

**Minutes of Over 65 NASC Managers Break Out Group  
Wellington  
3<sup>rd</sup> March 2016**

**Present:** Sandie Kirkman (facilitator/minutes), Lynn Jones, Jocelyn Williamson, Janice Lavelle, Bettina Warner, Clare Ferrick, Beverley Carney

**Apologies:** Susan Bowden, Anne-Maree Shaw

Subject	Discussion	Action	Who
Agenda	<ol style="list-style-type: none"> <li>1. DSS Reassessment before interRAI</li> <li>2. interRAI proposal feedback</li> <li>3. Future meeting speakers</li> <li>4. NASC Operational Manual</li> <li>5. NASCA Execs role with HOP group</li> <li>6. NASCA Conference theme</li> <li>7. Other/general business</li> </ol>		
1.	<p><u>DSS Reassessment before interRAI</u> Assessments completed by MH/DSS prior to transfer to HOP services. Do we require them to do an assessment prior to referring to us? Yes, but there can also be a joint discussion highlighting most up to date needs of client so HOP are able to make a call on whether the client is appropriate to be transferred or not.</p>	Discuss with rest of DSS and MH NASCs during feedback	Sandie via feedback time
2.	<p><u>interRAI proposal feedback</u> Disappointment rose from members that NASCA had not submitted feedback to the TAS proposal around interRAI. This would have shown support and solidarity for the over 65 NASCs from the NASC managers collective. Sandie apologised that this is something she should have raised at exec level. Will seek to have the ability of submitting a late feedback paper to TAS.</p>	D/w TAS / interRAI governance	Sandie
3.	<p><u>Future meeting speakers</u> Group agreed that the HOP members should be identifying speakers to be submitted to the exec to arrange as potential future speakers. Discussion held around next meeting speaker. Suggestions:</p> <ul style="list-style-type: none"> <li>• Policy maker from MOH around Enable/Accessible contracts.</li> <li>• Corrections Speaker ? Debra Llwyne</li> </ul>	Take to Exec	Sandie

4.	<p><u>NASC Operational Manual</u> Discussion held around the possibility of a NASCA driven operations manual for over 65 NASCs. General consensus that there was likely some similarities between NASCs that could be shared to assist with new NASC managers etc. Those present agreed to sharing these if they have them. These may be placed in the secure area of the website if agreed upon.</p>	Those wanting to share manuals please email to Sandie	All
5.	<p><u>NASCA Executives role with HOP group</u> Concern raised that there still appears to be little value for the over 65 NASCs to be partnered with NASCA. 7 years later since this was last raised there appears to be no difference in the way all NASCs continue to be quite silo from each other. Sandie shared that the executive were constantly looking at ways that they could be of more value to the HOP and MH streams. At the last exec meeting it was discussed that perhaps that alongside the role that Helen Dore is carrying out in regards to her disability eligibility project that this could include HOP and MH. Reason behind this is to get clarity on eligibility across streams so that the outcomes are no surprise to anyone.</p>	Discuss with rest of DSS and MH NASCs during feedback	Sandie via feedback time
6.	<p><u>NASCA Conference theme</u> Suggests to be put forward are:</p> <ul style="list-style-type: none"> <li>• Alliancing</li> <li>• Working in the spaces between</li> </ul>	Feedback to conference coordinator	Sandie via feedback time
7.	<p><u>Other/general business</u></p> <ul style="list-style-type: none"> <li>• <u>NS1004 form</u> Brief discussion held regarding a letter that came out from Jon Shapleski recently reminding NASCs to provide forms to Sector Services in a timely manner. Letter largely ignored as NASCs are very aware that the problem is not from the NASC end but in Sector Services delays in entering the info in to their data system which delays payment to ARRCs.</li> <li>• <u>Monitoring non active clients.</u> Question raised as to whose responsibility is it to monitor non active clients. Group agreed that these clients are discharged back to primary care and therefore are monitored by their GP.</li> <li>• <u>Like in age process</u> Access have challenged Hawkes bay NASCs decisions on Like in age of clients between 63 – 65. This appears to be \$ driven as LTSCHC clients are fee for service and attract a greater price. Group supported Hawkes Bay in confirming that Access had no right to challenge a NASC decision on funding stream related to diagnosis.</li> </ul>	Nil	