|  |
| --- |
| **DSS Breakout Group Notes****03 March 2016** |
| **Phil and Jan 11:15am** |
| **MoH Financial Budget.** Phil discussed the current challenging situation and the reasons why he is intent on NASCs providing more detailed information around funding packages. * All contracts are being thoroughly looked at. How can we best manage the financial.
* NASCs must have good robust transparent processes. Be able to show and demonstrate their rationale for outcomes.
* Provide information, specific things outside standard NASC practice – things that are being done differently. Good management practices that are impacting on good outcomes. Evidence based information as to why packages have been increased.
* Initiatives around reporting – changes in practice – gains – areas of focus - issues
* Phil noted that overall the average allocation is balancing out
* Residential spend – numbers are flat but cost per person is increasing. How do we keep people out of residential? What can be done differently? What are the other options? NASCs asked to look carefully at this group / planning lists and review if possible.
* Another focus area high cost cases with short term approvals. When doing 3 month reviews ensure that a full review is complete – ensure robust process is in place to back up decision.
* Moving to a single funding model in the future– Icare will be used as a basis. Adhoc returns are being received from some NASCs. The more Icares that are done the more MoH can test the model they are looking at and ensure the right model is implemented. Please send through all ICare reporting spreadsheet to Jan at the end of each month. Use the Icare field in Socrates.
* NASCs are asked to be mindful of emerging trends eg clients leaving school and being offered residential care.
 |
| **Jan White*** Jan advised she is checking every detail of each package that escalates as she continues to find data entry errors, questionable practice and such like that NASC managers should be conscious of prior to approving at their escalation level . Craig challenged this. Phil reiterated that NASC Managers must be confident, ensure that all processes are robust and in place in terms of all support packages to ensure consistency, sound NASC and fiscal responsibility.
* Don queried calculations within Socrates. Phil advised these are being dealt with.
* Jan stated that there is an emerging trend of Providers requesting “live alone until we see how they are going” for new people into RSS. There is a process to determine access to a live alone service which must be utilized by NASC to determine the appropriate RSS setting
* Hours of support in RSS – if a provider provides a service in less than the number of hours of support stated, as long as the service is being delivered in a safe way and meeting the outcomes for a client the roster and hours of support are not NASC providence. The ICARe hours are how NASC can calculate an appropriate level of support required and funding as a result. However, if a person is assessed as requiring1:1 support at all times then that is clearly because of some risk and that would be the expectation opposed to in a shared situation Agree the hours of support and unless challenged re roster in a house etc by a provider you do not need to have this discussion.
* NNR is available to advise and support any challenges that providers or family may pose to NASC
* Grouping people together – providing awake staff as opposed to sleep over. Ensure awake is an assessed nee of 1 or all people in the home
* NASCs to ensure documented review processes, provide documentation to demonstrate rationale for any increased support such as awake or night disturbances or some 1:1 or 2:1 support for a person If it is not documented no allocation, anecdotal comments are not acceptable. In some cases you my need to increase support to mitigate risk for 6 weeks making it clear to providers that you will require spreadsheets or incident report summary to support the increase ongoing at the 6 week review.
* IRP ,s141 and FFC exception proposals need full information and rationale embedded in the proposal document and any supporting reports or documents including the last reassessment attached
* Escalating plans because of behavior are expected to either have active support of Explore or a referral undertaken prior to request for HC funding
 |
| **Mark provided an update on the NASCA work with Simon Duffy*** Noted from the NASC survey there was a wide range of views from NASC Managers. Mark has worked with Simon Duffy in creating a discussion paper putting context around some of the issues. Building on what works well for NASCA – citizenship and UN convention. An academic paper, language needs some tweaking particularly around the use of the word “entitlement” to be used in a context that will suit all parties. Mark is also writing a brief summary which encapsulates the main points which will be helpful to Jo Esplin (Sapere) and groups from the wider sector.
* 4 themes that run through the paper:
* Information provision will be integrated within the whole delivery of service – to be received right from the start
* Focus on building community capacity – building up community connections that becomes part of what we do
* Allocating an indicative budget rather than services so people will have a choice of how they will deal with that
* Flexible procurement – the way providers and people can access and use their budget.
* The review is going very well. Most NASCs have met with Jo Esplin to have individual input into the process.
* Noted that MH and HOP are not involved at this point as this is a DSS focus.

  |
| **InterNASC Transfers – Jay Kuhtze Points for use of Socrates*** Note not to use acronyms
* Referring NASC needs to give all information
* Residential package – initial point of enquiry to give right of access
* Some NASCs are not accepting interNASC transfer based on an older assessment
* Complete current service section
 |
| **Useful references for Common Support Plan Discussion (Karen)** paper tabled* Karen talked to the proposal paper. 5 examples from NASCs ranging from a detailed form to a more simplified form
* Where to from here – a group to look and this and propose a way forward. There was discussion on the process each NASC use and the form they use. Some use Socrates and some use own template. All are audit compliant Is a common template wanted?
* Agreed that a group will progress this. A draft to be provided in 3 months – Karen, Don
 |
| **ICare Guide & Timeframe for draft (Helene)*** Draft to be finalized within 3 weeks
* Any questions re information around the guidelines, please contact Helene.
* Draft available to all to view
 |
| **SPA Review (Helene)*** Has not been applied consistently across the country
* MoH requires it to be used after the natural supports have been applied
* Currently 4 categories – email feedback to Helene on what is the easiest process that works for each NASC – 2 page vs 2 table concept.
* Noted that NASCs interpret SPA differently – clarification required around consistency and principle of why we apply it.
 |
| **Referral Process for MyCare (Marlon)*** E referral process – National Care Matching Service Referral. Marlon discussed how the process is working for Taikura Trust, going through the form explaining the process.
* 1st page connects you to MyCare followed by 3 steps
* Noted a free service for DSS clients only. A fee applies for others.
* All NASCs will be contacted by Chris Matthews (MyCare) in due course
 |
| **NASCA Website (Jay Kuhtze)*** Jay queried whether all staff could have access to NASCA website as she feels it would be useful for all. Sonia advised there has been discussion within Executive on upgrading the website and to use more as a resource. Work in progress.
 |
| **Explore: Behaviour Support (Karen)*** Discussion on issues of having to pay for re-referrals, having to get service authorizations along with various other challengers being experienced by NASCs
* Karen will follow up with Joan Cowan and Gordon Boxall on these issues

  |
| **Reassessment before InterRAI (Jo Martin)*** Issue: Have tried to refer clients to Over 65 (HOP) team but they won’t be looked at until they have been re-assessed therefore subjecting clients to 2 re-assessments. Budget management an issue. This will be raised in the general session.
 |
|  |