

Equity Planning Team Resource

Why?

Why do we need to change?

The community is changing and evolving. Plunket has to change to meet the specific needs of this community. The government is adopting a social investment to redirect our focus on social and health outcomes.

This can in part be achieved by increased staffing in high needs areas. These staff are supported appropriately. One of the goals of this plan is to create equity of staff numbers per CL to ensure that ability to support staff. We are at times viewed as not being relevant so we need to deliver the service in a way that reflect us be modern relevant and responsive to the needs of each community.

Adopt an outcome based accountability framework.

- Meet the needs of the clients
- More staff in higher needs areas
- Equitable distribution of CLs and frontline staff

What?

Do I have to change teams? / Can I chose to change teams?

This does present an opportunity for those who might be looking to change. Reasons may include – career pathway/ upskilling/ fresh start

Decided on a case by case basis

Decisions around changing team will be based on:

- Base
- CL
- Area
- Personal skills

What impact will it have on how I deliver services?

- Align with Plunket strategy – outcome focused
- More manageable caseload
- Increased quality – better outcomes
- Recognition of quality performers – those who are making a difference

Will increase job satisfaction, empower staff to make a difference, staff will fee invincible and role model positivity.

When?

The leadership team (CSMs, CLs, finance, B4Sc etc) have created this plan and in consultation have created drafts and opened those up for review and feedback.

Now we need your input and feedback on this. We would like your valuable input on the plan and how best to implement it for you and your community.

What do you like about the plan? What are its strengths? What would you change about the plan? What will be the biggest challenges? How will this look for your community?

Within the next 5 days we would like the attached document back. This is your opportunity to have a voice. Remember this is just a DRAFT – nothing is confirmed and your feedback will inform the decisions we make around this.

Process will take some time until implementation as has to go through Payroll and ICT changes as well as the opportunity for CLs to handover teams as required.

Our timeline is as follows:

Feedback from teams within 5 days

CSMs collate all feedback and meet with planning team (CLs, Finance, B4Sc etc) to adjust draft dependent on feedback received.

Plan confirmed at this stage as a PROPOSAL – sent to PLT for sign off

Where?

Where will I be based? Where will I get a car?

We are unsure of base/hub changes. This is decided at PLT level and has not yet been determined what bases will change.

Where is my voice in this change?

As above under “when”

Where will SDA's be based?

We don't know yet - will depend on base changes

How?

How is it going to happen?

1. Consultation period with staff
2. Feedback collected
3. Draft reviewed and finalised
4. Region to agree on plan
5. Plan goes to PLT
6. Plan confirmed – Payroll, finance, ICT notified
7. Plan actioned
8. Evaluation of plan after implementation

Will my skills fit new vs old area?

Your skills remain the same but you will be working with a change of focus – HLT vs Low

Progressive universal service

Does it affect my relationships with clients, CL, colleagues?

Clients:

- Different care pathways based on identified need
- Change of case manager may occur
- Service relevant to them – partnership
- Clients may need to travel further if they have resources to do so
- May have more Clinic appointments vs home visit
- HLT - more visits and increased support

CL:

- Change in reporting manager
- Change of base

Colleagues:

- Some might prefer to move with their area some may not
- Some may change hubs to be closer to home

Will it affect travel time?

It may depending on bases and where you live

Who?

Who came up with this draft?

Need for the plan arose out of Plunket strategy to deliver more to those identified as having more need

Draft was created by Northern region Central and South leadership teams including CSMs, CLs, CNCs, TCs, ROM, finance, B4Sc

Who can I talk to about the plan?

Any of the above by email, phone or in person

EAP NZNO

Does it affect stakeholders?

Yes – risks identified below

Risks:

- Lack of continuity in case manager
- Potential for clients to “fall through the gaps”
- Client expectations may be affected
- Staff dissatisfaction (Clinical, CLs, SDAs etc)
- Relationship changes – CLs to teams etc
- Community impact – what if it is made public? Community Facebook pages etc
- Risks if staff aren’t confident assessing need as new structure relies on accurate needs assessment