

# DHB Collaborative Workforce Activity



**Government Expectations**

Strategy Documents

**SHARED DIRECTION**

HWAC,  
MOH, DHBs /DHBNZ

Health Sector Work Plan



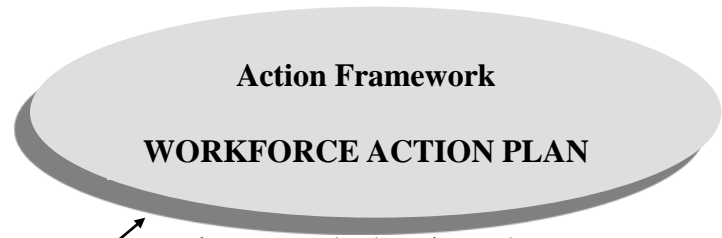
**GOVERNANCE**  
DHBs/DHBNZ



Project/ Initiative  
Partners

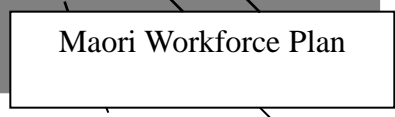
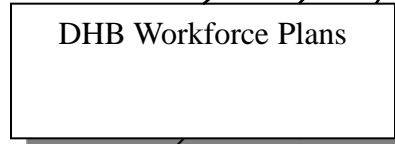
**Underpinning Values**

- 4 principles
- 3 priorities: Information Relationships Capacity
- Behavioral targets



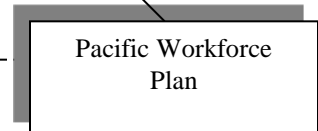
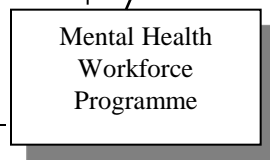
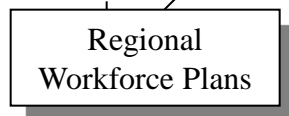
DHBs  
Wider health  
sector  
Health unions  
Other sectors

**DHBs**  
•District  
Annual Plans



**Key Sector Workforce Activity feeds into Action Plan**

- Stakeholder engagement and coordination
- Populate action framework with priority projects



Other in development

# SUMMARY WAP PROJECTS: 04/05

	<b>Project</b>	<b>Key Deliverable(s)</b>
1.	HWIS	Robust workforce information & analysis across DHB and NGO sectors
2.	Future Workforce	Clear shared direction and prioritization for future health workforce activity & established health/education interface
3.	Health Sector Branding	Improved workforce supply via development of health sector profile in employment market
4.	Healthy workplace self-assessment	Enhanced key stakeholder perception of DHB workplaces – MoH, HWAC, health unions
	Building healthy workplaces	Improved staff retention and related risk reduction
5.	ER Capability	Stable sector relationships with unions
	ER Action Plan	Agreed sector positions in key ER policy areas
6.	HPCA Act Compliance	Reduced DHB risk & enhanced relationships with RAs
7.	DHB Training Stocktake	Opportunities for shared best practice approaches /efficiency
8.	Leadership Framework	Enhanced sector leadership capability
	Primary Health LAMP	
	Primary Health Teams	
9.	Health Sector Conferences	Best practice and network development supporting sector direction
10.	Workforce Planning Network	Service driven workforce planning advancing sector capability
	Workforce Coordination	Coordination & delivery of collaborative workforce initiatives

