialist medical services by efficiently and effectively managing the health of older people who have less complex needs.

  General practitioners and related staff are included in the primary healthcare Workforce Development Plan, although similarly, enhancing their skills in working with older people is specifically mentioned in this plan.

- **Informal Carers**

  Much of the support provided to older people comes from family and friends. They form a large unpaid workforce that is crucial to future development. A strategy for caregivers is now being developed.

1.3. Planning Context and Assumptions

Aging Population

New Zealand has a comparatively young population, with only 11.5% of people aged 65 and over. By 2010 around 13% of the population will be aged 65 and over and then the proportion of older people will rise significantly (to 22% by 2031 and 25% by 2051). Increases in Maaori and Pacific older people will be particularly significant over the next 50 years, with a 270% increase in the proportion of Maaori aged 65 and over and a more than 400% increase in the proportion of Pacific people aged 65 and over.[4]

Older people are high users of health and disability support services, with per capita expenditure increasing with advancing age. While older people may be healthier for longer in the future, demand for health and support services is likely to increase, with the rapid growth in the number and proportion of older people, particularly between 2010 and 2040.

It is of note that 79% all referrals to NASC are aged over 75[5] and that there are a number of people under 65 who also have age-related conditions, such as dementia who also require support and treatment.

Policy Context

A variety of policies combine to provide clear messages about the future direction of services.

[4] HOP Strategy

[5] Fitzgerald. T; 2005

National Health of Older People and Positive Aging Strategy

The vision driving both the Health of Older People Strategy (Ministry of Health, 2002) and Positive Aging Strategy (Ministry of Social Development, 2001) is that health and support services and programmes will facilitate the wellbeing of older people, their control over their lives, and their ability to participate in and contribute to social, family, whaanau and community life.

They are firmly based on the "aging in place" strategy, allowing people to receive essential support services at home, when possible. The need to support and sustain family care at home will only intensify as our population ages.

The Health of Older People strategic vision builds on, and provides a health focus to, the New Zealand Positive Aging Strategy.

The Health of Older People strategy sets out objectives, actions and steps that are key to achieving its vision. Where possible, changes sought in the action steps are illustrated by using examples of New Zealand or overseas initiatives. The strategy is organised around seven key objectives:

1. Policy and service planning will support the development of quality health and support services integrated around the needs of older people.
2. Funding will be managed and services delivered to promote timely access to quality integrated health and support services for older people, family, whaanau and caregivers.
3. The hauora needs of older Maaori and their whaanau will be met by appropriate health and support programmes and services that recognise and support the unique position of Maaori living in Aotearoa as Maaori.
4. Public health initiatives and programmes will promote health and wellbeing in older age.
5. Older people will have timely access to primary and community health services that proactively improve and maintain their health and functioning.
6. Hospital services will be integrated with any community-based care and support that an older person requires.
7. Flexible, timely, co-coordinated services will provide older people, their caregivers, family and whaanau with a wider range of support options.

Disability Strategy

The New Zealand Disability Strategy (2001) sets out the vision for a society that values disabled people and enhances their participation in society. It aims to create long-term community supports, acknowledging the lifestyle and personal choices of the individual.

CMDHB Health of Older People's Action Plan (2005 – 2010)

CMDHB aims in this document to implement a planned approach to strengthen the workforce to meet the needs of an aging population. Developing the skill, size and range of the workforce in the community, prioritising home-based support workforce development, increasing the ethnic diversity of the workforce and increasing gerontology knowledge of the wider workforce are key strategies.

Specific goals outlined in this plan are given below.

CMDHB aims to:

1. **Develop a range of health and disability support services to provide flexible, coordinated support for older people to age in place by**

- § Ensuring appropriate support services are available on hospital discharge and that arrangements are reviewed as the person recovers
- § Investigating the development of a greater range of carer support options, including development of formal and informal care

