

**MINUTES OF THE TE ROOPU TUPU TAHI HUI HELD ON  
TUESDAY 30 JUNE 2009 IN THE COMMUNITY HOUSE MEETING ROOM,  
DECKS RESERVE, MOTUEKA AT 10.30AM**

**Chair**

Carol Gowan

**Present**

Lorraine Eade, Merrill Brunt, David Hough, Rita Van Iddekinge (NMDHB); Cheryl Thompson, Lyn Caughey (SF Marlborough); Martin Kane (Nelson Bays PHO); Michele Parkin (Consumer Representative); Jeanette VanderBurg (Compass – Health Action); Jos van der Pol (Health Action Trust); Tipene Taylor (Te Rapuora); Janie McIntyre (Gateway Housing Trust); Birte Flatt (CARE Marlborough); Susan O'Connell (SF Nelson); Renee Alleyne (SF Nelson – Motueka Fieldworker); Catriona Ward (Post Natal Depression Support Network); Jo Johnson, John Gawith (Te Whare Mahana); Shane Blows (Workbridge – Motueka); Warren Sadd (Mental health Consumer Advocacy Service)

**In Attendance**

Gaylene Corlett (NMDHB)

**Apologies**

Jodie Black, Lynda Sigglekow, Ryan Papps, Robyn Byers (NMDHB); Alison Graham (Marlborough PHO); Sarah Preece (Mental Health Support Services); Moira McLeod, Peter Rees (Te Ara Mahi); Alison Lewin (Health Action); Lynn Allan (Te Rapuora); Mary Ellis (The Whitehouse)

**Karakia:**

Tipene Taylor

**1. Welcome and Introductions**

Carol welcomed everyone to the meeting.

**2. Minutes of Previous Meeting**

The minutes of the meeting held on 19 May 2009 were accepted as a true and correct record with the following changes:

- Pg 2 – Nelson Bays PHO – should read Currently advertising for two primary mental health workers.
- Pg 3 – Health Action Trust – peer support and advocacy training will be held in August.

**3. Matters Arising from Previous Minutes**

- Reminder regarding the email distribution list – those on the list who have not notified Gaylene they wish to remain will be removed.
- Minutes of TRTT will be added to website starting from the 19 May minutes.

**4. Issues, Information, Conferences and Celebrations**

Nelson PHO

Two mental health workers have been appointed and will start on 14 July. One will be working with Maori and Pacific people in Nelson and the other will work in Motueka at the new medical centre.

### Health Action Trust

Jos asked if any providers had a van that could be borrowed by the Trust to travel to Blenheim every fortnight on a Thursday to allow attendance at peer support and advocacy training. This will mean the training can be held alternatively in Nelson and Blenheim. If anyone can assist, please contact Jos.

### Post Natal Depression Support Network

Currently looking for new committee members. Meetings held once a month on a Wednesday at lunch time. If interested contact Catriona.

### SF Nelson

- Susan asked if any providers were due to conduct Treaty of Waitangi training as SF Nelson had staff wishing to attend. Suggested contact be made with Jane at the PHO. CARE Marlborough have an interactive CD which can be used for Waitangi training.
- Crisis training on the pandemic was attended at the DHB. Training was valuable as the service now has a crisis folder with relevant information in it and a flip file for different situations that may arise.

### NMDHB

- Nikau House has officially opened in new premises.
- Admissions Unit has started limited use of IPC. Relooking at IPC name.
- Rita has been involved in pandemic planning – attended CIMS training.

### Te Whare Mahana

Hosting national project in terms of surveying DHBs asking where DBT is at. National report will be released shortly.

## **5. Workforce Development – Courses and Conferences Attended**

Catriona, Post Natal Depression Support Network, attended conference in Wellington looking at setting up a national body for Post Natal Depression. MOH support the project, however it is in its primary stages as it is starting from scratch. Catriona has more details if anyone is interested in being part of the project.

CARE Marlborough looking at training around isolation of some people, especially elderly. Initiative includes a buddy system by phone, cooking and freezing meals, etc. Peer support training is now core training for staff. Introduced Warren Sadd, employed in a coordinator role at CARE Marlborough in its advocacy service.

Janie and team leaders from Gateway Housing Trust are completing papers on Not for Profit through Unitec. Gateway has introduced three core papers that team leaders have to complete. Unitec courses are great value for money.

