



Laura Fergusson Community Wellington

Strategic Vision Report January 2011

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Introduction

The purpose of this report is to provide the Board of Trustees with an overview of the facilities, staffing and services of LFT Wellington. In addition, this report outlines management's vision for the future of the Community over the next five years, and how this aligns with needs within the disability sector.

At the Board's suggestion, this is a living document and more detail, especially in the areas of capital funding, income and expenditure, would need to be provided once specific projects have been accepted.

This report builds on the 2008 report '*Present and Future Needs of the Laura Fergusson Trust Wellington*' undertaken by John Gilbert and Associates and provides a more detailed plan of future services, as viewed by the Management Team.

Background:

The national Laura Fergusson Trust was established in 1967. Residential facilities were established in Auckland (1967), Wellington (1977) and Christchurch (1978). Each of the regions has their own Board of Trustees and operate independently. While each of the regions has a similar vision and charitable purpose, the operational structures have diverged, with each of the regions developing their own unique ethos and culture. Services provided vary between the regions. Information about the three Trusts has been included in this report for comparative purposes.

Of the three LFT's, Wellington is the smallest in both client numbers and services provided. In May 2008 LFT Wellington decided to purchase land adjoining the current property. This has provided an opportunity to expand programmes, and provide services for new client groups.

The Management Team has considered potential opportunities for use of this land, and has developed a vision which encompasses both the current client group and new markets which are likely to expand in the next five years. The vision outlined by the Management Team aligns with the original mission statement "*The Laura Fergusson Community will provide independent lifestyle opportunities for people with physical disabilities, implementing best practice*". This mission statement underpins all of the proposed future changes outlined in this report.

At the time of writing this report, decisions regarding the use of the land or future of LFT Wellington had not been approved by the Board.

LFT Wellington Service Provision

Accommodation:

LFT has three types of accommodation for residents of their services; self-contained studios within the main facility, self-contained flats (1 and 2 bedroom) within the main facility, and a three bedroom house located on Waddington Drive, Wellington.

The intention of the range of accommodation styles is to provide a pathway of accommodation from fully dependent on LFT services to independent within the community. This reflects the pathway of rehabilitation for those who have the potential to move to an independent living situation.

While studio units, the long term flats and house have been fully occupied in 2010, respite care facilities have not been fully utilised. In 2009, respite care facilities were used to accommodate clients where their long term units were being refurbished. Use of respite care facilities have increased steadily throughout 2010 for short term stays (up to 28 days).

Since December 2010, only flats have been used for respite accommodation, reserving studios for long term clients. A single flat has also been utilised for transition clients; those moving from supported accommodation to living independently in the community.

Due to the majority of residents at LFT Wellington being long term permanent residents, the studio units are effectively 'bed blocked'. The respite care / rehabilitation facilities are the only available space for new residents wishing to enter the community. Laura Fergusson Wellington is the only organisation offering a transition stand alone flat at this time.

Rehabilitation:

LFT Wellington focuses on slow-stream rehabilitation. Each resident has their own rehabilitation plan and goals, which may comprise of any of the following aspects.

Programme Type	Rationale
Physical rehabilitation	Improve mobility and increase independence
Socialisation	Improve communication skills and ability to cope with interactions with the public
Activities of daily living	Including cooking, cleaning, personal care, to increase independence
Access to external education	Increase the likelihood of employment
Work placements	Transition into the workforce
Empowerment	Residents are members of quality circles and make decisions regarding LFT Wellington and their environment. Individual goal setting empowers residents to plan their own rehabilitation goals.
Transition	Specific clients preparing for a move into their own accommodation and Independent Supported living programmes

The rehabilitation of residents is not solely reliant on the skill sets of LFT Wellington staff. There are strong linkages in place with agencies across Wellington, which provide access to allied health professionals, vocational training and work placement providers.

The network of services available to residents at LFT Wellington would not be replicable in the community environment, in particular the relationships established with the medical community who will see LFT residents on a same-day basis if their health deteriorates.

Linkages with Tertiary Education

LFT Wellington has established relationships with Auckland University of Technology (AUT), Victoria University, WelTec and Otago University.

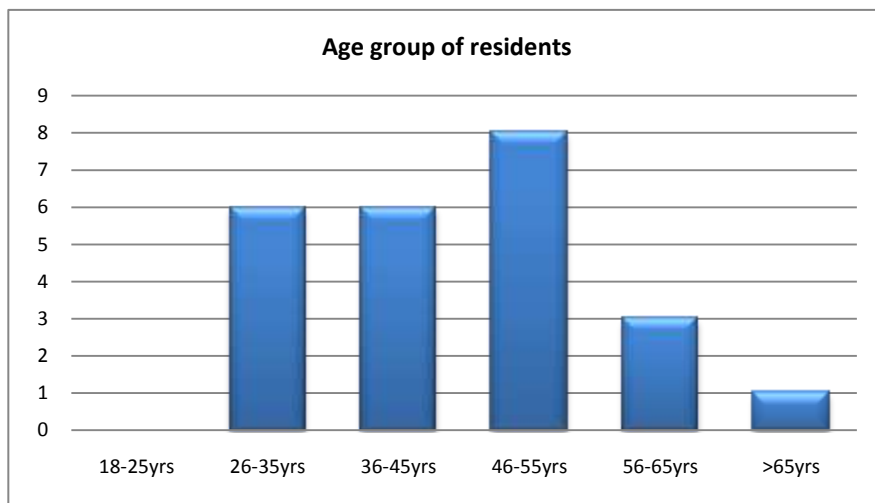
Student placements occur for Occupational Therapy and Music Therapy students. LFT Wellington has been requested to have student nurse placements in 2011. In addition, massage therapy students from the Wellington School of Massage also provide services to residents at LFT.