2. **Develop mechanisms to ensure continuity of service between DHB and ACC-funded services by**
   - § Developing and implementing quality and audit frameworks for service providers
   - § Ensuring all providers have an active complaints system and monitor use of this as part of regular visits to providers
3. **Facilitate smooth access to palliative care (end of life) by**
   - § Developing a Counties Manukau Palliative Care Plan for older people in age related residential care to ensure age and cultural appropriateness in the provision of palliative care
4. **Enable long-term support providers in community and residential care to build opportunities for appropriate health promotion, prevention and rehabilitation by**
   - § Developing a restorative model of services provision
   - § Further developing the model of interim care provision, i.e. ortho-geriatric service development
   - § Developing a quick response model to access community supports
5. **Work with providers to establish and apply a process for collecting reliable data to forecast future need for services, and plan supply of services to match need by**
   - § Developing a 'service mix' model
   - § Establishing regular reporting from the existing residential care providers' report on utilisation
6. **Implement a planned approach to strengthening the health workforce to meet the needs of an aging population by**
   - § Developing and increasing the skill, size and range of the HOP workforce, with emphasis on community services
   - § Prioritising workforce development for home-based support services caregivers
   - § Encourage Maaori and Pacific people and people from ethnic minorities to join CMDHB or the wider health and support services in the district
   - § Increasing the gerontology knowledge of the workforce

1.4. Workforce Profile

Community Services

Precise analysis of the workforce composition is very difficult because of the large numbers of organisations and mobile workforce. Most organisations do not specialise in working with one population or community. However, three seminal documents allow a basic analysis of the sector.

In 2004, the Ministry of Health undertook a Quality and Safety project exploring the issues around quality, training and safety within the sector.

In 2005, NZIER undertook an "Analysis of the CMDHB Community, NGO and Primary Workforce" and included health of older people staff across the health sector. 82% of relevant organisations

and 46% of individual staff members replied. 29% of all respondents worked in services for older people, but included PHOs, pharmacy, mental health as well as residential care and disability support.

The 2006 Health Workforce Advisory Committee analysis of the "Care and Support in the Community Setting" provides critical information on the support workforce.

Both the Quality and Safety report and HWAC reports are national and the NZIER report is significantly broader than just the community support workforce for older people. Therefore some extrapolations have been made.

Table 1: CMDHB Community Sector Workforce for Older People Profile

Total Number	Around 1,600 FTE workers in age related residential and home-based settings. They are roughly evenly spread between the two different types of services (HWAC, 2006). An earlier analysis (MOH 2004) estimates that two thirds are employed in home-based services while a third are employed in residential services. The average number of staff employed in residential services is 18 and home-based services 97.
Types	Unregulated workers (vast majority), nurses, geriatricians, NASC, allied health professionals (e.g. physiotherapists, social workers, speech language therapists, psychologists), administrative and management staff.
Age	Over half are aged over 41 (HWAC, 2006).
Gender	87% are female (NZIER, 2005).
Ethnicity	Nearly half identify as NZ European, 12% Maaori and 16% Pacific Island groups (NZIER, 2005). These rates are similar to total employment by ethnicity in the area but lower than the actual proportions of the local population (Maaori 17% and Pacific 21%).
Qualifications	17% of support workers have a recognised qualification and 83% are without qualifications (HWAC, 2006).
Full Time / Part Time	77% of community support workers and 27% of age related residential workers work 20 hours or less a week. Home-based services rely heavily on part-time staff.
Income Levels	The average hourly rate for support workers in residential and home-based settings was $10 – $11 an hour, plus possible reimbursement of travel costs (HWAC 2006).

1.5. Workforce Trends, Issues and Developments

Increasing Acuity and Demand

The burgeoning population over 65 is expected to incur additional health and support costs. While many older people will have healthy lives, it is also true that per capita expenditure for the over 65s is three to five times higher than for the 15 – 65 age group (NZIER). Demand is accordingly expected to rise with the population's median age.

In addition, as family supports are less available with dual incomes and smaller families, the level of need experienced by older people approaching NASC support and health services has noticeably risen (Fitzgerald, 2007).

