

**Primary Health
Care
Nurses
Advisory Council
NZNO**

STRATEGIC PLAN

2007 – 2010

**November
2006**

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PURPOSE

This document sets out the strategic intention of the NZNO PHC Nurses Council. The purpose of the Council is:

- To provide primary health care nursing advice, leadership and strategic direction to NZNO's board, colleges, sections and members and to external key stakeholders e.g. DHBNZ, PHOs, NGOs and MOH.
- To provide a credible voice for primary health care nursing within New Zealand

<i>Advice</i>	<i>Leadership</i>	<i>Strategic</i>	<i>Credible Voice</i>
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Each Section and College within NZNO are responsible for each specialty area, the role of the Council is to provide mechanisms to assist nurses to deliver on the objectives of the PHC strategy.

INTRODUCTION

In 2003 the Board established a Primary Health Care Nursing Advisory Panel. The purpose of the panel was to develop a shared purpose and common structure within NZNO for primary health care nurse members and to enable NZNO to provide leadership in response to changes in the primary health sector. Leadership in the sector was seen as of particular strategic importance given the opportunities to expand and advance nursing practice opened up by the Government emphasis on the Primary Health Care Strategy.

In 2004 the Board gave further emphasis to the importance it placed on leadership in primary health care nursing when it replaced the advisory panel with the Primary Health Care Nurses' Council.

The Council was set up as a two year pilot comprised of representatives from the NZ College of Practice Nurses NZNO, Nurses for Children and Young People of Aotearoa, the Public Health Nurses' Section and the District Health Nurses' Section. A further three Council members were drawn from Te Runanga and Iwi/Maori and rural primary health care practice environments. The Diabetes Nurses Section, Mental Health Nurses Section, Respiratory Nurses Section and the Stomal Therapy Nurses Section chose not to be represented on the Council directly but opted to be kept informed and to participate when appropriate.

Background

Primary Health Care Nurses are defined as: Nurses with knowledge and expertise in primary health care practice. Primary health care nurses work autonomously and collaboratively to promote, improve, maintain and restore health. Primary health care nursing encompasses population health, health promotion, disease prevention, wellness care, first point of contact care and disease management across the lifespan. The setting and the ethnic and cultural grouping of the people determine models of practice. A partnership with people-individuals, whānau, communities and populations, to achieve the shared goal of health for all, is central to primary care nursing (Investing in Health, 2003).

The key purpose of the Council is to establish itself as the credible voice for primary healthcare nursing within New Zealand and to provide nursing leadership and strategic direction to NZNO's board, colleges, sections and members.

During its two year pilot the Council made significant progress towards achieving its purpose. The goals (leadership, governance, professional practice and community need) from Investing in Health a framework for activating Primary Health Care Nursing in New Zealand were used to guide the activities of the Council. Overviews of the Council's achievements during 2004-2006 are provided below.

Leadership - In December 2005 the Council published a PHC Nursing Professional Development Recognition Programme (PDRP) and accompanying performance appraisal tools (competent, proficient and expert). This PDRP recognises that a nurses' role encompasses clinical practice, education and research. The PDRP is seen as a catalyst for change and for maximising nursing's contribution to the health outcomes of individuals, families, whānau and population groups in line with the Primary Health Care Strategy. The Council plans to further develop the PDRP process so that in the future it may become an NCNZ approved programme for PHC nurses.

The Council have been involved in the review of the NZ PHC Strategy and are to be members of the Ministry of Health work streams on the PHC Strategy Implementation Working Programme (2005-2010) The goals of the work programme include: informed communities engaged at all levels including governance; PHC actively working towards reducing inequalities; enhanced delivery; and capability development.

Governance - Internally the Council members are involved in ensuring NZNO structures support the professional needs of PHC nurses. Externally the Council has published a Position Statement on Nurses in Governance; which provides an overview of corporate (board) and clinical governance and the roles and responsibilities of primary health care nurses within these governance structures.