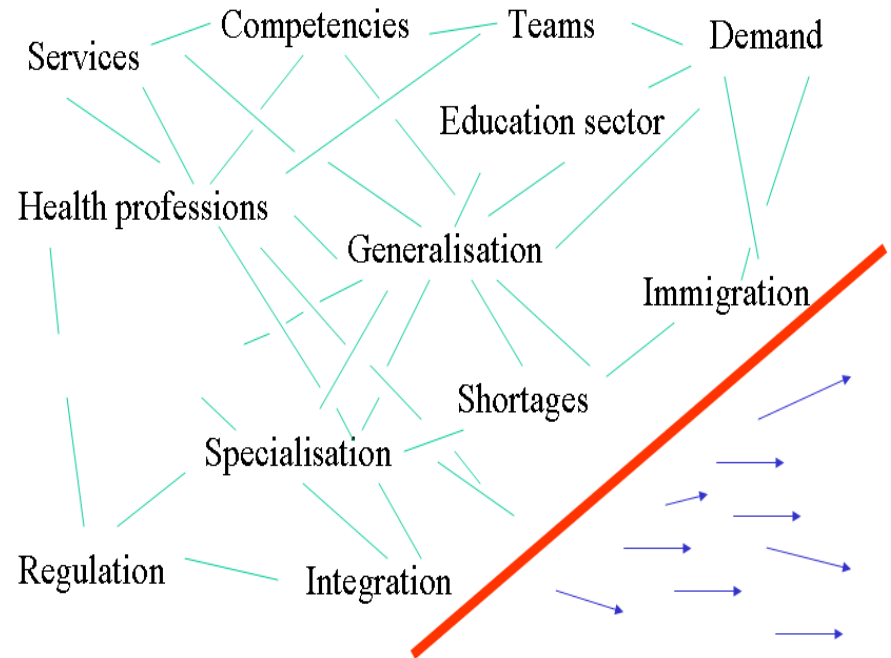


# *04/05 Workforce Action Plan*

- ***Deliverables***
- Priority actions for collaborative workforce activity
- Sector *Way of Working*

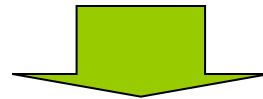
# Value to DHBs

- Clear priorities
- Connected process /environmental scanning
- Relationship with education sector



# *Method*

- Survey of sector experts
- Iterative feedback
- Focus /filter groups
- Draft paper - consultation



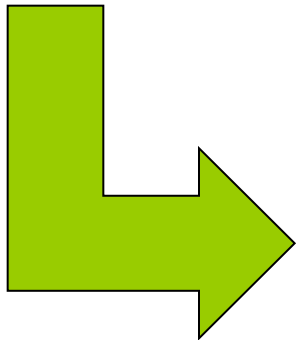
**Final Report to National CEOs August 2005**

# *Findings*



# *Future Demand*

- Ageing population
- Chronic disease management
- Reducing disparities
- Changing consumer expectations



**Workforce is key enabler**

# *Future Services*

- New models of care
- Consumer centred
- Primary health /community based
- Wellness and prevention approaches
- Integrated services across continuum
- Hospitals as high intensity environments
- New technologies

# *Future Workforce Implications*

- Team work/interdisciplinary
- Numbers and skill mix
- Specialist vs generalist skills
- Expanded roles
- Consumer participation
- Innovation
- Intersectoral

# *Key Supply Issues*

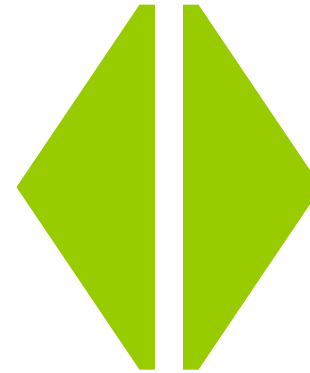
- Numbers:
- Recruitment/ retention
- Ageing workforce
- Healthy workplaces: work life balance
- Global market
- Key workforces
- Ongoing learning /competencies development

# *Key System Issues* (cont)

- Vision, direction and leadership
- Information
- Branding & Entry: Education sector
- Regulation: HPCAA, prescribing
- Enabling innovation /job redesign
- Employment relations context

# Project Outcomes

- 8 priorities
- Action set 2005 -2010




Way of  
Working



- Not ranked
- Strong relationships
- Linkages to existing work

# 8 PRIORITIES

<b>Sustaining and Nurturing the Health Workforce</b>	<b>Developing Workforce /Sector Capability</b>
<p><b>Priority I:</b> Fostering supportive environments and positive cultures</p> <p><b>Priority II:</b> Enhancing people strategies</p> <p><b>Priority: III:</b> Education and Training</p>	<p><b>Priority IV:</b> Models of Care</p> <p><b>Priority V:</b> Primary health workforce</p> <p><b>Priority VI:</b> Maori health workforce</p> <p><b>Priority VII:</b> Pacific health workforce</p> <p><b>Priority VIII:</b> Non-regulated and voluntary health and disability workforce</p> 