Quality and Safety of Community Support Services

HWAC assessed the quality and safety in community support services (for people of all ages) as requiring considerable improvement. The lack of training, mandatory standard for home-based services and lack of funding flexibility were of highest concern. Key factors they identified are as follows:

Factors Affecting Safety

- Service gaps
- Worker and skill shortages, due to high turnover
- Decreased access to services
- Inadequately trained workers delivering support services; workers carrying out tasks outside their scope of practice and training
- Difficulty with recruitment, especially in rural areas and areas that have other seasonal employment options
- Support workers in home-based services working in isolation, with minimal orientation, limited training, and minimal monitoring and supervision
- Reported abuse of clients by workers and of workers by clients
- Evidence of insufficient risk assessment and risk management in some home-based support services
- Services not currently meeting the Home and Community Support Sector Standard

Factors Affecting Quality

- Increasing acuity and complexity of client need in home based care, requiring workers to have increased skills
- Need to build the capacity of the Maaori and Pacific Peoples' Disability Support Service (DSS) workforce to deal with future demographic change
- Lack of client-centred focus and a lack of support for family/whaanau
- Lack of continuity of care, due to high turnover
- Lack of privacy for clients in community based services
- Inflexible services, lack of responsiveness, and lack of client choice of support workers
- Lack of information about services, duplication of assessment, lack of integration between support services funded by different agencies, and lack of cultural appropriateness in mainstream services

Fragmentation of Provision

Gaps and fragmentation of care, and lack of coordination and customer consciousness are common. Internationally, there is criticism of the "insensitive, dehumanising and simply poor-quality services" available (Glendinning 2001) including the "unacceptable variations according to where older people live" (Warden 1998).

The national Health of Older People Strategy acknowledges this difficulty and aims to develop an integrated approach to health and disability support services that is responsive to older people's varied and changing needs over time. This approach is often called an integrated continuum of care. It encourages positive aging through an increased focus on the individual as the centre of care, requiring seamless service delivery models across a variety of settings, including hospitals, residential aged care, primary healthcare services, community health services, assessment/coordination services and disability and social support services.

Awareness Growing of Non-Regulated Workforce Importance

There are around 50,000 (non regulated) community support workers throughout the country. The need for this support workforce will grow in numbers and the skills required. Without a skilled workforce, the sector will not be able to meet the requirements of the Health of Older People strategy. With a more skilled workforce, it is believed that older people will have improved quality of life, be able to "age in place of choice" and maintain independence and greater self determination.

Work undertaken to date in this area includes:

- The Quality and Safety Project instigated by the Ministry of Health in 2004
- The Future Workforce instigated by the DHBs in 2005

These reports agree that the paid support workforce needs to move from a casualised predominantly untrained workforce with high turnover to a stable workforce with higher skills.

Changing Service Models

The traditional models of providing domestic assistance and personal care for older people at home are being challenged as to their appropriateness as a response to need as well as their sustainability into the future.

There is considerable argument that older people who stay active and maintain their own environments as much as possible are likely to stay independent longer. The "use it or lose it" concept or restorative model is supported by studies such as ASPIRE (University of Auckland, 2006), which demonstrates that activity in old age maintains skill and physical ability.

In order for people to stay at home for longer, a greater range of therapeutic day services are needed to both enhance skill and relieve carer stress.

Greater support of informal and unpaid carers also needs to be provided to relieve some pressure off the paid workforce.

Primary Care Role Expanding

Primary health care practices are the first point of contact for many older people. It is intended to expand the Chronic Care Management (CCM) programme to include more older people, allowing greater health management at the primary care level so as to avoid unnecessary hospital visits.

Cultural Competency

Ensuring culturally comfortable services are available for Maaori, Pacific and Asian people is critical for those older populations. Some services may be run by Maaori and Pacific people but many will be mainstream and cultural competence is needed in all services.

CMDHB has been running a Tikanga best practice programme for all staff throughout the organisation.

Home-based providers employ more Maaori support workers than residential providers but in general there are few Maaori coordinators (HWAC).

Employment Trends

Community Services

With the unemployment rate at a record low of 3.5%, and a sector heavily reliant on direct care and support, recruitment and retention are crucial.

There are, however, high turnover rates in both age related residential care (26%) and Disability Support (19%) (NZIER, 2005). HWAC reports even higher turnover for support workers in home-based services (39%) and in residential care (29%). NZIER's survey showed that 65% of support staff intend to stay in the sector for five years or more.

High turnover is believed to be due to low pay, lack of guaranteed work particularly in home based care, or a career path (HWAC).

A significant proportion of staff working with older people is part time. 50% of home-based workers and 10% of residential workers work less than 10 hours a week. Many have either family commitments or other jobs (HWAC, 2006).

There is also a strong reliance on casual working arrangements throughout the community support services sector and especially in home based care (HWAC, 2006). A large proportion of support workers either have no contract or are unaware of what contract they are signed up to.