Demographics of residents:

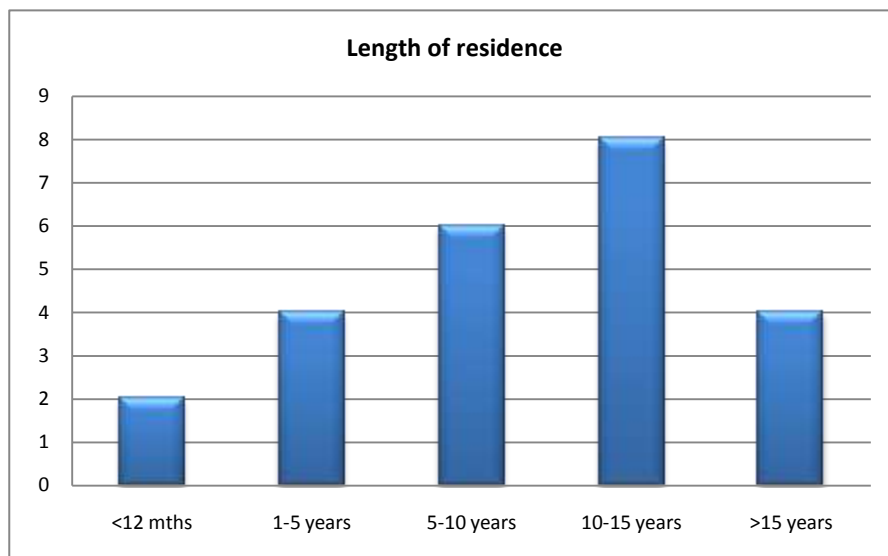
The current resident population as at December 2010 was used to develop demographics of the resident group.

Gender: Approximately 54% of the resident population is female and 46% male.

Age of residents: The LFT Wellington resident group is an older age group. The youngest resident is aged 28 years, with the average age 45 years.



Length of stay: Residents at LFT Wellington are long term residents, with 50% having lived at the community for more than 10 years

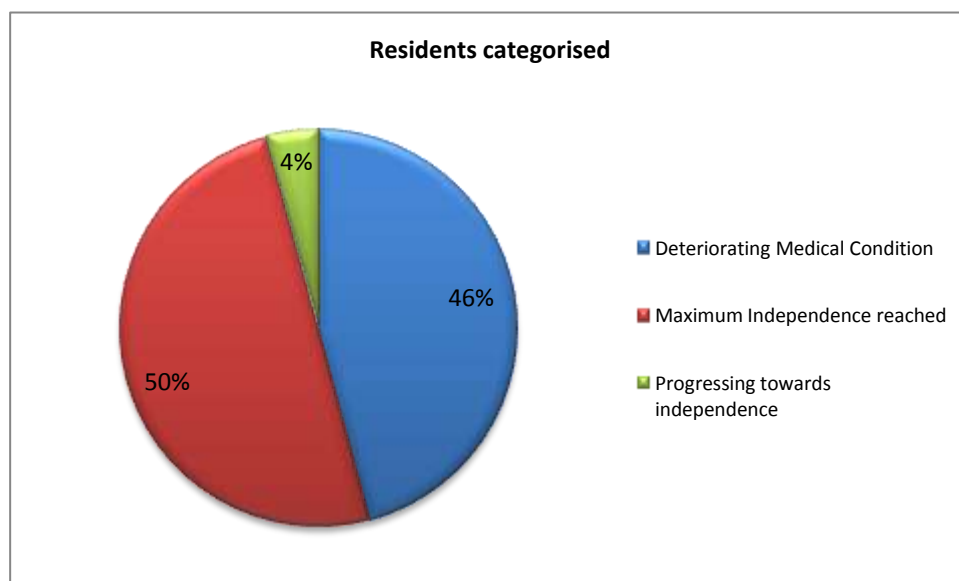


Categorisation of residents needs

Residents fall into three distinct groups at LFT Wellington

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

LFT Wellington has only a small number of residents who are progressing towards living independently in the community. The majority of residents have either reached their maximum independence or are deteriorating medically.



Other Residential Options for Client Group

Due to the nature of the client group residing at LFT Wellington, options for other residential placements in the region are limited. Other residential facilities for clients with physical disabilities are:

St John of God (Karori) <ul style="list-style-type: none"> Offers residential accommodation for physically disabled persons Provides for high needs (level 5+) clients Has 24/7 registered nurses on site 36 beds 	Spring Lodge (Upper Hutt) (HCNZ) <ul style="list-style-type: none"> Offers residential accommodation for physically disabled persons Provides for high needs (level 5+) clients Has 24/7 registered nurses on site
Dawn Trust (Lower Hutt) <ul style="list-style-type: none"> Small residential service providing accommodation for clients with dual diagnosis 	Emerson House (Porirua) (HCNZ) <ul style="list-style-type: none"> Offers residential accommodation for physically disabled persons Provides for high needs (level 5+) clients Has 24/7 registered nurses on site
Q-nique (Hutt Valley) <ul style="list-style-type: none"> 3 residential facilities operating in the Hutt Valley area Provides residential accommodation for clients with both physical and intellectual disabilities 	Amaryllis House (Lower Hutt) (HCNZ) <ul style="list-style-type: none"> Residential service supporting persons with Huntingdon's Disease Management team are registered nurses 14 beds
Cavit ABI (Porirua) <ul style="list-style-type: none"> 17 bed residential facility Located within Porirua Hospital grounds Clients have traumatic brain injury 	

These facilities also have a shortage of available beds. However, they do offer support for high needs clients (level 5+ hospital level care) which LFT Wellington only provides under exceptional circumstances.

LFT Wellington clients may have a need to be shifted to a higher level of care because of increasing clinical requirements.

There are also residential facilities for clients with intellectual disabilities, which some residents may be eligible for, but these do not have a focus on physical rehabilitation.

Community Living:

Residents living long term at LFT Wellington have been assessed as requiring too much input to be able to live safely and independently in the community with home based support (personal cares and household services).

In the last 12 months all current clients have been assessed by external assessors and were deemed to be appropriately placed in their residential settings. No current clients have asked to be moved to another setting for independent living.

However, those clients who could progress to independent community living would receive ongoing support from a home based support provider such as Access Homehealth Ltd, Healthcare NZ, and Capital Nursing.

It is more likely for LFT Wellington clients to move to supported accommodation, such as that provided by Mash Trust or Cavit ABI.