## **6. Rutherford Initiative**

Nicola Ehau, Heather Janssen and Mike Wiles from the DHB presented on the Rutherford Initiative.

Around December 2008 the DHB became aware of the impact of the financial crisis occurring around the world, the new government had just come on board, and signals were coming out that Treasury had told the Minister of Health and MOH that what was being done in the health service delivery with public funding needed looking at to ensure DHBs could survive and be sustainable into the future. At the

same time the DHB was informed that MOH was undertaking a "line by line review"; looking at all areas they hold policy for and support funding for, eg Mental Health directorate, population health directorate etc. The DHB decided they needed to understand the impact of this review on their services and needed to be prepared to continue to provide services to the public, but they also needed to be mindful that the DHB could live within their means, ie when providing services to the community the DHB needs to know they can afford to provide these services. The Chief Executive worked closely with the financial team and the Planning & Funding team to set the pathway for savings of around \$8.5m to be found over a three year period. This means every single expenditure line in the DHB, including the services that are provided to the community, would be reviewed to find savings.

There are currently three large areas where the Vote Health funding (approx \$400m) is distributed: 1) Corporate Services which employs IT development, Maori Health Directorate, Finance, Human Resources & Organisational Development, Board Secretary support, Primary & Community, Planning & Funding; 2) Hospital Services; and 3) community funding for community organisations, eg hospices, palliative care providers, mental health providers etc. The Rutherford Group will be reviewing, line by line, Corporate Services first. The primary and community sector will be next which includes NGOs, and Hospital Services will follow. As part of the process, Service Review Teams (SRT) will be created. These will have clinician, consumer, subject matter expert, manager, Rutherford Initiative group member, analyst, and Maori representatives. Applications for the Service Review Teams have been sent out to providers by Lorraine. Those interested in being on a Service Review Team (for any area to be reviewed, not just mental health) please complete and return to Nicola as soon as possible. Consumers, family/whanau, caregivers are invited to be part of SRT. Noted there is a time commitment if on the SRT so applicants need the support of their manager. Noted an application to be on the SRT does not automatically mean you will be selected. The SRT will meet with the service managers, staff and consumers of the service to go through a series of questions to look at where possible savings can be made. The information gathered will be provided to the Rutherford Initiative Core Group who will collectively make recommendations for presenting to the Chief Executive.

The Terms of Reference were handed out. It was noted more information will be sent out through Lorraine to NGOs and networks. Lorraine will have a key part in the line by line review in assisting the SRT and Rutherford Group to understand what the range of services are, what they are meant to provide, whether they are meeting that need, what gaps may be there, etc. Noted there is a website [www.nmdhb.govt.nz/Ruthertive.aspx](http://www.nmdhb.govt.nz/Ruthertive.aspx) available to access more information.

The challenge will be to develop a process that captures expenditure against patient outcomes. Concern noted that people and services will be lost because they are not seen in the perspective of what they are doing but rather because of the expense. Noted Lorraine is the conduit to having the knowledge of what services are doing to ensure the SRT and Rutherford Group understands what services are doing. Noted there will not be a removal of services – rather this is an opportunity to look at how we can do things different and better, including whether there are duplicate services, how we operate, the nature of operations and how resources are allocated. Noted other DHBs are not doing this initiative and, in fact, some have cut services without any consultation with providers.

## **7. Gateway Housing Trust and the Road to Accreditation**

Janie McIntyre, CEO of Gateway Housing Trust presented on accreditation. Gateway Housing Trust started in 1992. They are a charitable trust and have 11 trustees on the Board. There is a dedicated seat on the Board for family/whanau and two seats for services users (these are vacant at the moment). The Board meets once a month, with attendance by a staff representative and the Executive team.

There are three advisory positions on the Trust with a role of quality assurance (a Maori advisor, family/whanau advisor and a service user advisor) which are all part time positions paid by Gateway. They are there to make sure that the respective groups are getting the services that they should be getting in the way they want them by Gateway. They report direct to the Board, and any issues are directed from the Board to Janie to be dealt with by the teams or team leaders involved.

There are five team leaders and one outreach coordinator. There are 12 services of various sorts spread from Riwaka to Murchison/Tapawera, all of Nelson, Tasman, Marlborough, and Seddon.