The HWAC Quality Safety project concluded that home-based support workers had lower levels of pay and conditions than residential services.

Residential services are of diverse size, with 40% employing over 10 staff (NZIER). Over 80% of all organisations (including residential services) in the survey employed less than 10 staff. (NZIER, 2005)

Most community services (70%) have no workforce development plan (NZIER). However, half of all NZIER respondents indicated a need for some form of up-skilling.

Disability support services appear to be innovative in response to need with the significantly highest number of new roles being developed (NZIER).

DHB Provider Arm

Services currently experience challenges with both recruitment and retention of workforce across medicine, nursing and allied health professions.

More specialist services are required to back the many health and support providers for older people.

Changes to Wage Rates

Low pay is believed to remain a fundamental barrier for high-quality support services to older people in their own homes.

Some efforts have been made to raise the employment conditions of support workers in both home-based and residential services and thereby increase the level of retention and training. In 2005, Government provided $18.6 million nationally to improve pay and conditions for workers under the Low Paid Workers Initiative. An additional $22 million was provided in 2006.

A formal evaluation of the effect of this move is expected from the Ministry of Health in the next 18 – 24 months.

Aging Workforce

Most workers are middle aged with 62% of female workers being over 41, with a relatively small number of younger workers. This has significant implications for the future workforce. For example, part-time and more flexible work will likely become the norm for older workers.

There is a particular concern about having sufficient experienced nurses in age related residential and secondary hospital care because of the ageing workforce and the expansion of career choices for women.

Intersectoral and Collaborative Approaches Growing

Increasingly, government departments as well as NGOs are collaborating at regional and national levels.

CMDHB HOP supports the sharing of skills across the sector so that all agencies understand the needs of older people and are able to respond to them appropriately.

A number of collaborative projects are already in place, for example with Housing NZ and Work and Income. The Ministry of Social Development, Veterans Affairs and the Accident Compensation Corporation are some of the other agencies where partnerships are being or can be developed. This trend is expected to continue.

There is also a need to develop career paths for planners within the sector, including NGOs, so that effective long-term planning can take place.

Lack of Gerontological Expertise

CMDHB employs seven geriatricians in the hospital currently; most of whom work in AT&R but two are shared in the general hospital. With 60% of hospital admissions in CMDHB coming from the over 65 population, and high demand on AT&R beds, the need for more geriatricians has become evident in the community as well as in hospital. The potential roles for nurse practitioners in health of older people also need to be further explored.

A small community pilot project involving one geriatrician and one nurse has commenced. This project aims to reduce the number of admissions by better supporting community residential providers and general practitioners. It will provide a hotline during office hours for GPs to the geriatrician and for age related residential care providers to a nurse specialist if specific criteria are evident.

CMDHB is encouraging the sharing of skills across staff in the provider arm. The Health of Older People team strongly support this.

NZIER's 2004 report (Ageing NZ and Health and Disability Services) notes the need for more expertise in older people's health. Rather than calling for more specialists in geriatric medicine, NZIER argues for more providers to have some training in geriatrics and access to specialist support. The ATRACT (Assessment Treatment and Rehabilitation Advanced Care Training) package aims to do just that.

This new training package offers in-depth, free education to the area of gerontology in New Zealand for registered nurses and other registered health professionals working in CMDHB. It is not meant to replace post-graduate education offered through tertiary education facilities such as The University of Auckland. Rather the package is designed to facilitate best practice and encourage a consistent level of health service provision to older people and so ensure that they receive the best services possible.

It provides interactive web-based learning and is free for all nurses working with CMDHB area, community, hospital and PHOs.

Greater uses of screening instruments for nutrition, hydration, mental health of older people are expected to be available in mainstream wards in the future.

More nurses working in clinical practice with older people need to be encouraged to undertake post graduate study and access CTA funding.

Patient Flow Project

CMDHB has been reviewing and improving patient flows through the hospital through a comprehensive project over the last year. It is expected that greater efficiencies, prevention of admissions and reduction in delays in discharges as well as better understanding of the needs of older people will be achieved through this process.

Informal Carers

The Ministry of Health is currently developing a national "Carer Strategy" that acknowledges the huge support given by this unpaid workforce.