MASH Trust	CAVIT ABI
<ul style="list-style-type: none"> • Provides supported accommodation for people with physical disabilities aged 15-65 years. • Houses are located in suburban areas and are fully wheelchair accessible. • Houses are staffed 24/7 by caregivers. 	<ul style="list-style-type: none"> • Provides supported accommodation for people with brain injuries • Accommodation provided in family-style homes of 4-6 people • Houses are staffed 24/7 by caregivers

Existing Contracts / Funding

Accident Compensation Corporation

- Residential contract for 300 level head injury clients
- Residential contract for spinal injuries
- Respite (uses residential contract when needed)

Ministry of Health

- Residential contract for chronic health expires 2012. Likely to be devolved to DHB
- Residential care contract expires 2011. Allowed up to 26 clients under this contract (levels 3,4,5)
- Respite care contract includes levels 3, 4 and 5 clients. Contract expires 2012

- Individually funded residential client. Contract expires 2012

The annual accounts for the year ended 30 June 2010 identified that approximately 93% of LFT Wellington income is derived from residential contracts with MOH and ACC.

The residential contracts are due to expire in 2011/2012, but are expected to be rolled over by ACC and the Ministry of Health. As there are limited alternative options for existing residents, this funding type is relatively secure long term.

LFT Wellington does not currently have any contracts which are not residential in nature. There is an opportunity to provide services which are non-residential in nature (e.g. vocational training, day services) for persons with physical disabilities living within the community.

The Strategic Plan¹ for Disability Sector Services under the National Health Board (MOH) is planning to individualise funding in the long term, with each client attracting their own funding. This will allow clients to choose which services to use and fund. As this will be initially rolled out to community clients, there is an opportunity to attract these clients and their funding through services provided for community clients.

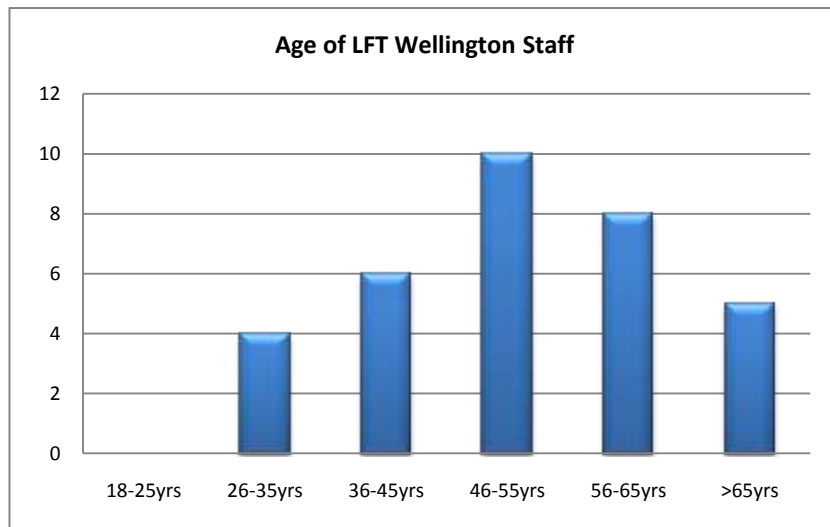
Wellington LFT has begun building relationships with *Manawanui in Charge* who is the lead agency for Individualised funding (IF) in the Wellington Area. This agency assists IF clients to resource their support network.

¹ National Health Board Disability Support Services Strategic Plan 2010 -2014

Staffing at LFT Wellington

Gender: Staff at LFT Wellington are 82% female and 16% male.

Age of Staff: The average age of staff at LFT Wellington is 50 years.



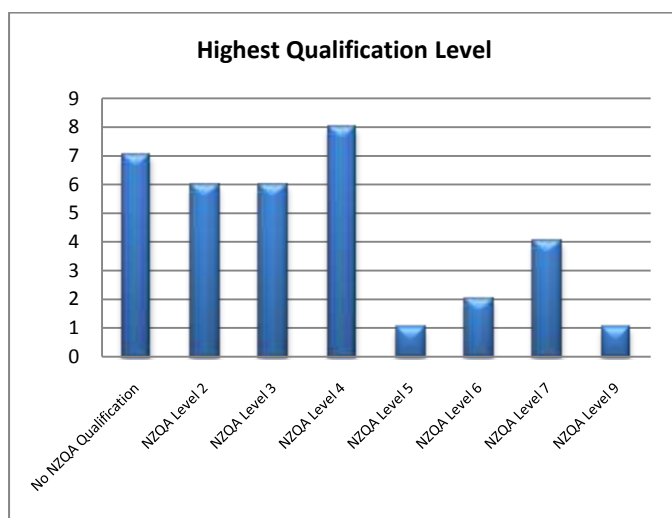
Length of employment: 40% of the staff employed at LFT have been working there for over 10 years. There are five staff who have worked at LFT Wellington for between 20 and 35 years.



Qualifications / Training

LFT Wellington invests a significant amount of income into the training of staff. This has resulted in a highly qualified workforce compared with other service providers in the industry.

A review of NZQA level qualifications of current employees and contractors identified that 80% had a NZQA qualification. Of the support workers (who normally have no qualifications) 73% had obtained a level 2, level 3 or level 4 NZQA qualification relevant to their role.



NZQA Level	Equivalent
1	School Certificate
2	Sixth Form Certificate
3	Seventh Form Certificate
4	Tertiary Certificate
5	Tertiary Certificate
6	Tertiary Diploma
7	Bachelors Degree
8	Honours Degree / PG Certificate
9	Masters Degree

LFT Wellington has also been included in a study into Embedded Training in 2009². The study verified that the embedded training in place at LFT Wellington resulted in *“improved quality of care, higher levels of quality assurance and better outcomes for service users”*.

The focus of formalised training for support workers combined with a comprehensive internal training programme has resulted in LFT Wellington becoming a model for other organisations to replicate. The level of training of the support workers in particular, has provided residents and families with assurance that the quality of services is high and that support workers can meet the needs of residents.

Careerforce (the Industry Training Organisation) has also utilised (with permission) photos of residents and staff on posters, advertising products and developed a training DVD which includes LFT Wellington staff and residents. LFT Wellington has been identified by the industry as representing current good practice in service provision and training systems.