The role of governing bodies is central to the overall performance of an organisation. Good governance practices reflect the nature of the entity, its ownership structure, and the range and interest of stakeholders. The PHC Nurses Council affirms that primary

health care nurses will be equal partners alongside other professional groups and community representatives in the governance of primary health care. Governance therefore, is critical to ensuring a quality primary health care service.

Professional Practice - PHC Nursing needs to contribute fully as part of collaborative and integrated primary health care teams in partnership with people and communities to whom health services are provided. A nursing professional practice environment is considered necessary for PHC nurses to deliver the PHC Strategy. The Council have published guidelines, which cover suggested purpose and process on how to establish PHC nursing forums as a vehicle to encourage the development and implementation of the PHC Strategy within nurses' local communities.

The Council is assisting with the implementation of Pay Parity for Primary Health campaign and was present when the petition was presented on the parliament steps in 2006.

NZNO are to host their fourth PHC Nursing Conference in 2007, a Council member is a member of this conference committee.

Community Need - There is much work to be done to align nursing to the needs of the community. To assist PHC nurses with this alignment the Council has published two guidelines; one to assist nurses to establish an understanding of their community - "Creating a Community Profile: Tips for Nurses". The second guideline is to assist nurses to write nursing proposals – "Template for Developing Nursing Services & Project Proposals".

Strategic Plan Formation

The Council met in November 2006 to develop their strategic plan. The Council chose to align their plan to NZNOs strategic plan, (Appendix 1) Te Runanga (Appendix 2) , Investing in Health vision and goals (Appendix 3), and the PHC Strategy Implementation Next Steps 2005- 2010 goals (Appendix 4) . The purpose of this strategic plan is to provide direction for the Council over the next three years. The Council will develop annual business plans to ensure the implementation of the strategic plan.

PARTICIPANTS

NZNO Primary Health Care Nurses Council as of November 2006

Chiquita Hansen	Chair
Brenda Close	Te Runanga (NZNO)
Rosemary Minto	NZ College of Practice Nurses (NZNO)
Rosemarie Edlin	Public Health Nurses Section (NZNO)
Karyn Sangster	District Nurses Section (NZNO)
Heather Maw	Rural Nurse Specialist
Marie Noa	Iwi Representative
Erin Beatson	Nurses for Child and Young Persons of Aotearoa (NZNO)
Lois Waugh	Gerontology Section (NZNO)
Angela Clark	Professional Nursing Advisor (NZNO)

Previous Members (2004-2006)

Sharon Andrews	Public Health Nurses Section (NZNO)
Helen Bygate	District Nurses Section (NZNO)
Trish McHugh	District Nurses Section (NZNO)
Deb Parry	Nurses for Children and Young People of Aotearoa (NZNO)
Robina Wichman	Te Runanga o Aotearoa
Chris Millar	Professional Nurse Advisor, NZNO

Strategic Plan Overview

Vision:

To advance PHC nursing to improve health outcomes for individuals, whanau and communities

Mission

The NZNO PHC Nurses Council provides the framework to activate PHC nursing towards achieving the goals of the Primary Health Care Strategy

Strategic Aims:

Leadership

To be the lead consultant for PHC nursing in Aotearoa/New Zealand PHC nurses will be partners in key decision-making and policy development

Membership

To grow PHC nursing identity and membership

Organisational

To be the representative advisory structure for PHC nurses within the NZNO

Social

To strengthen PHC nurses to recognise and implement Te Tiriti o Waitangi
To foster PHC nurses professional responsibility to address health inequalities.
To demonstrate partnership, advocacy and equity with individuals, whanau, communities, and intersectorial agencies.

Strategic Aim 1 - Leadership

To be the lead consultant for PHC nursing in Aotearoa/New Zealand PHC nurses will be partners in key decision-making and policy development

Rationale

A primary health care approach has been identified as central to improving health through addressing inequalities in health status (Ministry of Health, 2000).