Janie has been at Gateway for 8 years and as CEO sits alongside the advisors. There is a payroll of 78 staff (when Janie started there were only 25).

Gateway Housing Trust provide adult and youth services. In Motueka have a residential house, youth and adult community support and a activity centre. In Nelson they provide a youth service and adult residential service, adult and youth community support, and in Blenheim provide adult support team and project with CARE Marlborough and SF Marlborough and Te Rapuora for respite care.

Accreditation was started by achieving MOH certification for the youth service. Accreditation was achieved by placing demands on them to work standards tightly and put good systems into place in the Trust. This made them look at areas they had not considered before and highlighted systems that were not in place. Over the years they had become fine tuned in quality, infection control, etc and this provided the base for applying for accreditation – being able to work to and meet standards. Accreditation is not about mental health in particular, but is about business – the whole notion of continuous improvement. The quality system at Gateway relies on everyone being involved; getting buy-in by everyone in the organisation. The buy-in was there as the quality system demanded it and this made accreditation achievable. Everyone reports on it, has access to it and is responsible for it. The idea that it was 'management's problem' was the toughest thing to get rid of, but the quality system achieved that.

Accreditation, once applied for, was achieved in less than a year. The group that had to do the most work was the Trust Board. Janie gave the Trust Board 12 months notice that Gateway was going to apply for accreditation.

Gateway worked with International Certifications Ltd based in Auckland. They work around the world and are a big organisation. They came down and did first part of certification (assessing readiness) in one day and then started on accreditation process. Very user friendly and thorough. Most useful thing learnt was difference between inspection and an audit. Outcome from accreditation was drafting new set

of audits for the organisation which has been done. Staff were supportive of process. Excited when we got it and Board of Trustees were thrilled as they were part of it.

Challenge now is to maintain accreditation. Accreditation lasts three years with surveillance audit visits every 18 months and cost \$7k for accreditation. Surveillance visits are cheaper.

Accreditation is one way of validating staff – acknowledging work staff do and how the organisation appreciates them.

DHB view on accreditation – gives planner and funders a level of confidence that the provider has systems already up and running. Would encourage providers to seek accreditation, however for smaller providers the costs of gaining and maintaining accreditation would be a challenge.

Lorraine has been working with SISSAL Audit team recently to align certification processes and audit processes to reduce duplication and burden on residential providers.

### **8. Draft Workforce Development Strategy**

Lorraine presented on the draft workforce development strategy. Stuart Gray from Te Pou and Denise Hutchins from NMDHB have already provided comments on the draft strategy. Lorraine to contact providers for assistance with the workforce challenges per discipline. The first draft will go to TRTT next meeting.

### **9. Mental Health Planning and Funding Update**

Report noted.

Rutherford – providers wanting to be on SRT to put applications in this week. Lorraine has completed templates for all NGOs and will ring to work through them with NGOs. Accreditation/certification process – while being on boil for few years took opportunity to use template from Rutherford to find cost savings around services. Thank you to those that have participated.

Noted the email request for information on Navigation sent out by Lorr - only 4 responses received. Would like more feedback please.

Noted work coming out of TRTT workplan takes time and energy – thank you to those that gave their time regarding client pathways.

The regional pathways discussion working group met on 5 June (notes attached to Lorraine's report) to discuss consent and referral forms. Noted there was consistency across the organisations that supplied their consent and referral forms in terms of the main types of information required. It was agreed that one referral form would add value and reduce the level of administration required by referring agencies. It was agreed to use the Provider Division referral form as the baseline for amendments. It was noted that at the meeting on 5 June, there was some discussion on the 'diagnosis' and the need for this on the referral form. As agreement could not be reached, it was decided to discuss further at Te Roopu Tupu Tahi. Discussion was held and it was agreed not to put 'diagnosis' on the referral form.

### **10. Any other Issues**

- NGO provider meeting to be held after TRTT – all welcome to attend.
- NGO issues – meeting with Associate Minister of Health to be arranged with input from CPHAC. Carol to write to Associate Minister.

### **11. Next Meeting Topics**

Topics for the next meeting can be forwarded to Carol or Gaylene.

### **Close:**

Tipene Taylor

Meeting closed at 1.15pm

**The next meeting will be held on Tuesday 18 August 2009 at 10.00am in Blenheim.**