Informal carers are eligible for a Carer Support Subsidy which helps pay for someone else to look after the person usually cared for, but it is widely acknowledged that carers are not yet adequately supported (Fitzgerald, 2007).

Service Expansion Required

Assessment Treatment and Rehabilitation

CMDHB plans to expand the AT&R service for older people.

In 2009, an extra ward and in 2010 another ward will be available with obvious requirements for additional staff. Transition planning is needed now.

NASC

NASC services have also been experiencing increased pressure from the rise in numbers of people asking for assistance, limits in home-based service capacity, and changing modes of service delivery. They will need to be appropriately structured and resources will need to be expanded if they are to provide timely assessments, identifying needs correctly for service users in the future.

Training Available

Supply Issues

Auckland is fortunate to have a number of training institutions in the area. All the technical institutes and universities provide some training in disability although none yet provides the National Certificate in Support of the Older Person (Level 3). Career Force, the Industry Training Organisation, is leading developments in this area (see below).

There is also limited training in gerontology available to health professionals in the tertiary institutions around Auckland:

Auckland University of Technology	• There are a series of post graduate papers available to complete both a certificate and diploma in Health Science with the ability to specialise in "Older Adult: Health and Wellness".

Manukau Institute of Technology	• Bachelor of Health Science (Nursing) has a component focused on nursing the older adult. • Workshop for registered nurses on Working with Older Adults
Unitec	• Level 6 paper on Nursing Practice – Older Adults
University of Auckland	• Population Health teaches five post-graduate papers on gerontology and geriatric medicine. • Other papers include rehabilitation for older people and palliative care. • The nursing papers such as healthy assessment and diagnostic reasoning and partum paper are also available. • The Faculty of Medical and Health Sciences teaches a post-graduate Diploma in Geriatric Medicine. • There is a Senior Lecturer in Gerontology appointed. • Registered nurses are able to undertake a clinical masters with a focus in health of older people to support an application for nurse practitioner registration with a scope of practice in health of Older People

Training in supporting older people needs to be enhanced across the tertiary sector, with greater levels of content specific to working with older people.

A number of health professions are seeking common core training with a greater emphasis on inter-discipline philosophy and diversity of clinical placements.

Specialist doctors, nurses and allied health practitioners will also need to be trained to focus on a model of care that is community rather than hospital based.

Career Force Developments in training

Career Force, as the Industry Training Organisation (ITO) for community support services, has developed a career pathway qualification for people working with older and disabled people.

These qualifications start with a National Certificate in Community Support (Foundation Skills), Level Two and then progress onto higher-level qualifications for this workforce.

The role of the ITO is to:

1. Provide leadership within their industries or sectors on matters relating to skill and training needs;
2. Design national qualifications, and set and quality assure national standards;
3. Arrange for the delivery of industry training.

The National Certificate in Community Support (Foundation Skills) is made up of the following topic areas:

- Supporting consumer plans
- Quality of life and wellbeing
- Safety and security
- Knowledge of moving people and equipment
- Looking after me
- Rights and responsibilities
- Infection control
- Pre-packaged medication

- Understanding your role

Time and finance for training are considered the biggest barriers for staff to participate in training. (HWAC, NZIER)