The New Zealand Primary Health Care Strategy (Ministry of Health, 2001) identifies that there will be an increasing need for primary health care nurses, with generic knowledge and skills as well as developing advanced skills in specific areas of professional practice. It is the expectation of the Minister of Health (Ministry of Health, 2002), that health services will embrace both these areas to ensure that primary health care nurses become a valuable and substantive part of the health workforce.

The PHC Nurses Council affirms that primary health care nurses will be equal partners alongside other professional groups and community representatives in the governance of primary health care. Governance therefore, is critical to ensuring a quality primary health care service.

It is the role of the Council to promote change and facilitate the development of governance, new models and roles in primary health care practice.

Key Activities

- Actively participate in the Implementation of the PHC Strategy Next Steps 2006 – 2010 Work Streams
- Encourage all PHC member to participate in PHC Strategy Next Steps regional workshops
- Meet with key PHC leaders and Chief Advisor- Nursing, Ministry of Health regularly
- Explore alternative primary health nursing service funding and employment models of delivering primary health nursing services that align with local community needs.
- Guide PHC nurses involvement in effective clinical governance of their practice
- Develop support network for PHC nurses on governance boards of PHOs

Key Success Factors

The MOH consult with the NZNO PHC Nurses Council as their first option.

Members of the PHC Nurses Council are on key advisory groups for implementing the PHC Strategy

A majority of NZNO members are aware of the PHC Nurses activities and understand the impact of this on their own roles, if any.

All NZNO activity will identify the impact of proposed policies and decision making on PHC nurses and service delivery where applicable

Strategic Aim 2 - Membership

To grow PHC nursing identity and membership

Rationale

The role of the PHC Nurses Council is to ensure PHC nurses have opportunities to build their capability, capacity and competence.

Key Activities

- Lead consultation on the development of new graduate “PHC Nurse Entry to Practice” learning framework
- Actively participate in forums that impact on PHC nurses
 - PHC Nursing Conference 2007
 - Nurse Managed Centres Consortium 2007
- Increase NZNO membership of PHC members
- Further promote and develop NZNO PHC PDRP
- Work to ensure PHC nurses have access to new Clinical Training Agency (CTA) funding arrangements within DHBs
- PHC nursing professional practice environments will be actively promoted

Key Success Factors

There is active PHC nurses participation in forums

Colleges and Sections will use the NZNO PHC Nurses Council as a key consultancy group for issues/advice

PHC nurses have equal access to CTA funding as DHB employed nurses and are not disadvantaged in having post graduate education needs met

The PHC Nurses PDRP will be a nationally accepted tool for professional development

PHC Nurses are employed within nursing professional practice environments

Strategic Aim 3 - Organisational

To be the representative advisory structure for PHC nurses within the NZNO

Rationale

To provide a combined voice for PHC nursing both internally and externally.

Key Activities

- Develop key marketing and communication strategies
- Contribute to NZNO PHC submissions
- Assist with implementation of an NZNO Primary Sector Industrial Strategy
- Work with Ministry of Health on improving nursing services for people with long term (chronic) conditions

Key Success Factors

A majority of NZNO members are aware of the PHC Nurses Councils strategic direction and activities and understand the impact of this, if any, on their own roles and working environments.

The NZNO PHC Nurses Advisory Council will have achieved the objectives in the annual operational plan pertaining to organisation

PHC Nurses have a visible and active voice in NZNO policy and decision making processes.

PHC MECA is in place

There is active participation by PHC nurses nationally, in the development of care models for long term conditions.

Strategic Aim 4 - Social

**To strengthen PHC nurses to recognise and implement Te Tiriti o Waitangi.
To foster PHC nurses professional responsibility to address health inequalities.
To demonstrate partnership, advocacy and equity with individuals, whanau, communities and intersectorial agencies.**

Rationale

NZNO recognises Te Tiriti o Waitangi as the founding document for Aotearoa/New Zealand. It is committed to the development of a bicultural partnership with Maāori as tangata whenua. PHC nursing identifies the need to address and reduce inequities in health. Non-Maāori experience significantly more positive outcomes in health, therefore it is essential that PHC nursing actively engage to reduce inequities within their communities.