Quality Assurance

Training of support workers and staff is an integral part of the quality assurance programme at LFT Wellington. In addition to internal quality programmes, LFT Wellington has been accredited to the following:

- ISO9001: Quality Management Systems (internationally recognised quality systems)
- ACC Workplace Safety Management Programme: Tertiary Level (the highest level of safety) 2 years
- Health and Disability Services Sector: 3-year certification (3 years = high quality organisation)

² Embedding Qualifications Achievements – Benefits for the Health and Disability Sector, Dr Rose Ryan, Heathrose Research Ltd, Liz Stephenson, Careerforce, September 2009

Wages

LFT Wellington offers remuneration to staff above industry standards. A report by the Ministry of Women's Affairs in 2006³ reviewed standard industry rates paid to caregivers within the residential facility environment. This was compared with current wages at LFT Wellington for caregivers correlated to the current minimum wage.

Resignation Rates

LFT Wellington has very low staff resignation rates, correlating with high staff retention. There is an average of 35 staff at LFT Wellington. Resignation rates are approximately 10%.

³ Research prepared for the Ministry of Women's Affairs by Jarrod Moyle and Catherine Hendry from Reward Consultants, 1 September 2006.

The Three LFTs

Although autonomous, Wellington LFT is part of the national Laura Fergusson Trust, and offers similar services to the Auckland and Christchurch organisations.

Wellington is the smallest of the three LFTs in terms of accommodation, staffing and annual income. Auckland LFT also has facilities in Wanganui and Hamilton, expanding their geographic profile and client base.

Auckland LFT offers the widest range of services, with a clinical model in place and an emphasis on short term accommodation for rehabilitation purposes. Wellington LFT more closely aligns with the services offered by Christchurch LFT, and has a stronger focus on long term accommodation for residents who could not manage independently in the community and slow-stream rehabilitation.

Relationship with LFT Christchurch and Auckland

Wellington LFT has always had a close relationship with Christchurch LFT. The similarities between the client groups and services offered have provided opportunities for collaboration. Christchurch LFT has been instrumental in the choice and development of the FileVision Project to integrate all records into a networked computer system in 2010. Wellington LFT regularly visits Christchurch LFT and there is a strong relationship between the management teams.

In addition, there has been collaboration in staff training, particularly Crisis Prevention Interventions and management of challenging behaviour, where training modules are shared between the two organisations.

Wellington staff and clients, while holidaying in Christchurch spent time at Laura Fergusson Christchurch. Individual clients have had holiday exchanges over the past five years.

To date there has been limited interaction between Auckland and Wellington LFT. The focus of the two organisations is inherently different (fast stream, short term clients vs slow stream long term clients).

Auckland LFT has identified a vision to be the leading neurological rehabilitation centre in New Zealand, and has established research initiatives and linkages with tertiary education facilities to focus on innovation in neurological rehabilitation.

Wellington LFT has a wider spread of clients, and does not focus on neurological conditions. Management of chronic health conditions (such as diabetes and obesity) are a growth area in Wellington. Long term relationships with clients and health networks provide access to a wide range of activities and services for the LFT Wellington community.

LFT Wellington's SWOT Analysis

Strengths

- Established management and staff, with low turnover, resulting in continuity of care for residents.
- Staff are well trained, and LFT Wellington is recognised as an organisation that invests in its staff.
- There are strong linkages between LFT Wellington and local agencies.
- Accredited to ISO9001, Health and Disability Services Standards 3 year certification, ACC Workplace Safety Management Practices tertiary level accreditation.
- LFT Wellington provides accommodation for residents who are unable to live independently in the community (niche market).
- Development of management programmes for chronic health conditions, for clients who are struggling to manage on their own.
- Well served by Public Transport buses, rail and mobility taxis services.
- Wide range of community facilities near by including swimming pools, sporting and recreational facilities, parks, art galleries ,libraries, picture theatres and popular retail centre of Westfield .
- LFT Wellington has established strong community links with a variety of cultural centres, and religious establishments.
- Medical services from local General Practices and Hutt hospital and their auxiliary services such as podiatry, physiotherapy are all very accessible.

Weaknesses

- Limited ability to take on new residents as most residents are unlikely to move from the facility (bed blocked).
- The organisation cannot take on very high need clients who require 24/7 nursing care, due to lack of registered nurses on staff. These clients attract increased funding.
- Inability to attract highly qualified employees due to a lack of clinical specialisation / career pathway for senior staff (most clinicians are contractors).
- Staff and residents are resistant to change, especially those who have been at the Trust for decades.
- A lack of resources for seeking grants/funding or preparing proposals. This responsibility falls on operational staff.
- Ageing staff group.

Opportunities

- New land provides opportunity to expand services and facilities to meet the needs of new client groups:
 - Day time services:**
 - Younger age group (16-21 years) offering transition services
 - Clinical rooms and meeting rooms, used by visiting allied health professionals and disability support groups to provide services to both LFT and community based persons
 - Provision of vocational support / day programmes / training for physically disabled persons in the community
 - Residential Services:**
 - High needs clients (level 5 +) provision of a high needs unit (short term /respite care) with nursing staff
 - The ageing population of physically disabled persons offers an opportunity to provide support for persons in the 65-75 year age group, who are not ready for aged care support (DHB funding).

- Clients with chronic medical conditions (such as diabetes / obesity) who need close monitoring to get their conditions under control and teach life skills for ongoing management.
- Attracting funding for services already provided, but not funded
 - Provision of disability information services for the community (support available in Wellington, agencies, contact persons, benefits etc)
 - Provision of training to other small NGOs in disability support

Threats

- Changes in government direction for disability strategies or funding (review proposed for residential care in 2011/2012)⁴
- Economy has made funders reluctant to develop new contracts / funding streams
- National and local providers can offer similar services for community based clients
- Expectations of clients and families differ from model of care offered by LFT Wellington

⁴ National Health Board Disability Support Services Strategic Plan 2010-2014

Strategy 2011- 2015

The strategy for 2011 -2015 focuses on the utilisation of the new land to meet the needs of future service demand for LFT Wellington.

The Management Team has identified the expansion model outlined in the Gilbert Report 2008⁵ as the preferred option of service delivery. This includes a respite centre, development of flats, development of additional recreation facilities and administration facilities.