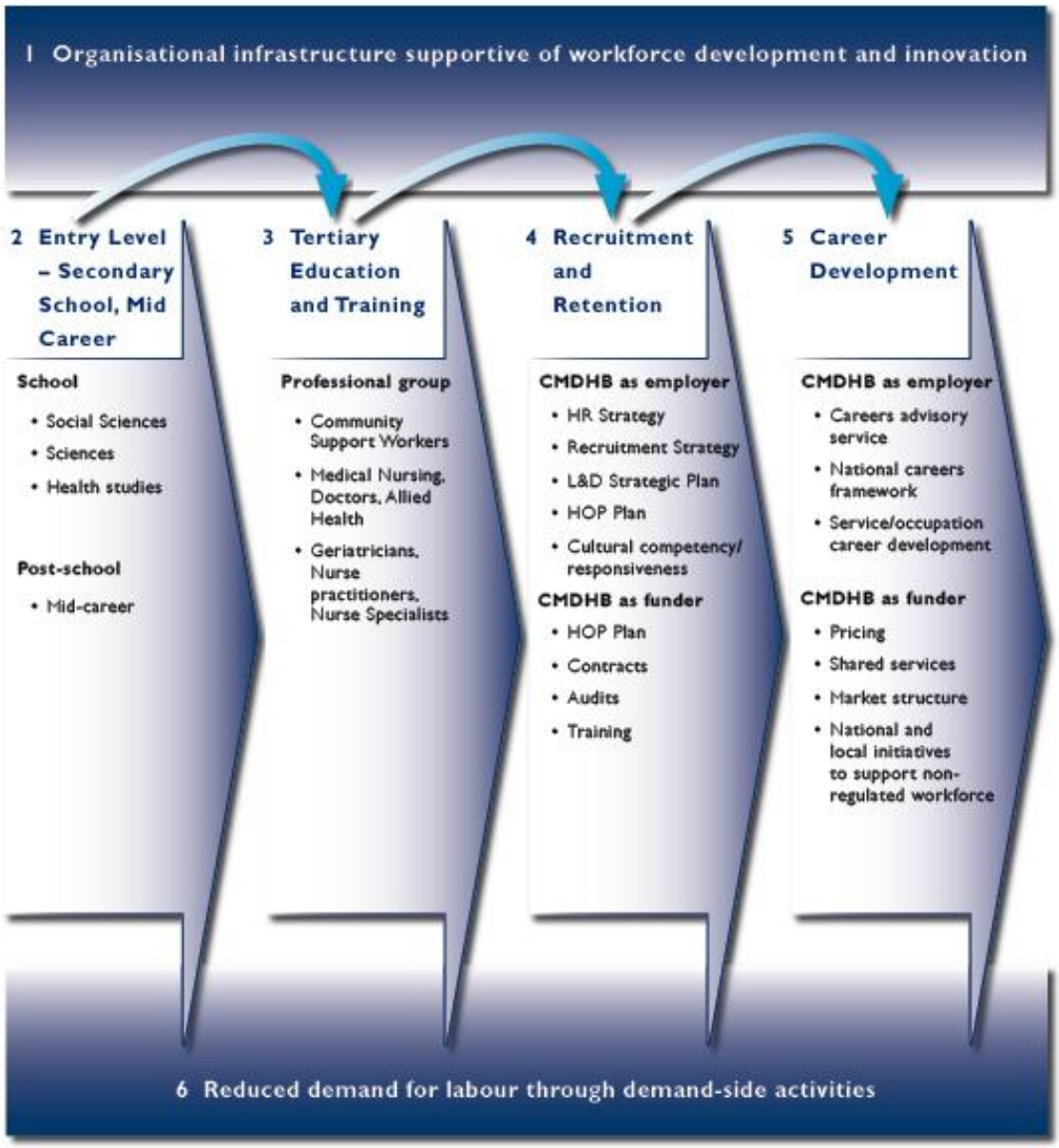
As a result, CMDHB has funded the training of 630 placements in Level Two courses and will continue to make an investment in workplace supported training.

New Nursing Roles

Clinical Nurse Specialists, and nurse practitioners specialising in health of older people are needed for better supporting general nurses and community services.

Nurse assistants are expected to replace staff previously called Enrolled Nurse, for whom there is no longer training available. A new training programme for nurse assistants in health of older people is being planned to start at MIT in 2009

2. Workforce Development Plan



2.1. Organisational Infrastructure Supportive of Workforce Development

Getting better information on the current workforce and its needs, the aspirations of service users and putting core supports in place for mainstream services will ensure a platform for development is in place.

Outcome	Action	Performance Indicator	Timeframe
Senior governance structure of the community sector oversees all developments	Community sector governance structure is in place and includes community representation	• Terms of Reference and HOP plan includes workforce development • HOP plan implementation	2007 – 2009
Resources are available to implement workforce plan	Identify any resources required to implement workforce plan	• Resources identified	June 2009
Identify how to capture accurate data on support workforce numbers, skills and profile	Explore all possible options for data collections and select most feasible	• Plan is in place to collect data	2007 – 2009
		• Data is being collected	2008 – 2010
		• Workforce skill sets match demographics of community	2011 – 2013
Tool is selected that clarifies personal health and rehabilitative goals	Identify tool to set goals with older people	• Tool is available and easy to use and meets the needs of older people	2007 – 2009
Intra-sectoral (within CMDHB)approach generates collaborative approach to support elderly	Identify practical projects for collaboration (e.g. developing age-friendly practices in hospital)	• Numbers of projects and service user feedback	2008 – 2013
Community, residential and primary care support services are supported to manage the health of older people	Provide direct access to geriatricians and nurse specialists, nurse practitioners for age related residential care providers and GP practices for advice	• Reduced admissions • Numbers of contacts to specialist service	2008 – 2010
	Provide systematic training in managing health of older	• Reduced admissions	2008 – 2011

Outcome	Action	Performance Indicator	Timeframe
	people.		