Key Activities

- **Identify and advocate models for delivering primary health nursing services that align with local community needs.**
- **Encourage growth & activity of PHC nurses at regional, national and international PHC Nursing Forums**
- **Explore and be active in the advocacy of PHC nursing amongst MOH and other agency forums to ensure policies and programmes facilitate and enable PHC nurses to meet PHC Strategy objectives**
- **Encourage and facilitate contributions to relevant submissions and consultation documents**
- **Actively engage with Te Runanga, Iwi and other key organisations, particularly those working with Maori and Pacific, to effectively address inequities.**

Key Success Factors

A range of different funding and employment options for primary health nurses will be piloted nationally to facilitate changes towards the achievement of a professional practice environment for primary health nurses

PHC nursing workforce strategies will be operationalised successfully to provide communities, particularly Maori and Pacific, with adequate numbers of appropriately trained PHC nurses

A range of models for delivering primary health nursing services that align with local community needs will be developed and available to PHC nurses

**PHC nurses engage with communities and relevant organisations
PHC contribute to the realisation of the PHC nurses council strategic and operational plans**

Appendix 1

NZNO Strategic Aims for 2006-2010

Leadership

- ◆ To become the lead consultant nursing organisation in the areas of:
 - health policy
 - nursing policy
 - nursing education
 - organisation of health services.
- ◆ To build ethically based partnerships with the community and consumer groups.
- ◆ To establish a strong public image of nursing and NZNO.

Membership

- ◆ To increase and broaden nursing and midwifery membership of NZNO.
- ◆ To raise members' awareness and be responsive to membership issues, increasing members' participation.
- ◆ To achieve fair remuneration and safe working conditions for all members.

Organisational

- ◆ To demonstrate financial and organisational effectiveness throughout all NZNO structures and processes.
- ◆ To grow a strong financial base to support the strategic objectives of NZNO.

Social

- ◆ To strengthen NZNO members' ability to recognise and implement the principles of Te Tiriti O Waitangi
- ◆ To play a lead role in working women's advocacy.
- ◆ To oppose injustice and inequality wherever it impacts upon the health and wellbeing of New Zealanders.

Appendix 2

Te Runanga o Aotearoa, NZNO Strategic Plan 2006-2011

“Me haeretahi tatou mo te hauora me te oranga o nga iwi katoa o Aotearoa”

(Rev Leo Te Kira 15/12/05)

“Let us journey together for the health and wellbeing of the people of Aotearoa”

Mission

“Whaia te tapu o te mana o te tangata”

- In accordance with Te Tiriti o Waitangi, Te Runanga o Aotearoa is the Maori partner with NZNO, representing Maori in nursing and health
- Tikanga determines our values
- We contribute to the health & well being of Maori
- We are a pro-active partner as tangata whenua Maori in the bi-cultural partnership of NZNC
- We are the builders of a strong dynamic Maori workforce of excellence.

Vision

“Hei oranga motuhake mo nga whanau me nga hapu me nga iwi”.

We will achieve the highest level of optimal “wellness” for Maori as determined by whanau, hapu &

Strategic Goals

Rangatiratanga:

- To be the lead consultant for Maori Health in Aotearoa/NZ

Whanaungatanga:

- To grow Maori membership
- To have strong, reciprocal relationships and effective communication processes with NZNO, membership, whanau, hapu & iwi

Kaitiakitanga:

- To demonstrate the mana of tikanga in everything we do

Kotahitanga:

- To strengthen our bicultural partnership

Appendix 3

Vision and Goals for the Primary Health Care Nursing Framework Investing in Health 2003

Vision

To create the environment that enables nurses to provide integrated comprehensive nursing care to individuals and population groups in New Zealand primary health care settings, and that strengthens the primary health care team towards improving health for all.

