NASCA

Meeting notes from Older Persons breakout group

June 2015

Present: Beverley Carney (Waikato), Pauline Holland (Mid Central), Joce Williamson (Canterbury), Bettina Hesse (Hawkes Bay), Liz Munt (Waitemata), Kate Miller (Nelson-Marlborough), Sandie Kirkman (Northland), Anne-Maree Shaw (Northland), Lynn Jones (Capital and Coast), Rosemarie Webb (Bay of Plenty), Don Sorrenson (Bay of Plenty), Susan Bowden (Hutt Valley)

Apologies. Penny Forrester, Margaret Sargeant, Claire Heffernan, Jon Shapleski (was due to attending this meeting (discussed with him, and email confirmation sent), but advised on Tuesday that he was unable to, due to another meeting in Wellington).

Welcome and introductions to new participants

Items of discussion

Process for dementia level clients requiring hospital level care - New instructions have been provided re the process for approval for provision of hospital level care within dementia unit, where client already residing in dementia level develops an increased care need. This process reflects current process for hospital level provision in RH facility.

Advantage for those who need to stay in dementia level support with hospital input welcome
Process requires facility to follow arrow request process –needs DHB approval, Not compulsory-but able to provide holistic and of life care. Potentially an advantage to clients.

Action required : for information only

Access to Residential care - Discussion on assessments completed to facilitate access to res care. There is great variety in assessment arrangements. Discussion highlighted disadvantage of lots of assessors from across the region (not just NASC assessors), and quality of assessment not to standard, with limited ability to oversee. Audit process looks at quality of documentation, but not whether what is documented reflects the client.

Action required : for information only

Issue of clients in serviced apartments, clarified that these are treated as the clients own home, so can access all DHB funded supports (except when in a residential placement). Many areas have concerns about how this is managed in some villages (especially where they limit resident access to external providers)

EPOA issues – not all lawyers have a clear understanding of clients with dementia, rights of client, EPOA issues etc. Also allow EPOA's to be set up late (when cognition is already impaired). Some examples of poor practices shared.

Action required : for information only

LP changes. Written response received from Jon Shapleski ahead of meeting in response to query about consultation on pending LP changes. It is understood by some attendees that a contract has already been transferred from DHB's to Central TAS. Also understood that support of LTCF assessors will be included in role. Disappointment expressed that changes have already been made with no consultation. LP's told of impending changes at their recent study days, even though the employers were not aware. HOP Managers may have had a letter, but no-one present had seen any correspondence. It was noted that there are implication's for NASCs where there are separate contractual arrangements, joint roles etc.

It was agreed that a strongly worded communication be sent to Jon (see below)

Action required : Letter to be drafted and sent to Jon

LTS-CHC – There is an increasing trend for recipients of LTS-CHC funded supports and other health professionals to be upset when supports are reduced or ceased, due to reduced need, as they believe long term supports means forever. Need to raise with MoH that name of service doesn't reflect that not all clients have long term (ie ongoing forever) support needs.

Action required : discuss with Jon at next face to face opportunity

Terms of Reference for Health of Older Persons sub group - developed as part of ongoing feedback that some DHB's didn't support attendance, or recognise valve of NASCA participation

Discussion on document prepared by Deb Nind (Care Coordination). Discussion and changes proposed. Will send updated version out with minutes – if no adverse feedback then on to website

Potential for teleconferencing in for breakout groups was discussed, to allow those unable to travel to still participate. Need to ask Exec to explore opportunities for this.

Action required : ToR to be distributed with meeting notes, with feedback to exec members

InterNASC transfer policy – needs to go on website. Also need to identify NASC's who require additional assessments or information (clinical or otherwise) prior to accepting an interNASC transfer

Action required : send to Judy for loading to website

John Hopkins session – was felt to be very common sense to most, though seen as an advantage to have a written process in areas where collaboration is not working well. Group agreed to the process as provided. It needs to be noted that there is no formally recognised mechanism for managing funding.

OP NASC's also need to understand eligibility criteria for other NASC's (seems to change, and can be inconsistent). Would also be useful to formalise who makes decision re split between 2 NASC's

Agreed to use the process over next few months, record issues and successes, and ask that we have time at the December meeting to discuss experiences at main group

Action required : Process as distributed to be trialled (and ? loaded to website) , with NASC's recording successes and issues, to be discussed at December meeting

Like in need and interest - Auckland shared their experience about looking "down" in clients "like in need and interest" to those of a younger person ie some clients need and interest is more aligned to DSS than HOP – feel that this is something to look at

Action required : for information only

Change in level of care for ARC clients in hospital. Generally not doing LTCF in hospital - variety of arrangements re discharge and level of care

- Only backdate of 14 days – with a need to have LTCF Ax within 14 days at the facility.
- See on ward

Action required : for information only

Discussion about orientation "manual" for NASC Managers – probably more about higher level matters, interfaces etc, rather than fine details of contracts and supports (which will vary due to variety of models). Will need significant resource and input from all NASC's

Action required : for future discussion re funding and process that incorporates all HoP NASC's