2.2. Increased Workforce Supply at Entry Level

A primary focus on the training of the older workforce and development of volunteer services is expected to bring the greatest long term benefits for older people.

Outcome	Action	Performance Indicator	Timeframe
Workforce is sourced locally	Develop campaign that shows working with older people is interesting and rewarding	• Numbers of people applying for courses	2009 – 2011
CMDHB school careers programme includes services for older people	Negotiate how school careers programme can include services for older people	• School visits with resources	2008 – 2010
Students in tertiary programmes are aware of options for work in older people's sector	Develop liaison and programme for introducing sector to targeted students	• Numbers of visits • Numbers of vacancies	2008 – 2010
Scholarships are available for targeted group of workforce	Identify target (skills, gender, ethnicity) and resources for scholarships. Include in scholarship programme	• Scholarships available	2008 – 2010
Middle-aged and older people are attracted into the workforce	Develop campaign(s) that targets these groups	• Numbers of vacancies • Workforce profile	2008 – 2011
Volunteer workforce is available and operating competently	Identify role and training/ support required for volunteer workforce	• Plan in place • Numbers of volunteers	2008 – 2011

2.3. Strong Relationships with Workforce Suppliers (Tertiary Institutions) to Provide Fit-for-Purpose Workforce

Training across the sector is considered the principal key to workforce development for older people.

Outcome	Action	Performance Indicator	Timeframe
Preferred candidate skills and profiles are clear	Identify preferred candidate profiles for all workforces	• Data on required workforce is available	2008 – 2010
Agreements with tertiary institutions are in place to communicate sector requirements and opportunities	Develop relationships and agreements with key tertiary institutions: Manukau Institute of Technology, Auckland University, Auckland University of Technology and Career Force	• Agreements are in place	2008 – 2010
Work experience programme is available throughout sector	Develop programme for work experience and implement	• Numbers of people on work experience	2009 – 2011
Relevant tertiary curricula contain information about services to older people	Identify core courses and liaise with tertiary institutions about inclusion of information	• Numbers of courses with relevant curricula	2009 – 2011

2.4. Recruitment and Retention of a Skilled Workforce

Recruitment and retention of regular and support roles is essential for the ongoing support of older people.

Outcome	Action	Performance Indicator	Timeframe
Future size and skill requirements of community support workforce are clear	Identify skill requirements with community sector (residential and home based)	• Skill and support requirements are clear	2009 – 2011
	Support implementation of sector standards	• Sector standards are in place and assessed by quality and contract audits	2009 – 2012
The community support workforce is representative of the communities' ethnic diversity	Collect data on workforce	• Current profile of workforce is available	2008 – 2010
	Encourage appropriate recruitment through tertiary institutions, schools and agencies	• Recruitment plan is clear	2008 – 2010
Community support workforce is stable and well supported with supervision and ongoing training	Develop training plan with community sector	• Training plan is in place	2008 – 2010
	Budget for training and support	• Resource is available	2008 – 2010
	Career Force training is available to up-skill current workforce	• Numbers of people trained	2008 – 2013
General practices provide nurse-led services	Engage with primary care practices and support the development of nurse specialists	• Nurse-led services are provided.	2009 – 2013
Hospital workforce is skilled to work with older people	Implement ATRACT programme throughout hospital workforce	• Numbers of people attending ATRACT	2008 – 2013
		• Age range and waiting time comparison in EC	2009 – 2013
	Develop nurse practitioners	• Number of nurse practitioners	2009-2013
Four community geriatricians/ nurse practitioners and nurse specialists are available to support primary & age	Budget and recruit appropriate staff	• Staff are in place	2008 – 2013

Outcome	Action	Performance Indicator	Timeframe
related residential care			
AT&R is adequately staffed for the new wards	Plan for recruitment and training of all new staff required. Skill mix ensures professional support to second level nurses, students and new graduates Time is factored in to FTE to support post graduate study	• Staff numbers	2007 – 2010
NASC is adequately staffed to meet demand	Additional 23 staff appointed to plan	• Staff numbers	2008 – 2013

2.5. Career Development

Much closer intersectoral approaches to development will allow more diverse careers for this workforce.