Service demand for the next five years has been identified as:

Residential:

1. Short term high-needs clients (respite care or health crisis), requiring 24/7 nursing care.
2. Short term and long term residential services for persons who are residing in rest homes but are aged under 65 years, due to lack of space in physical disability accommodation.
3. Long term residential services for ageing physically disabled persons (age 65-75 years) who are not appropriate for aged care facilities.
4. Long term residential care for clients who will not be able to live independently within the community due to their physical disabilities.
5. Short and long term residential care for clients with chronic health conditions who need input to get their conditions under control, and provide ongoing management support (diabetes / obesity).
6. Additional semi-independent flats where clients can transition into independent living.
7. Active Support for residential clients who could take more responsibility for their household needs.

Non-residential:

8. Programmes for community based clients who can utilise their individualised funding to access day time programmes run at LFT Wellington.
9. Development of vocational enterprises which could become self-sustaining businesses.
10. Clinical rooms and meeting rooms to allow easy access for both residential and community clients to allied health professionals and support groups.
11. Provision of disability information services to the wider community
12. Provision of training to other NGOs in the disability sector

Current Model

The existing staff group can provide services under points (2), (3), (4) and (5) without any significant changes to staffing structure while utilising existing buildings.

Due to the stable nature of the client group and staffing group, the existing model of services should be left to continue without restructure and additional residents integrated into existing accommodation as rooms become available.

⁵ Present and future needs of the Laura Fergusson Trust Wellington, John Gilbert & Associates Ltd, September 2008.

Proposed Services

Residential Buildings

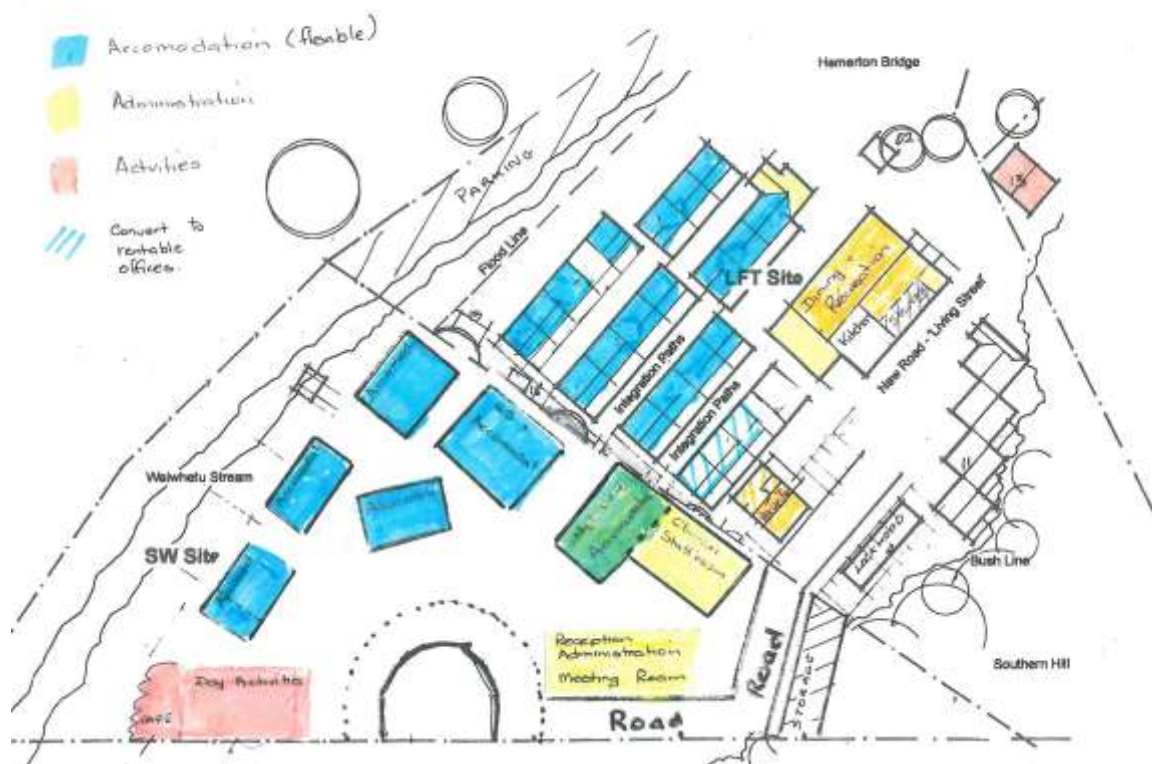
New accommodation buildings should be focussed on supporting the higher needs clients (level 5+) and providing accommodation for clients transitioning into the community.

- High Needs Client Unit (Purpose Built)
- Additional Accommodation (Flats / Group Houses)
- Family Home

Non - Residential Buildings

- Clinical rooms / meeting rooms /training area
- Activity Block
- Administration Block
- Storage (additional)

Proposed Layout



High Needs Client Unit – Purpose Built

What:

Purpose built 4-6 bedroom high needs unit, staffed 24/7 by nursing staff.

- 1 -3 bedrooms for respite care
- 2 bedrooms for long term high-need clients
- 1 bedroom for other residents requiring monitoring post injury/illness

Why:

LFT Wellington does not have a residential area to cope with the demands of very high need (level 5+) clients. These clients require input from nursing staff, and regular observation and provision of care.

The demand for respite beds for very high need clients living at home with their families is increasing. This facility could meet the need for respite care for these clients.

In addition, it could meet the needs of short term clients who are aged under 65 but need nursing cares when exiting from hospital wards before transitioning home. These clients currently are referred to aged care facilities, as there are not age appropriate facilities with nursing staff. This can occur for clients with serious fractures, or recovery from exacerbation of a chronic medical condition.

A number of long term clients of LFT Wellington are reaching a level of care that cannot currently be provided on site. The facility could also provide longer term accommodation for two clients who need more intensive monitoring and care.

A purpose built facility would allow a nursing staff member to be able to monitor all high needs clients within a single facility, reducing wait times for call bells to be answered and ensuring there is a suitably qualified staff member on duty on site 24/7. The facility would also address the needs of these clients by having appropriate equipment set up (overhead hoists, medical equipment) in each room.

A spare room could also be used to monitor any long term LFT clients who are unwell, or had an injury and require monitoring.