# Priority I: Fostering supportive environments and positive cultures

1	Promote appropriate shared clinical, management and cultural leadership models.
2	Share across DHBs best practice tools that foster supportive environments and positive cultures.
3	Support new graduates in their transition into clinical practice
4	Establish mentor training and related sector-wide networks for both clinicians and management.
5	Ensure HR have capacity and capability to help foster a supportive environment



## Priority II: Enhancing people strategies

1	Create an affirmative action programme that attracts and retains older people in the health and disability workforce.
2	Establish alternative career pathways/opportunities across all health and disability professions, both vertical and lateral
3	Workforce Strategy Groups: ER strategies and negotiations are informed by the sector's workforce context, direction and required outcomes
4	Implement policies and programmes that enable work/life balance
5	Integrate organisational values into everyday activities such as: -competencies descriptions -corporate processes such as recruitment
6	Resource workforce planning across sector including DHBs and NGOs: -DHB workforce toolkit/HWIS/ Workforce modelling

## Priority III: Education and Training

1	Create a relationship with the education sector to enable formal engagement on workforce supply issues – access, numbers, workforce categories, mix and competencies.
2	Agree health sector requirements: Facilitate a round table discussion with education, health sector, professional organisations etc to redesign health education in NZ.
3	Develop a brand that increases the attractiveness of health sector careers.
4	Establish national e learning systems (including hardware and electronic competency support) for individual and group learning to cover
5	DHBs agree that competencies (such as IV certificate, epidural cert etc) become portable across DHBs and between disciplines.

## Priority IV: Models of Care

1	Incentivise innovative models of care that support job redesign, team building and shared competencies development within the HPCA framework.
2	Identify and actively progress the removal of barriers to health practitioners fully exercising their scopes of practice eg regulation and contracts
3	Support new models of care by developing flexible models of employment/contracting health practitioners.
4	Fund initiatives to encourage the introduction of new models of team working which are health outcome focused.
5	Strengthen and value the role of the generalist in the sector by: <ul style="list-style-type: none"><li>- describing generic competencies</li><li>- ensuring the right mix of generalists and specialists are deployed</li><li>- use integrated team approaches to patient care such as generalist led teams</li><li>- expand flexibility by using opportunities available under the HPCA Act.</li></ul>

# Priority V: Primary health workforce

1	Develop primary health models that explicitly recognise the range of competencies and skills that provide for the diverse needs of the population ie doctors, nurses, allied health professionals, NGOs, non-regulated workers and volunteers etc.
2	Develop teams in the primary sector that are integrated with the secondary sector through, for example: joint appointments; case management models etc
3	Align funding mechanisms to enable coherent workforce development that reflects service direction.
4	Develop tools that support the workforce to provide integrated services and a team based approach eg: integrated information systems across the continuum of care; single client record; nationally consistent decision support tools.

## Priority VI: Maori health workforce

1	Resource workforce planning and workforce information including ethnic specific data.
2	Engage with TEC to increase successful Maori participation in health and disability education and training, including developing kaupapa Maori programmes.
3	DHBs engage with school sector locally to improve Maori participation in health and disability education and training.
4	Ensure access of Maori and non-Maori clinicians and staff to Maori health/Haurora Maori competency development and training opportunities.
5	Invest and develop Maori workforce capacity (numbers, professionals, non-professionals) and infrastructure (training opportunities, standards)

