

WISE WORKPLAN March – September 2007: PROGRESS REPORT – MAY 2007

Box = end result

Underline = meetings

Bold =documents

WISE + number = WISE plan objective referred to

Project & Tasks	Deliverables & by when	Progress
1. Set up Community Coordinating Service (see also Homecare review and InterRAI below)		
1. Ongoing project team – extend to DIS. other NASCs & PHO 2. Recruit new Project Coordinator 3. Do Implementation Plan & get EMT approval 4. Support new project coordinator	1. <u>Coordinate</u> meetings Feb – July 2. Implem Plan approved by EMT 1 June 3. Comm Coord Service starts 1 March 2008	Regular internal planning meetings Project coordinator applications being looked at
2. Develop & implement a clear model of care & plan for funding long-term support services		
1. Receive responses to the Request for Expressions of Interest (REOI), outlining direction & seeking interest 2. Discuss REOI with providers individually & jointly (including AT&R and other internal DHB), and clarify internally what we want, how it fits with other WCDHB plans eg 2020 3. Send out RFP and/or start negotiations for services in a staged process: <ul style="list-style-type: none"> • Long-term residential (alongside ARC process) with restorative focus (ie greater clinical & rehab specialist input) • Short-term non-acute/respite/rehab (see 4 below) • Homecare with restorative focus (see 5 below) 	1. <u>Meetings</u> with DHB & non-DHB providers completed (includes secondary care, ATR, residential & homecare) and a clear funding plan finalised with bed numbers & expenditure levels – by end April 2. RFP out and/or <u>negotiations</u> started by 1 June for <ul style="list-style-type: none"> • Additional longstay beds, with greater clinical & rehabilitation input • Short-stay non-acute beds for long-term rehab, carer support and respite care, and palliative care • Restorative homecare service 3. Services in place by 1 July 2008	15 responses to REOI Meetings still to be held with some of them Estimations of long-term & short-term bed numbers are being made – to feed into broader MoH discussions as well as planned RFP

3. Reefton older persons services		
1. Include model of care for older persons services into overall Reefton plan	Any ongoing work as needed eg Rural Innovation Fund proposal	Done
4. Stronger community role for specialist health of older peoples services (including non-acute rehab beds)		
<p>1. Work with AT&R to develop plan for a stronger role in advising, training and supporting primary and community services, including home-based carers, residential care facilities and primary nursing/medical services</p> <p>2. Discuss location and resourcing of short-stay non-acute beds for longer term rehab, get agreement to this from all stakeholders, organise funding and contracting arrangements and commission the beds</p> <p>3. Improved stroke service organised by AT&R</p>	<p>1. Plan developed for a stronger community role for AT&R (part of Secondary care planning) – by 1 Sept 2007</p> <p>2. Additional resources available for advising, training and supporting primary and community based services, particularly allied health</p> <p>3. Plan developed for new non-acute rehab beds by end April 2007 and agreed with stakeholders</p> <p>4. New beds established by 1 January 2008</p> <p>5. Improvements to stroke service in place by 1 January 2008</p>	<p>Work starting on calculating resources needed for stronger community focus for ATR, incl. short-term beds</p> <p>Stroke Foundation proposing to cover West Coast</p> <p>Alzheimers Socy proposing to cover West Coast</p>

5. Reconfigure home-care services on restorative model

1. Discuss ways of implementing restorative model with potential providers as part of REOI discussions, including DHB & non-DHB
2. Ensure adequate community allied health resources are available – develop plan for this (alongside plan for stronger community role for AT&R)
3. Ensure adequate appropriate training initiatives are in place – meet trainers, work with HR
4. Develop a work plan for implementation of a restorative model (incl carer training, allied health & other resourcing, funding/contracting method, link to CCS etc) & get EMT approval
5. Consultation on proposed changes
6. Possibly pilot a restorative approach at Buller Health as part of a staged West Coast rollout
7. Finalise contracts & providers

1. Meetings with potential DHB and non-DHB providers during March/April, including
2. Discuss development of community allied health services with DHB provider, & do **EMT paper** to get approval for increased resources
3. **Meetings on training held mid 2007 and training initiatives in place** by 1 March 2008
4. **Homecare work plan** completed for EMT approval by 30 June (priority given to getting CCS up & running, but this can be done alongside)
5. **Consultation document** available by 1 July. Consultation period July-August
6. Start pilot restorative approach at? Buller Health by 1 March 2008
7. Rollout of restorative approach in all contracts by 1 July 2008

REOI proposals received but not yet followed up

Work starting on calculating resources needed for stronger community focus for ATR, incl. short-term beds

Low Paid Workers initiative by 1 July

Initial informal discussions internally & with Tai Poutini on training & workforce needs

Behind with a consultation doc & still discussing internally whether to pilot at Buller

6. Implement InterRAI standard assessment tool in Community Coordinating Service		
<ul style="list-style-type: none"> 1. Include InterRAI planning & costing in CCS implementation plan, following national guidelines 2. Possibly pilot InterRAI at ?Buller Health, also as an evaluation of how current assessment practice compares to InterRAI benchmark (explore such high rest home entry, gaps in current homecare etc) 3. Participate in national roll-out of InterRAI if it happens 	<ul style="list-style-type: none"> 1. InterRAI costing & planning included in CCS implementation plan by 1 June 2. <u>Possible pilot</u> started 1 Sept 2007 and completed 30 June 2008. 3. InterRAI proposal approved by EMT by 31 December 07 & <u>rolled out</u> from 1 Oct 2008 	<p>DHBNZ is putting business case to MoH for national rollout & funding of InterRAI – we are on coat-tails of this</p> <p>Canty InterRAI trainer coming on 29 May to demonstrate how it works</p>
7. Encourage supportive housing developments		
<ul style="list-style-type: none"> 1. Include in REOI discussions 2. Contact councils, Abbeyfields groups, residential providers & other potential funders & providers to set up joint projects 	<ul style="list-style-type: none"> 1. Raise in REOI <u>discussions</u> in March/April 2. <u>Discuss</u> with all potential funders/providers in Grey, Buller and Westland by 30 June, and have <u>joint agreements in place</u> in all areas by 1 March 2008 	<p>Some proposals r5eceicved in REOI</p> <p>Abbeyfields in Greymouth & Westport</p> <p>Starting discussions with councils</p>
8. Implement health promotion part of WISE plan, including falls prevention & Disability Action Plan		
<ul style="list-style-type: none"> 1. Alan Lloyd (SISSAL) & new HEHA worker to get this going 2. Monitor implementation of Disability Action Plan 	<ul style="list-style-type: none"> 1. <u>New worker</u> by 1 April & <u>expanded programmes in place</u> by 1 July 2. Ongoing <u>meetings</u> with DIS 	<p>Advertising now for HEHA worker & sorting out location</p> <p>Working on including Disab awareness as mandatory training for DHB staff</p>
9. WISE plan – make sure it is implemented & monitored		
<ul style="list-style-type: none"> 1. WISE groups supported in quarterly monitoring & advisory role 2. Keep WCDHB website updated 	<ul style="list-style-type: none"> 1. <u>WISE groups</u> in Greymouth & Westport meeting quarterly 2. Ongoing updating of website 	<p>Quarterly meetings held</p> <p>Seeking greater Maori input</p> <p>Website active</p>