How:

LFT Wellington first needs to review existing high needs units at similar organisations (potentially LFT Auckland, aged care facilities, other physical disability organisation). The review will inform key requirements for room layouts, equipment, staffing requirements, infrastructure systems (IT, communications).

Plans will need to be developed to incorporate key requirements and meet with current standards for facilities used for hospital level care.

The plans will need to be fully costed and approved by the Board prior to implementation.

Nursing staff, including a Clinical Team Leader position will need to be recruited to fill positions for this role. While MOH contracts do not currently require a Registered Nurse (RN) on site 24/7, any DHB contracts would require this position 24/7 for hospital-level care. It would be prudent to have RNs available on site to ensure that all nursing procedures are undertaken correctly and provide supervision for Enrolled Nurses (ENs). Any nursing staff could also be used to provide nursing cover to existing LFT clients. This would also remove the requirement for the current on-call night staff, as 24/7 staff would be awake during all shifts.

Additional Accommodation – Flats / Group Houses

What:

Additional multi-bedroom accommodation units (3-6 bedrooms) are built on the new property for semi-independent, short and long term residents:

Why:

The existing LFT residential accommodation is bed-blocked by long term clients. The only accommodation availability is respite care, which is currently utilising the 1-2 bedroom flats at LFT.

There is a lack of accommodation for clients who are either transitioning through LFT Wellington into the community, or persons from the community who are semi-independent and require short term accommodation.

Semi-independent living arrangements are an integral part of the pathway towards independent living. Multi-bedroom accommodation replicates groups of persons living at supported accommodation in the community. Single room flats already exist at LFT Wellington, but have been identified to result in residents returning to the main block for meals and socialisation, due to isolation living on their own.

Some current clients may be better rehabilitated long term by shifting to group houses

A group of local 65- 75 year olds have been identified as needing residential support but do not need to have this support provided in a rest home . It has been suggested that they may benefit from being accommodated in an area away from the younger residents but within the Laura Fergusson community.

Funders are emphasising supported independent living, increasing demand for independent living accommodation and reducing demand for large residential complexes.⁶

How:

Building of multi-room accommodation on the new land, with fully accessible facilities for residents with wheelchairs.

Ideally, accommodation should comprise of between 3-6 bedrooms

- This mimics flatting situations in the community, or shared houses with carer support
- Having social interaction within the house would reduce the requirement for these residents to use facilities at the larger residential block
- The funding for 3-6 residents per house is more economically viable than single bedroom flats
- Residents already have the option of single accommodation within studio units and flats at the existing facility
- If single bedroom accommodation is considered, it may warrant adding a premium to the cost of this type of accommodation for residents (similar to premiums charged in aged care facilities for premium rooms)

The layout and number of accommodation units need to be determined and plans created and fully costed prior to Board approval for building.

There would be minimal requirements for increasing in staffing, as these clients would receive identical services to existing LFT residents.

⁶ Present and Future Needs of the Laura Fergusson Trust Wellington, John Gilbert and Associates September 2008

Family Home

What:

A three-bedroom family home is built on the new land.

Why:

No. 3 Waddington Drive is currently occupied by a client and their family.

Habitat for Humanity and Grace Trust have offered to build a family home for this client free of charge to LFT Wellington.

This would allow No 3 Waddington Drive to be utilised for three clients, while retaining the individual client and their funding at LFT Wellington.

No 3 Waddington Drive has also had the garage fully lined, which can be utilised for overnight accommodation for a caregiver, providing supported accommodation to clients residing there.

How:

Negotiations need to continue with Habitat for Humanity and the Grace Trust for the building of the house, and any costs involved for LFT Wellington.

Ownership of the building and leasing agreements need to be documented to ensure all parties are aware of the conditions of the building arrangement.

The Board need to approve the plan once it is formalised, prior to any building commencing.

No additional staffing is required, as this is an existing client of LFT Wellington and support is already in place.

Should the individual client choose to no longer reside at LFT Wellington, the 3 bedroom house could be used for other clients with families.

Considerations

In developing the house and accommodation units, the Trust needs to ensure that terms of occupancy are clear. Utilising existing occupancy terms for the flats at LFT Wellington, would meet this requirement. It is unlikely that the accommodation can be sold to occupants in the manner that occurs within aged care communities, due to the legal requirements and issues surrounding this type of transaction.

Where individuals or Trusts are interested in building their own accommodation, land is available adjacent to LFT Wellington which would allow community-based support to clients, while reducing risks to LFT Wellington relating to ownership structures of buildings.

Clinical Rooms / Meeting / Training Area

What:

Building of a facility which would comprise of multiple clinical rooms for clinical consultations and a large area to hold meetings or training sessions. This would be adjacent to the high needs unit.

Why:

Current facilities at LFT Wellington are not appropriate for clinical treatments. The clinical room is too small to provide clinical care for clients in wheelchairs and there is insufficient storage for clinical equipment and resources. The current first aid room where medications are managed is very small, being converted from a toilet area.

This facility would provide appropriate areas for clinical treatments, such as wound care, podiatry, catheter and stoma care. Visiting health professionals, such as diabetes nurses, wound care nurses, dieticians and podiatrists would be able to utilise the rooms for seeing both LFT clients and community-based clients.

Meetings at LFT Wellington cannot be held in the staff room, as it is too small to hold the entire staff group. The Moston Lounge is utilised for this purpose, but this area is primarily for use of residents, and staff meetings may disrupt client activities.

The new meeting room area can be utilised for LFT meetings (staff / residents) or hired out to community groups to hold their own meetings. This may include support groups and other charities that need a facility to hold community meetings.

The meeting room area could also be utilised for staff training (internal or external). A number of staff (3) are assessors for NZQA units, or qualified clinicians, who can offer training services to other organisations. Provision of relevant equipment for a training centre (projectors, IT equipment, whiteboards etc) would make it an attractive room for hire for outside organisations.

How:

Plans for the clinical and meeting room facility need to be finalised and fully costed prior to approval for building. Equipment requirements need to be included, and all materials used in the clinical areas aligned with standards for hospital-level facilities. Equipment for the meeting/training room area should reflect the needs of modern meeting areas with IT facilities for computer-based presentations.

