



Laura Fergusson Community Wellington

Outline of Strategic Vision  
February 2011

LFT Wellington's Board has agreed in principle to a strategy for the next five years

## Current Situation

- LFT Wellington has an opportunity to expand services offered utilising land purchased on the southern boundary
- The road and services are almost completed and the real possibilities of building are being evaluated.
- A review of the current client base, staff base and health sector strategies was undertaken in December/ January.
- A plan was developed and presented to the Wellington Board in January 2011.
- This plan was approved in principle by the Board of Trustees on the 15<sup>th</sup> of February.

LFT Wellington  
has long term  
residents who  
consider the  
community a  
Home for Life

## Residents

In the early years

- Of the 20 clients most were in either paid or voluntary employment
- The average age was 25 years
- We closed down for 4 weeks at Christmas and clients returned to their family homes
- We had a few health professional but most of the work was home care

**This has changed markedly in the last 25 years ...**

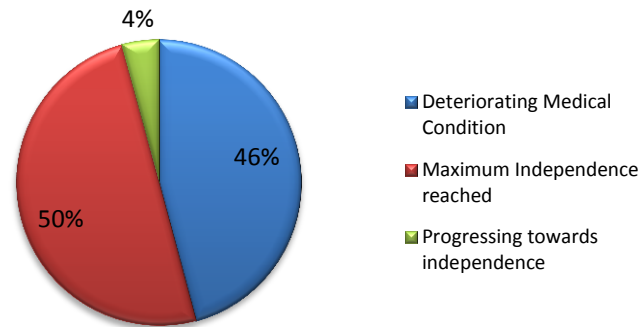
LFT Wellington  
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## Residents

- Average age 45 years
- Majority of residents have either reached their maximum potential or are medically deteriorating. Few residents have potential for moving into employment and living in the community
- 50% of residents have lived at LFT Wellington for more than 10 years
- Residents consider LFT Wellington as their home and sit at various stages across the continuum of care provided
- Current clients are Level 4 and 5. LFT Wellington does not have the facilities, or beds, to manage higher than Level 5 clients.

Most residents have either reached maximum independence or are medically deteriorating

## Current Residents Needs – (27 clients)



Group	Traits
Progressing towards independence <b>1:2 clients</b>	<ul style="list-style-type: none"> <li>• Younger age group</li> <li>• Actively participating in rehabilitation and have goals which reflect a move towards employment and living in the community</li> <li>• Stable and manageable medical conditions</li> </ul>
Maximum independence reached <b>12:14 clients</b>	<ul style="list-style-type: none"> <li>• Long term residents at LFT Wellington</li> <li>• Have participated in rehabilitation programmes and achieved maximum independence for their disability</li> <li>• Utilise the social aspects and programmes at LFT Wellington to maintain motivation</li> <li>• Due to disabilities, would not be able to live independently in the community without ongoing support from LFT</li> </ul>
Deteriorating medical condition <b>12:14 clients</b>	<ul style="list-style-type: none"> <li>• Older age group</li> <li>• Neurological or deteriorating medical conditions (e.g. multiple sclerosis, Huntingdon's chorea, severe epilepsy)</li> <li>• Will require increased support over time</li> <li>• Not able to undertake employment long term, or live independently in the community</li> </ul>

Experienced staff have built strong relationships with the client group and health networks

## Staff

- Older age group of staff, average age 50 years
- 40% of staff have been employed at LFT Wellington for more than 10 years
- Five staff have worked at LFT Wellington for over 20 years
- 80% of staff have a formal NZQA recognised qualification (73% of caregivers have disability support qualification). Unusual in this industry
- Agency staff (non LFT trained) work about 12 hours
- High staff retention rate, but Wellington LFT does not attract clinical staff due to client group and lack of career pathway
- Waiting list for staff positions

LFT Wellington  
has a different  
client market to  
LFT Auckland and  
LFT Christchurch

## Comparison with other LFT's

- More long term clients, resulting in bed blocking
- Income almost totally dependent on residential services
- Currently fewer day programmes involving clients from the wider residential community
- Wellington is much smaller in client and staff size
- Has a stable workforce and client group
- A strong relationship with key stakeholders
- Receives good support from local community
- Good working relationships with other residential providers
- Wellington currently operates in a non competitive market for residential services

# Identified Needs for the Future

## Residential

- High needs clients' (level 5+) particularly respite care including current clients
- Chronic health condition management
- Over-65s with physical disabilities who are alike in interest with the under 65 age group
- Medical model of care (clinical staff required)

## Non-Residential

- Day services (vocational training / day care / transition services)
- Community focus (supplying services accessible by community groups / clients / health professionals)
- Continue to provide continuum of services for clients who cannot live in the community without support

