**SOUTHERN DISTRICT HEALTH BOARD**

**ALIGNING EXISTING HUMAN RESOURCE PROCESSES**

**WITH LET’S GET REAL**

“We knew people didn’t want another set of criteria that they had to work through, so it was mainly doing a checklist and mapping what we already do – and then addressing the gaps. We don’t want this to become onerous.” Nicola Brandsen, education and training coordinator

**AT A GLANCE**

**What:** Southern District Health Board (DHB) Mental Health and Addictions Service (Southland) team are integrating Let’s get real’s seven Real Skills and attitudes into their pre-existing framework/programmes for workforce development.

**Why:** To improve outcomes for service users by creating a stronger workforce development programme for staff.

**How:** By raising awareness about the Let’s get real programme, assessing and evaluating Southern DHB (Southland)’s current programmes and making changes to integrate Let’s get real into the print and promotional material for marketing workforce development training seminars.

**Target:** Southern DHB Mental Health and Addiction Service (Southland) employees, as well as other providers and non-government organisations (NGOs) in their wider Future Directions network.

**Where:** Southland region.

**THE PROFILE**

Southern DHB Mental Health and Addiction Service (Southland) provide a range of specialist services to service users and families across all age groups, in both inpatient and community settings. Multi-disciplinary teams are based in Invercargill, Gore and Wakatipu and provide services throughout the Southland district.

The Mental Health and Addiction Service is managed by a clinical leadership team including a medical director, a nursing director and a general manager who provide leadership to the provider arm. The provider arm includes the following: 23 inpatient beds, adult community mental health services (including forensic, older persons, maternal mental health, needs assessment/service coordination, intellectual disability dual diagnosis, Maori mental health and a crisis emergency team), a drug and alcohol specialist service, child adolescent and family service, three day activity centres and an advisory team. Approximately 170 full time equivalent (FTE) staff are employed across the region.

The provider arm enjoys working within a sector that is closely connected within the Southern DHB’s extensive Future Directions network ([www.futuredirections.org.nz](http://www.futuredirections.org.nz)). The network connects many mental health and addiction NGOs and community providers and brings together some 180 organisations and agencies.
Underpinning the Mental Health and Addiction Service’s commitment to ongoing quality improvement are their principles of practice for mental health - supporting wellness, people first, serving our community, helping each other, best practice, taking responsibility, and striving to improve.

Introducing Let’s get real to the Mental Health and Addiction Service’s employees demystified the Let’s get real programme and identified that people were, in fact, already doing much of the work.

“The first step was to change the marketing message and making sure Let’s get real was part of the language.”
Nicola Brandsen, education and training coordinator

THE BEGINNINGS
With the implementation of the Ministry of Health’s initiative Let’s get real and the release of the Let’s get real enablers (tools and learning modules) by Te Pou in 2009, an opportunity arose to review and improve the Southern DHB’s workforce development marketing strategy for internal seminars and training programmes.

On initial evaluation of the Let’s get real seven Real Skills foundational framework, it appeared that a large portion of the Real Skills were already part of the Southern DHB’s Mental Health and Addiction Service. This was a result of previous quality initiatives, strategic planning and service development linked to Te Kokiri and Te Tahuhu.

However, the team could see a gap between the work that had already been completed and the level of understanding and awareness among staff and other organisations about how Let’s get real fitted in. Some of the gaps were due to how the workforce development training sessions and resources were branded and marketed.

At the start of the project there were no visual links to Let’s get real, and no mention of building, measuring or aligning the training to core competencies or national mental health workforce development strategies, initiatives or trends.

There were a few objectives from the service’s workforce development plan that were integrated into the training. These included enhancing the competencies of staff to improve recovery for service users accessing mental health and addiction services. Staff undertaking the training had limited awareness of how the training would benefit service users or their families.

The team also recognised the opportunity to reflect on the Let’s get real Human Resource Tool in their recruitment and orientation manual. Changes that were needed included reformatting and refreshing the manual’s appearance, updating guidelines, adding recruitment questions that are linked to Let’s get real, and sending the Let’s get real recruitment form with each invitation for an interview.

Some of the training the service had in place did not address core areas of Let’s get real – specifically the Real Skills: Working with Māori and Challenging stigma and discrimination. So now, all workforce development events are mapped to the Let’s get real seven Real Skills, and when people attend these training events they are aware of the relevant Real Skill. In addition, all event attendees are required to complete a Let’s get real evaluation following the event. Finally, planning for the provider arm and NGO education and training programme incorporates Let’s get real.