Promotion of the use of the facility need to be undertaken for:

- Visiting clinicians
- Local support groups and NGOs

Promotion of training opportunities at the facility needs to be undertaken for:

- Provision of training by LFT clinicians
- Assessments performed by LFT staff who are registered NZQA assessors
- Inclusion of staff from other facilities at LFT training run by external trainers

Staffing requirements relate to establishment of an events manager role (which may be combined with another role) to manage bookings of the clinical and meeting rooms, and ensure that facilities and refreshments are available to groups hiring the rooms.

Activity Facility / Enterprise Area

What:

A facility is established to provide activities areas for residents and community members to utilise for programmes during the day. The facility can also be used to provide a café area for visitors, residents and staff and provide vocational training.

Why:

There is potential for expanding current services to community members, and establishing services for new client groups. However, there is no space within the existing LFT buildings to provide these services.

The existing gym is small reducing the amount of clients who can use the gym at any time. There is not sufficient equipment for all gym users at all times. Updating the equipment and providing additional space for group activities could attract community based clients to attend day programmes at LFT Wellington.

Providing a café area for visitors would allow residents to entertain guests in an appropriate communal space, provide a training area for vocational programmes and provide additional income to LFT Wellington.

Potential new services:

1. Transition programme for young clients:

Provide young clients with access to day programmes at LFT Wellington and access to external work placements, or other learning activities. This group could also access LFT services, such as visiting clinicians, use of the training kitchen and moving to independent living through residential services.

2. Day Programmes:

There is potential to expand the current suite of activities offered during the day to physically disabled persons living in the community. This would assist in managing isolation for those who live in the community, and provide more stimulation to existing LFT clients.

Day programmes include vocational training, activity programmes, gym programmes, learning and qualifications, work placements and access to other groups and services.

3. Café:

A portion of the building can be utilised as a café area serving refreshments to staff, visitors and residents. This provides an appropriate area for guests of residents to meet, and will meet the hospitality needs of visitors utilising clinical rooms, meeting rooms, training areas, office areas and day services of LFT Wellington.

The café can provide vocational training for residents and day service clients in hospitality subjects.

4. Other Vocational Enterprises

LFT Wellington can utilise both staff and residents to establish vocational enterprises which would provide suitable vocational training for clients, while producing additional income for the organisation. This may include the Café as identified above, administration services for shared offices, and creation of saleable products which require manual input.

How:

LFT Wellington could either build a new facility or transport an existing building onto the new land, and refurbish this to the required standard. The full costs and plans for the facility would need to be approved by the Board.

Agreement with relevant local disability providers and with funders (MSD) needs to be reached to ensure the scope of services and funding aligns.

Administration Block

What:

A facility to house administration aspects of LFT Wellington, and provide a staff room separate from work areas.

Why:

Administration facilities at LFT Wellington are split across the Lockwood, the CEOs office and the current staffroom. Staff working on administrative tasks in the staffroom can be distracted. It is not good practice to include a work area in a break area for staff.

There is potential to also provide Disability Information Services to the community. Petone had a Disability Information Service, which has now closed down. The closest service is now located in Wellington CBD. Staff regularly provide information to the community about disability support, but have never received any income for this type of service.

Provision of additional office space may also allow LFT Wellington to offer serviced offices to other small disability organisations in the region, increasing income. This may be achieved by moving clients into group houses on the new land and turning one of the existing residential blocks into additional office space. This would be attractive to disability organisations currently renting office space in the central Hutt.

This activity would not only provide a rental income but would allow like minded organisations to build closer relationships, which would benefit both staff and clients.

How:

Build an administration facility on the new land. Include staff work areas for administration staff and a separate staff room for breaks. An area accessible by clients and the community should be included to provide information and hold meetings with new residents.

Utilise the existing administration areas as satellite areas linked into the computer network.

There is the potential to utilise the Lockwood and the CEOs office as residential accommodation if the need arises.

Moving clients from one residential block to group houses would allow additional office space to be created. This extra office space can be rented out to other disability organisations as serviced offices, with administration services offered by administrative staff and residents undertaking vocational training in administration.

If a Disability Information Service is to be provided, the funding for this needs to be negotiated with funders and a role established to ensure that the service is available.

Staffing Changes

The expansion of building on the new site could be managed by expanding the current staffing group and responsibilities to include specialist management roles. Key roles that may need to be established are:

- Clinical Team Leader (to manage all clinical staff)
- Programme Leader (to manage both residential and community programmes)
- Business Development Manager (to manage funding proposals / marketing)
- Building Project Manager (to manage the building projects on the new site)
- Change Manager (to manage changes during expansion across stakeholders)

The roles may be filled either internally or externally by personnel with relevant skill sets. This will change the current organisation from a relatively flat model, to an organisation with additional levels of management, providing a pathway for career development and succession planning. Once fully implemented, the staff size of LFT Wellington will approximately double.

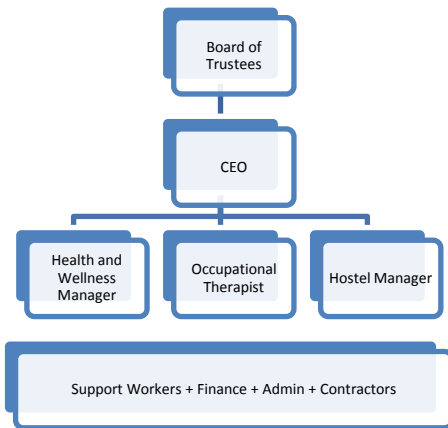
The key roles identified align with those outlined in the Gilbert Report 2008⁷. In addition, the Gilbert Report identifies the need for architectural and engineering firms to be involved in the project, and development of a Human Resources plan to manage staff expansion and succession planning.

The existing Management Team have indicated that there is not currently the skill base or expertise to undertake the roles of the Business Development Manager, Building Project Manager or Change Manager, and these roles should be sourced externally.

These roles may be short term roles (3-5 years) or may become part of the succession plan for the organisation.