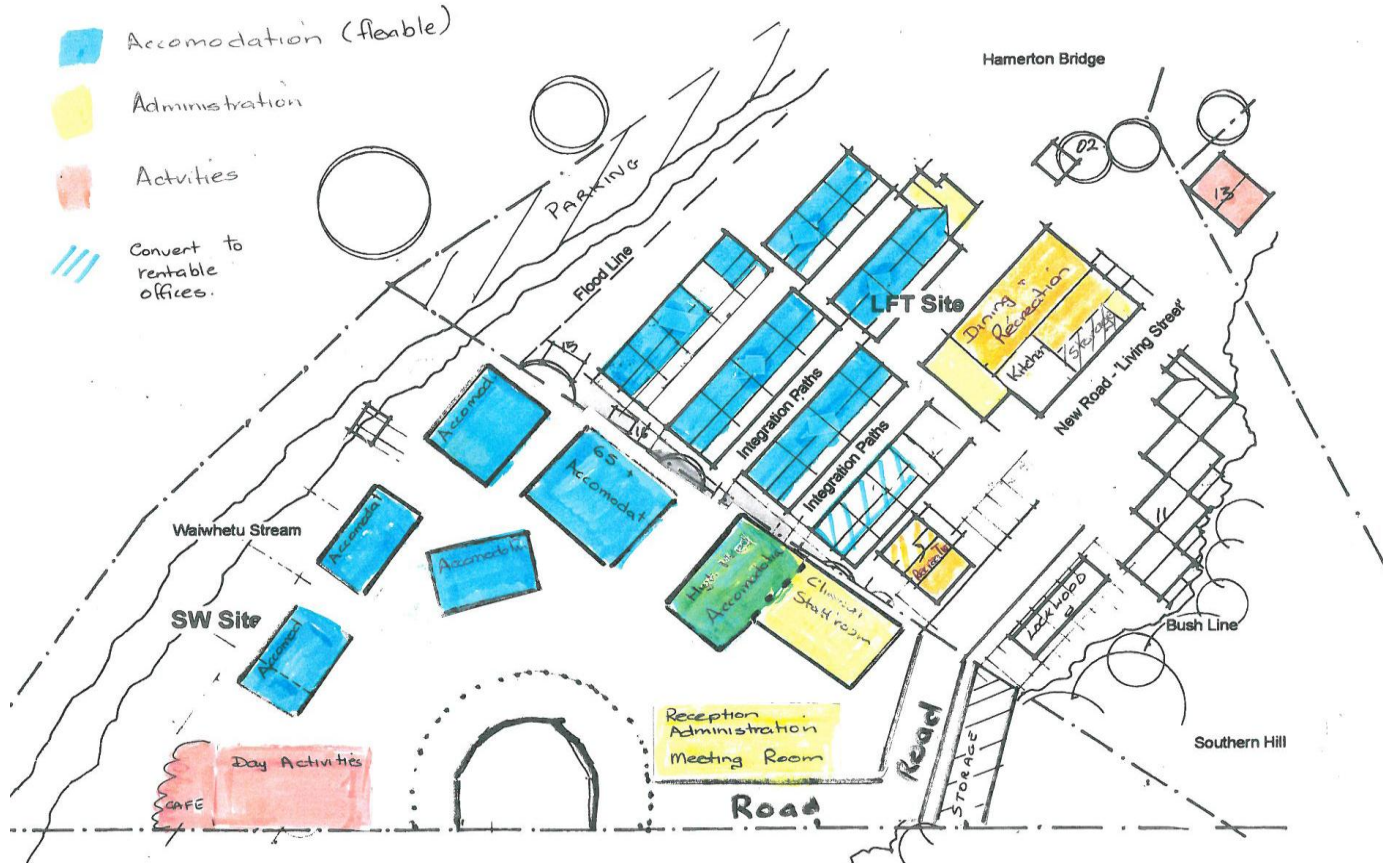
**Creation of a hub  
of disability  
services – all  
located at LFT  
Wellington**

## **Management's Vision 2011 – 2015**

Creation of a hub of disability services for the local area :

- Long term residential accommodation
- Supported living accommodation
- Respite care accommodation
- Day services for community based clients
- Clinical rooms for visiting clinicians
- Office space and meeting rooms for other disability organisations
- Training facilities and training workshops run by LFT Wellington
- Support for carers and families working with new Individualised Funded Clients
- Information and support for disabled persons and their families

# Proposed Layout



Expansion of  
accommodation  
options for high  
needs and  
transitioning clients

## Management's Vision 2011 – 2015

### Accommodation:

- More long term residential units and flats continuation for residents unable to move into the community
- Development of a high needs unit for level 5+ clients with 24/7 nursing care available
- Additional shared accommodation on site (supported accommodation 4-6 bedrooms)
- Family home for client with existing family members
- Appropriate accommodation for the 60 -70 year old clients