Goal. Aligning nursing practice with community need

Funding streams, employment arrangements and service delivery patterns will support nurses to adopt an integrated approach to practice and incorporate population and personal health strategies into service delivery.

Goal . Innovative models of nursing practice

New and innovative models of primary health care nursing practice that improve access to primary health care services, and contribute to improved health outcomes and reduced health inequalities for individuals, families/whānau, and communities/iwi.

Goal . Governance

Primary health care nurses will be equal partners alongside other professional groups and community representatives in governance of primary health care organisations.

Goal . Leadership

Primary health care nurses will have clear, accessible, integrated nursing leadership to encourage and promote change and facilitate the development of new roles and models of practice.

Goal . Education and career development

Postgraduate education will support all levels of primary health care practice and be recognised in a national, standardised career pathway for primary health care nurses.



Appendix 4 – PHC Strategy Next Steps 2006-2010 Summary Destination 2010

Medium term PHCS Implementation goals		Key Themes	Summary 2010 Outcomes (Detail in Appendix 3)
GOAL 1	Informed Communities, Engaged At All Levels (including Governance)	Culture Change	Theme 1: Engaged & Informed Communities
GOAL 2	Primary Health Care Actively Working Towards Reducing Inequalities		Theme 2: Collective Responsibility to Reduce Inequalities
GOAL 3:	Enhanced Delivery		Theme 3: Improved Access
GOAL 4	Capability Development		Theme 4: Population Health Focused Approach (to improve the prevention and management of chronic conditions)
			<ul style="list-style-type: none"> - Communities & PHOs will be engaged & interact at all levels including governance, service design, delivery & monitoring
			<ul style="list-style-type: none"> - Maori & Pacific people will have access to high performing PHOs & will participate effectively in decision making with regards to primary health care services in their communities. - PHOs use equity tools in their planning processes & deliver culturally competent services - Gap between high need populations & the overall enrolled population has narrowed - Universal low cost primary health care will be maintained within a clear & enabling policy environment - Innovative methods of primary health care delivery available - Explicit arrangements for affordable extended hours care
			<ul style="list-style-type: none"> - Focus on prevention & management of chronic conditions - Regionally aligned health promotion activities - Outreach services, case management services facilitating a wellness & prevention model - Family / whanau engaged in patient care - National tools supporting implementation of population health strategies
			<ul style="list-style-type: none"> - A mechanism / incentive in place to facilitate continual quality improvement, a shared learning environment and improved performance against the values & vision of the PHCS - Greater emphasis on & direct access to broader multi-disciplinary teams with changed boundaries between professional groups - Non-Government Organisations (NGOs) will have explicit relationships with PHOs - More co-location of services and integration between primary / secondary, intersectoral organisations - Seamless service provision between providers and external agencies

Medium term PHCS Implementation goals		Key Themes		Summary 2010 Outcomes (Detail in Appendix 3)
			Theme 8: Workforce Training & Development	<ul style="list-style-type: none"> - Structured & planned approach to primary health care workforce development across the sector
			Theme 9: Workforce Diversity	<ul style="list-style-type: none"> - Greater emphasis on the broader primary care team having competencies and skills providing for diverse needs of the population being served - Increase in the number of Maori & Pacific health professional working & being trained
			Theme 10: Information Management	<ul style="list-style-type: none"> - High level of Information Systems (IS) / Information Technology (IT) competency and capability at PHO / provider enabling information to be used to facilitate population health and clinical governance activity - Self management enabled through use of internet tools - Health Pac (HPAC) will provide a flexible and timely service and be responsive to sector's needs
GOAL 5	Shared Ownership and Responsibility for Primary Health Care System & Outcomes		Theme 11: Shared Goals and Learning to Improve Performance	<ul style="list-style-type: none"> - Mechanisms in place to share learning across the sector - Jointly developed performance indicators and evaluation tools

Culture Change	<ul style="list-style-type: none"> - Clearly articulated direction of PHCS & PHO development - Tools & mechanisms in place to facilitate change
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