“The key to it all is communication – we are all communicating with each other and that is how it works and works well.”
Adrienne Lee, service improvement manager – operations
THE PROCESS

The team initially focused on improving the existing marketing and promotional material for workforce development training, so staff would become more aware of how Let's get real fitted in with what they were already doing.

Two key challenges needed to be considered. The first was to ensure that any changes were cost neutral. The second was that the process must be congruent with other projects being initiated by Southern DHB. This included the development and completion of the service (or business) plan, quality plan and workforce development plan, the Future Directions workforce development plan and quality strategic plan, and completion of the service’s Orientation project.

Nicola Brandsen, education and training coordinator at the time, began to showcase the project by including the Let's get real logo in all email and marketing correspondence relating to workforce development and linking all planned workforce development events to one or more of the Let's get real seven Real Skills.

Changes were drafted for review and accepted by the Southern DHB Mental Health and Addictions management team. Alongside these changes an additional statement was added to each flyer so it linked the event to the relevant Real Skill that the workforce development training addressed. Service plan goals and service quality goals were also linked to Let's get real.

More references to Let's get real were communicated to staff through a variety of channels including their regular workforce development workshops – held once a week.

The next step was to integrate Let's get real into the existing Human Resources processes. Each Mental Health and Addiction Service team sat down with their workforce development plans and worked out how Let's get real fitted into the current structures and how they mapped against Real Skills.

Nicola went round to all the teams and worked through assessments as groups, using the self-assessment from the Let's get real Team Planning Tool. People reported that the essential level was already integral to the service. However, it highlighted the need for staff to complete the practitioner level before their next annual performance review. As a result, they decided the practitioner level would be included in the review. After all teams completed the gap analysis, other needs were identified and the use of resources increased, including Let's get real resources to complement the existing tools.

Hiring managers and human resources (HR) worked together to embed interview questions that covered the Real Skills as part of the staff recruitment process. The service reviewed the orientation process and developed a new staff orientation manual using the Let's get real Human Resources Tool as a guide.
The service highlighted the importance of improving processes for countering stigma and discrimination. They did this by keeping a record of all community involvement by staff regarding reducing stigma and discrimination and promoting mental health awareness, and evaluated what they were doing. This included enhancing processes for working with Māori by arranging for mental health promoters and other guest speakers to talk about Māori workforce development. Today's process links to all Let's get real Real Skills, especially stigma and discrimination.

**THE UNIQUE APPROACH**

Southern DHB's unique approach lies in the strong clinical leadership from the mental health and addictions team, combined with their extended network of providers and NGOs.

The network provides 'sector-wide' leadership and ensures that managers of the key services collaborate and coordinate their activities, including workforce development activities.

Adrienne Lee, Southern DHB's mental health service improvement manager – operations says that clinical leadership is important in making sure the network works and is adhered to. The network is their way of reaching out to the wider region and knowing who is available in the community to implement services and support.

Southern DHB has a dedicated workforce development role which has been in place for four to five years. This makes a big difference to what the team has been able to achieve. It has allowed Southern DHB to build consistency across the organisation, the mental health and addiction NGOs and the wider community sector.

**THE RESULTS**

Nationally, Te Pou has commended Southern DHB's team for leading the integration of Let's get real with their current training programmes and for the interest that other DHBs have shown in their ideas.

Overall, Southern DHB Mental Health and Addictions Service's workforce development marketing material, certificates and course conference reports now have a readily identifiable look and feel that includes the Let's get real logo. All training opportunities advertised are linked to the performance indicators of the Real Skills that reflect the skills required to ensure good outcomes and recovery for service users.

This project has moved from the early stages of marketing and development and is now in a period of consolidation. Through feedback from staff and other organisations the Southern DHB team is working towards addressing the identified areas of gaps and need for developments.
For example, using the self-assessment against the Real Skills showed that people were not confident working with Māori at the essential level. This is an area where the DHB need to devote more resources and ensure that all those completing self-assessment at team development days are at an essential level. Closer links are established with Te Korowai Hou Ora (Maori Mental Health Team) and Te Huinga Tahi (Maori Health Unit) Maori health educator whose Cultural Education sessions have been very popular and well received by staff. In addition any formal and informal opportunities for learning and development are highlighted and staff encouraged and enabled to participate. The provider arm also enjoys very practical and meaningful memorandums of understanding with Kaupapa NGO providers. The overall philosophy is to ingrate these principles and ways of working into everyday practice.