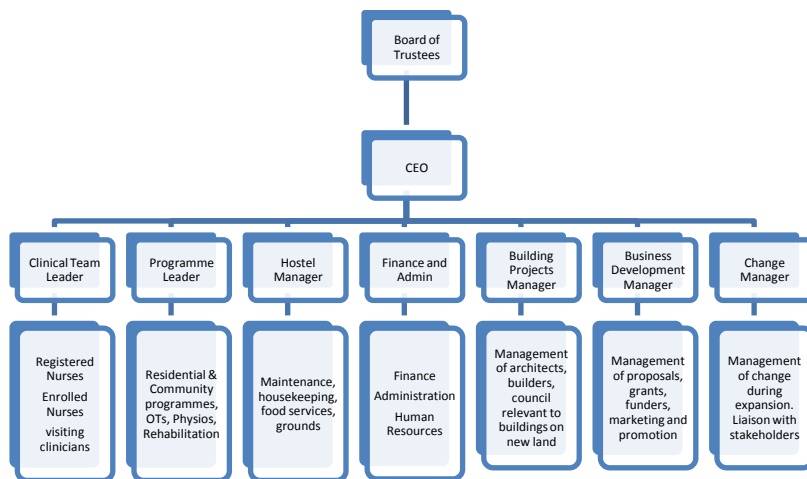
⁷ Present and Future Needs of the Laura Fergusson Trust Wellington, John Gilbert and Associates Ltd, September 2008

Current Staffing Structure 2010



Small management team providing integrated solutions for residents and the organisation. All team members take part in decision making.

Proposed Future Structure



Larger management team with defined roles and responsibilities for each aspect of the organisation.

Specialised staff for specialised roles.

CEO continues to manage operational side of services. Additional executive staff to manage expansion of organisation

Timeframes

2011

Board 'approves in principle' plans for expansion by March 2011

Appointment of key positions:

- Change Manager
- Business Development Manager
- Building Project Manager

Detailed cost analysis undertaken for each project and presented to the Board for approval.

Key stakeholders informed of plans for change.

Youth Transition project commences utilising existing facilities.

Building Plans are developed

Resource consent process completed

2012 – 2014

Funding is contracted with major funders for future programmes (MSD, MOH, ACC)

Fundraising for building projects is secured by Business Development Manager

Building of facilities (residential and non-residential)

As buildings become available for use, programmes are rolled out

2015

LFT Wellington becomes the hub for disability services in the region:

- Multiple charities and disability organisations are utilising facilities for office services, training, meetings, disability information and networking
- Clinicians are utilising the clinical rooms for appointments. More clinical staff are attracted to LFT Wellington as employer of choice.
- Resident group changes to include more clients working towards independent living utilising transition services and supported accommodation
- Day services are well established and community clients utilise LFT Wellington as a base for obtaining services
- Vocational programmes including a café and administration centre are established, producing conducive working environments for disabled persons

Cooperation with other LFTs

There is the potential to cooperate with both Christchurch and Auckland LFT, who have been delivering services to short term, high needs clients and community based programmes. The sharing of insight and the experience gained as Christchurch and Auckland developed their projects would benefit Wellington LFT in the planning and setting up of these services in our area. Areas of cooperation:

- Development of transition services for 16-21 year olds (Auckland LFT's experience in setting up this type of programme including staffing, resources and programmes could be sought)
- Management of a high turnover level 5+ unit (experience of Christchurch and Auckland in management of high turnover of clients, and the resources /staffing required for high needs units could be sought)
- Development of internal systems (staffing rosters / templates / quality assurance) could be shared from the other LFTs and recommendations provided
- Fundraising and contract negotiation expertise from Auckland LFT could be sought to assist in obtaining funding for the new projects
- Experience in management of Chronic Conditions (diabetes/obesity/epilepsy) could be shared from Wellington LFT to Auckland and Christchurch, as a new model of care.

There are both risks and benefits of this type of cooperation. For example, LFT Wellington could build on the learnings of the other LFTs. However, it is important to note that models of care used in Auckland/Christchurch may not work in Wellington region due to size of population, different types of community and local networks.

Cooperation with Other Disability Organisations

LFT Wellington has extensive networks across the Wellington region and collaborates with multiple disability organisations. There are existing relationships with Cavit ABI, Kimi Ora, Healthcare New Zealand, St John of God, Hutt Valley Health and Need Assessment Service Coordination, in addition to individual clinicians. Input from these services has assisted LFT Wellington in delivering high quality of care to their clients. It is envisaged that these relationships continue and that these, and other, organisations are invited to participate in community based services offered in the future.

The risks and benefits of cooperation with these organisations are similar to those outlined above for cooperation with other LFT services.

Conclusion

The Wellington LFT Management Team has established a clear vision for the future of services at LFT Wellington. This includes the expansion of residential services to include high needs clients, and increase the accommodation available to transitioning clients. Provision of accommodation for disabled persons aged over 65, or those with chronic health conditions is also a growing market. In addition, non-residential services can be expanded to include clients from the community. This aligns with the government's strategy for individuals to choose their own service provider for support services, allowing clients more freedom of choice of how their individual funding is allocated. Capturing this market is vital to ensure the long term growth of LFT Wellington.

The vision of the Management Team is based on the initial work completed by John Gilbert & Associates Ltd in 2008 on the future needs of LFT Wellington. The concept of aligning services with the direction of government and funders, and working collaboratively with other services has been refined. The new plans are workable in the Wellington environment, meet the needs of current residents and expand services without threatening the culture of the organisation.

It has been established that the staffing group needs to expand to include more clinical expertise, additional leadership roles and a dedicated resource to manage the new build and marketing. These roles can be integrated into the existing structure.

LFT Wellington has also recognised the value of the experiences of the other LFTs in implementing high needs units and day programmes, and would benefit from discussions of how implementation can be streamlined. However, due to the inherently different nature of the client groups served, replication of the exact programmes may not be suitable for Wellington.

LFT Wellington has a strong staff group with sufficient experience to manage the change management process going forward. The stable occupancy levels and client base will ensure that additional services do not threaten existing services or income.

There is still additional work to be done fully costing out each service model before it can be approved by the Board. Once a provisional decision is made by the Board, this work can commence and a full business case developed for each future service.

The Board of Trustees should ensure that a decision is made in early 2011 regarding the use of the land. This will allow building plans and resource consents to progress, reducing the risk of the land not being utilised and potential income not being realised in a timely manner.