Increased options  
for community  
based clients to  
come to LFT  
Wellington

# Management's Vision 2011 – 2015

## Community Based Clients

- Day services expanded
- Vocational training expanded, including administrative and hospitality options
- Development of vocational enterprises (café, sales of products) as programmes for therapeutic services
- Transition service for clients from Kimi Ora
- Respite care for all levels of clients
- Services for clients entering LFT when Independent Supported Living no longer meets their needs
- Information and support service provision for clients based in the community

A desirable location for disability services to interact with clients

# Management's Vision 2011 – 2015

## Other Disability Services

- Provision of office space (serviced offices) for other organisations
- Provision of clinical rooms for treatment of clients (residential and community)
- Training facilities and training workshops run by LFT Wellington
- Meeting rooms for hire for community support groups
- Hub of services for all disability organisations (one-stop-shop) to improve interaction and relationships
- Hosting of local networks for disabled clients and providers

With change  
comes inherent  
risks

## Risks

- Change management issues:
- Cashflow (during building process)
- Funding (additional contracts have not been signed)
- New unknown competitors

Implementing change without a structured approach will alienate staff, residents and the community

## Approach:

- Market and sell new opportunities to residents, staff, contractors and networks
- Ensure change management methodology approach is followed
- Communicate all stages of process to key stakeholders and provide opportunity for input
- Keep existing services going with staff and residents without significant change in the short term
- Positioning to work alongside other providers to bring more comprehensive ,quality services to people with physical disabilities

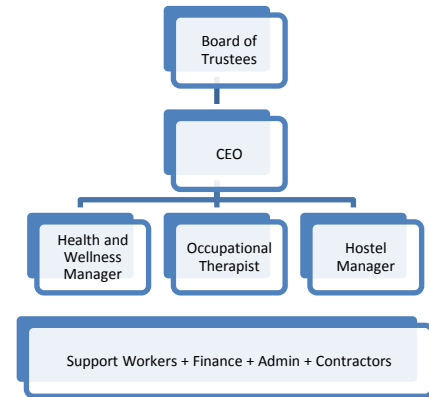
Additional staff will need to be employed to manage the expansion process and new services

## Approach:

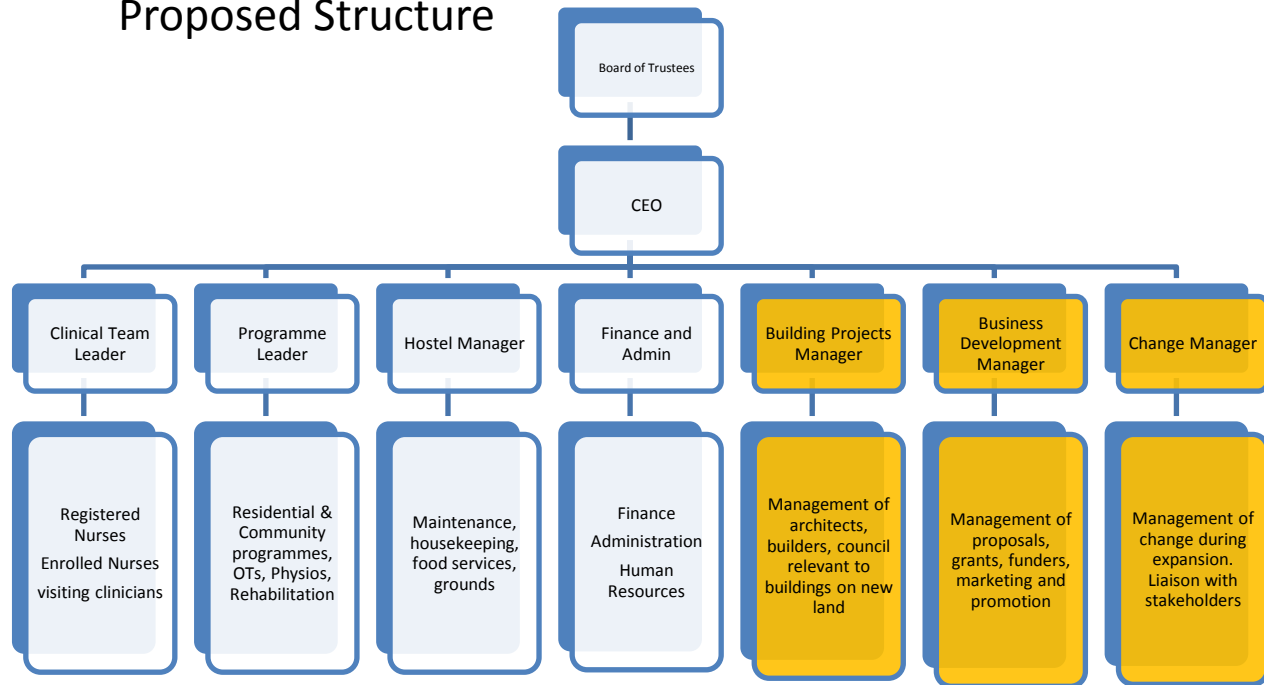
1. Employ key staff to manage the expansion process and ensure appropriate budget provision for these positions:
  - ❖ Change Manager
  - ❖ Building Project Manager
  - ❖ Business Development Manager
2. Obtain funding and begin expansion process over the next four years
3. Employ key staff to manage both current and developing operational services
  - ❖ Clinical Team Leader
  - ❖ Programme Manager
  - ❖ Additional clinical staff