Outcome	Action	Performance Indicator	Timeframe
Service providers are closely connected and jointly involved in sector planning	Encourage interrelated approach between parts of the sector and involve all in planning	• Service provider involvement	2008 – 2013
Contracts suit long-term service provision	Confirm evergreen contracts as standard contracting method	• Average length of service for contractors	2008 – 2013
Potential and existing staff are aware of career development opportunities	Clearly communicate staircased approach of available qualifications and opportunities. Nursing within AT&R has a career pathway. RNs are supported to develop a career plan by senior nurses Nurse researcher(s) are supported and resourced	• Numbers of applicants	2008 – 2013
	Professional development programmes are ongoing Time is factored in to FTE to support post graduate study	• Numbers of attendees	2008 – 2013
Retain older nursing workforce	Market other parts of the sector (e.g. NASC) with less physical requirements of older nurses	• Numbers of nurses retained	2009 – 2013

Outcome	Action	Performance Indicator	Timeframe
Scholarships are available for targeted staff requirements	Link with existing CMDHB scholarship programme to identify targeted staff appointments. Nursing scholarships are accessed e.g. for NZNO, university, MoH	• Number of scholarships	2008 – 2013
Community sector is funded adequately through contracts to provide career choices and transfers between parts of the sector	Ensure staff funding levels are comparable	• Staff turnover	2008 – 2013

2.6. Reduced Demand for Labour through Demand-Side Activities

Older people's services will need to work differently if older people's health in the community is to be maximised and resources made most efficient. The demand for labour can be expected to reduce if the population is enabled to manage their own health.

Outcome	Action	Performance Indicator	Timeframe
'Use it or lose it' campaign is firmly in place	In line with ASPIRE and TARGET, all service users are encouraged to maintain essential skills	• Service user feedback	2008 – 2013
Clear decision over funding responsibility for all older people's support services	Ensure funding is easily accessible by eligible service users	• Agreement with sector made	2009 – 2013
Service user has control of her/his own services	Focus on customer service is included in all training	• Service user feedback	2008 – 2013
Services are of high quality	Audit all services	• Audit report	2008 – 2013
	Training available for service quality gaps	• Training report	2008 – 2013
Day services are available for therapy and carer relief	Design future staff roles and ensure training available	• Numbers of staff against target	2008 – 2013
Nurse specialists, nurse practitioners are operating in primary care	Ensure training is available and negotiate placements with primary care	• Numbers of nurse specialists	2009 – 2013

Outcome	Action	Performance Indicator	Timeframe
Four community geriatricians/ nurse practitioners and four clinical nurse specialists are offering effective support service primary and age related residential care across CMDHB area	Begin with one localised area and build up support access to include four areas	• Feedback from sector	2008 – 2013
Health promotion messages for maintaining healthy life are heard and actioned by service users	Liaise with public health and community sector to ensure messages are consistent with approach	• Programme is in place • Service user feedback	2009 – 2013
Ensure older workforce has support to participate in sector (e.g. lifting requirements can be met)	Ensure training or alternative systems are in place for older workforce caring for older people Work towards a lift free environment by 2010	• Workforce profile	2008 – 2013
ATRACT programme undertaken by 60% of all hospital staff and ARRC	Establish effective communication and reward system for programme	• Numbers completing programme	2008 – 2013
AT & R, MHSOP and mainstream ward clinical teams are cohesive	Shared approaches are developed to future services	• Agreement made	2008 - 2010
Telemetry and internet based clinical recorded are commonly used by primary and age related residential care to assist in advise on prescriptions and health management	Develop and communicate telemetry options to sector	• Numbers of people using service	2009 – 2013
Day services are expanded in number and breadth of activity	Ensure role definition is clear and training is available for staff	• Numbers of people receiving training	2009 – 2013

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