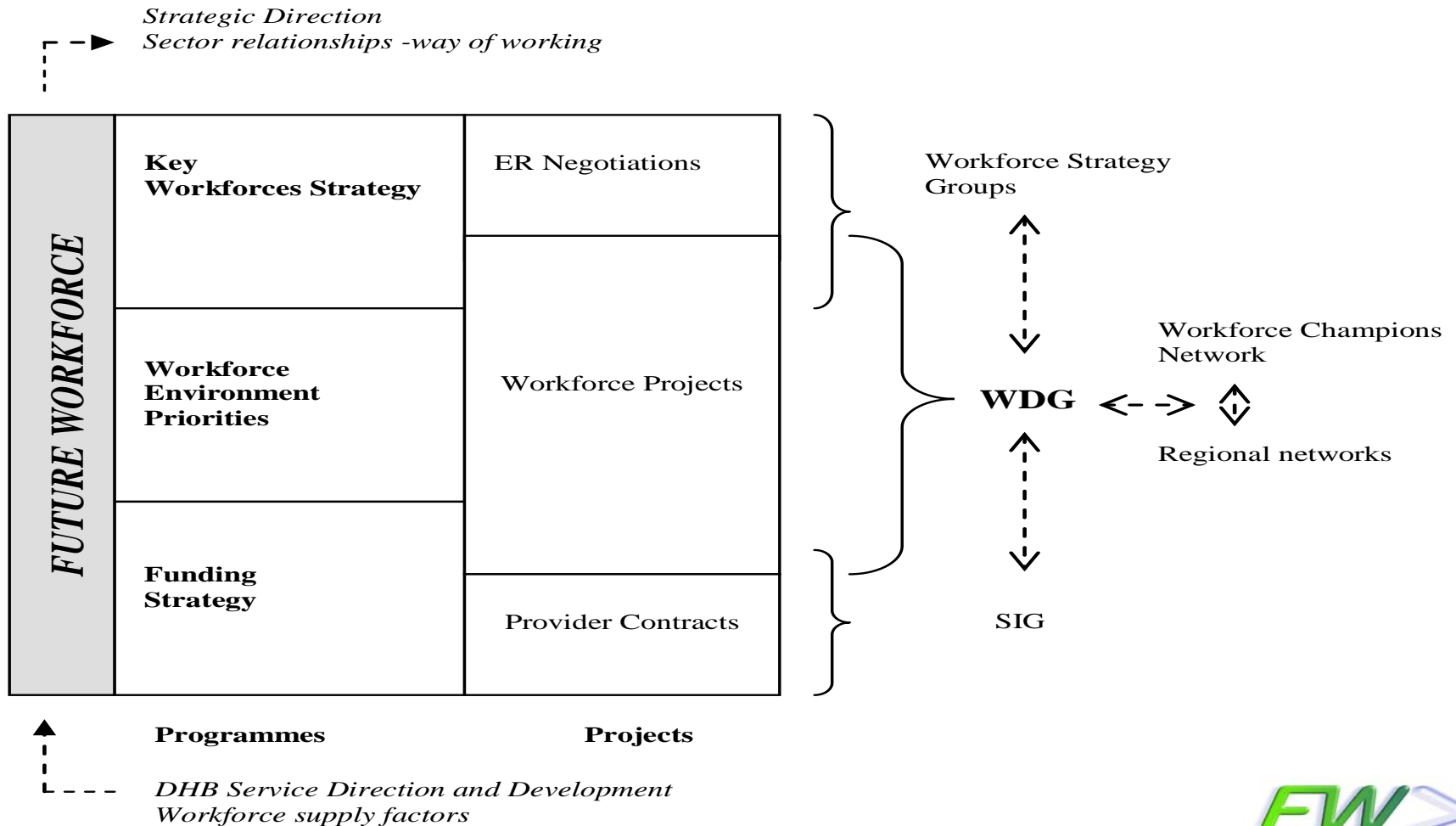
# Priority VII: Pacific Health Workforce

1	Create organisational environments that recognise and support the ethnically and culturally diverse health and disability workforce
2	Recognise community health workers' skills and prior learning to reduce barriers to entering other parts of the health and disability sector
3	Create/enhance Pacific roles in the health and disability sector, including: <ul style="list-style-type: none"><li>- promoting the health and disability sector as a career option</li><li>- creating career pathways for Pacific health and disability workforce.</li></ul>
4	Create incentives for the education sector to ensure a greater proportion of Pacific students complete their courses
5	Develop and support access to leadership and professional development programmes for Pacific health professionals within their local communities and across all sectors

# Priority VIII: Unregulated support workforce

1	<p>Understand and define this workforce. As appropriate use available research to:</p> <ul style="list-style-type: none"><li>- match skills to service delivery requirements</li><li>- develop flexible contracts and work environments</li><li>- understand the role of the volunteer sector.</li></ul>
2	<p>Identify an appropriate education framework (NZQA) for paid carers that meet the needs of both carers and provider.</p>

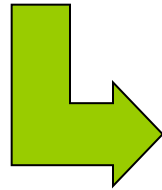
# Way of Working





# 2005/2006

## Annual work programme



- Impact
- Enablers
- Lead in times
- Early delivery



- National regional and local level
- Partnerships /working together