# Staffing Changes:

## Current Structure



## Proposed Structure





## Next Steps:

1. Appointment of key staff as required with pre approved budget
2. Development of comprehensive cost-analysis of each project
3. Building Plans and Resource consent process commenced
4. Change management project implemented
5. Fundraising / marketing

**At it's  
meeting on  
25 January  
2011 held  
at 15 Allen  
Street,  
Wellington  
the Board  
of LTL  
Wellington  
resolved :-**

## **1. TO NOTE:**

- That LFT Wellington has long term residents who consider the community a home for life;
- That the Moh Contract for the majority of clients is a home for life provision of accommodation services
- That most residents have either reached maximum independence or are medically deteriorating;
- That experienced staff have built strong relationships with the client groups and health networks;
- That LFT Wellington has a different client market to LFT Auckland and LFT Christchurch;
- The needs identified by Management for residential and non residential clients.

continued .....

**2.  
TO AGREE IN  
PRINCIPLE  
TO:**

**a) The creation of a hub of disability services – all located at LFT Wellington which could include:**

- Long term residential accommodation;
- Supported living accommodation;
- Respite care accommodation;
- Day services for community based clients;
- Clinical rooms for visiting clinicians;
- Office space and meeting rooms for other disability organisations;
- Training facilities and training workshops run by LFT Wellington;
- Information and support for disabled peoples and their families;

continued .....

*Continued*  
**TO AGREE IN  
PRINCIPLE  
TO**

**b) The expansion of accommodation options for high needs and transitioning clients.**

**c) An increase in options for community based clients to come to LFT Wellington (e.g. expand day services, vocational training, vocational enterprises, transition from Kimi Ora, information and support service provision, respite care).**

**d) The creation of a desirable location for other disability services to interact with clients (one stop shop).**

*continued*

**3.  
TO NOTE  
FURTHER**

**That the changes agreed to in paragraph 2 above carry inherent risks which must be managed in a structured approach to avoid alienating staff, residents and the community.**

*continued*

**4.  
TO AGREE IN  
PRINCIPLE  
TO**

a) That additional staff need to be contracted/employed to manage the expansion process and new services referred to in paragraph 2 above which could include on a part time or full time basis.

- Change Manager;
- Building Manager;
- Business Development Manager;

who would all report directly to the CEO.

b) That additional key staff will also need to be employed to manage operational services which could include:

- Clinical team leader;
- Programme Manager;
- Additional clerical staff;

continued .....

Continued ...

4.

TO AGREE IN  
PRINCIPLE TO:

- c) That Management prioritise the proposals referred to in paragraph 2 and develop a comprehensive cost-analysis for high priority projects.
- d) That Management create a time line for the proposed development including building plans and resource consent processes.
- e) That Management prepare a fund raising/marketing campaign to support the implementation of the proposals identified as high priority.
- f) That Management prepare a budget in association with the proposed time line for further consideration and approval by the Board.

**What might this expansion development mean for current residents and their families**

- ❖ **Increased accommodation options to met lifestyle changes**
- ❖ **Increased activities available on site**
- ❖ **A bigger staffing pool**
- ❖ **More therapists available**
- ❖ **Being part of bigger organisation**

**What might  
this  
expansion  
development  
mean for  
current  
employees**

- ❖ **More work available**
- ❖ **Opportunities to enhance current skills and develop new ones**
- ❖ **Career pathways opportunities**
- ❖ **Being part of larger and more diverse staff team**
- ❖ **Being part of bigger organisation**

**Our web site has more information available including:-**

- **A copy of this Power Point Presentation**
- **Our Strategic Vision Report**
- **An updated Emergency Preparedness Document**  
**- “Are We Prepared”**

*I would welcome your questions, comments and input.*

*I am positioned to reply to emails on*

**[<Sue.Thompson@lft.org.nz >](mailto:Sue.Thompson@lft.org.nz)**

*Or in writing to*

*18 Hammerton St, Lower Hutt 5011*

*Are you interested in being involved in further discussions?*

**Sue Thompson**  
**Chief Executive Officer**