Impact on staff

Now that all Southern DHB Mental Health and Addiction Service and NGO workforce development training events are linked to the Let’s get real seven Real Skills, attendees are required to provide a narrative on the Real Skills indicators that the training they attended met, and how it has influenced their practice.

As a result, there is more confidence among staff that training meets the essential and practitioner Real Skills performance indicators.

The Southern DHB Mental Health and Addiction Service clinical governance team is ensuring that all employees are aware of the Let’s get real seven Real Skills required to care for and treat service users. Staff believe they are being provided with the necessary tools that will support them to work with service users (and their family/whanau) as they move through their recovery journey. Service users themselves developed some of these tools.

Staff are now building the awareness, within the DHB and the NGO Future Directions network, of the changes and integration of the Real Skills into the competency framework for mental health and addiction professionals.

Impact on other organisations

Attendance at NGO/provider combined training events has improved to the point that larger venues have been required for events. Two examples of the success of the training for external organisations include the following.

1. The regional mothers and babies service training, which in the past has normally attracted less than 30 attendees, has had numbers on two occasions exceeding 60 after the links to Let’s get real were promoted in the training event marketing.
2. Attendees alerted on the network to an upcoming event are able to attend sessions from isolated locations like Dunstan, Wanaka, Wakatipu, Te Anau and Gore where they can dial in to attend the video conference session.

The NGO sector identified an improvement to an existing monthly events calendar that could be developed into an electronic newsletter “The Network Wireless” that combines events as well as quality and workforce development information.

The newsletter provides 100% coverage to all mental health and addiction providers in Southland. This means recipients can now readily access up-to-date information about education, training and Let’s get real linked workforce development opportunities – with the majority of events also linked to the Real Skills performance indicators.

About one third of Southland’s NGOs are now focusing on Let’s get real and have committed to using it and doing the self-assessments with their staff over the next 12 months. Even the smaller NGOs and health care businesses see the value in the seven Real Skills and would like to implement some of Southern DHB’s changes within their own teams. The service has also been approached by other regional providers and organisations, which are interested in adapting Southern DHB’s staff orientation manual to meet the needs of their staff.

Let’s get real has been identified as a valuable programme, and the workforce uptake (internally and externally) was better than some other products they have rolled out.

“Learning from these projects is going to be transferable across the sector and makes it resource rich across the sector and the NGOs.”

Nicola Brandsen, education and training coordinator

The winners of the 2010 Future Directions Quality Improvement and Innovation Awards.
Pictured (L-R): Gemma Duffy, Southern DHB Inpatient Mental Health Unit, Deirdre Kokich, Nga Kete Matauranga Pounamu Trust, Val Dockerty, Southern DHB Mental Health Consumer Advisor, (front): Nicola Brandsen: Southern DHB Mental Health and Addictions Services. The winning entry was the Southern DHB Orientation Project, which incorporated and branded itself as a Let’s get real initiative.

THE LESSONS LEARNT
The biggest benefit of integrating Let’s get real has been knowing the work they’ve done that already reflects the Real Skills.

The marketing and information provided helped to make it more attractive to staff and established links to the Let’s get real Real Skill performance indicators. Staff were also made aware that the changes weren’t something new and could be merged with their current activities.
The team also identified that timing was very important – they didn’t tackle *Let’s get real* when other organisational changes and key projects were in progress. It was important to link *Let’s get real* with every aspect of the work and development of the service to ensure real integration.

The genuine connectedness of the whole sector has made this a whole-of-sector achievement, not just something the provider arm does. This is a key point of difference for the Southland sector.

Feedback indicates that while rolling out *Let’s get real* had seemed daunting initially, once the DHB team mapped the workforce development they were already doing with the Real Skills performance indicators, people could see the link to their own competencies.

If they had to do it all over again, they would not be so worried about the time and resources involved in implementing *Let’s get real*.

*Let’s get real* is not something new. It is a programme with aspects that many people will already be using in their workforce development programmes. They can merge those in with the Real Skills to enhance what they are already doing.

MORE INFORMATION

Contact:
Louise Travers, general manager – Mental Health Directorate (Southland), Southern DHB
Direct dial phone: 03 214 7230 or email: louse.travers@southerndhb.govt.nz

Nicola Brandsen, education and training coordinator, Mental Health Directorate Southland, Southern DHB
phone: 03 214 5786 or email: nicola.brandsen@southerndhb.govt.nz

Website
• www.southerndhb.govt.nz
• www.futuredirections.org.nz

Documents/links
• Southern DHB Mental Health Service Orientation manual, 2010 available by visiting stories of change at www.tepou.co.nz/knowledgeexchange