

## Questions and Answers July 30

- 1. Q: In the new proposal, will the rehabilitation inpatient service still care for people who require long term rehab care?**

A: To get to this point, a one year snapshot of discharges from Seager Rehabilitation Unit was analysed and five overall streams of care were identified. At one end of the spectrum, there was a clear need for residential type care and at the other, early transition to community based care could be appropriate. We wish to work with staff to identify the different types of packages of care required for our consumers. Family/whanau input is also part of this process.

- 2. Q: If we lose this service, won't that put a lot of pressure on the community sector?**

A: The thrust of the change is to increase the hours of work and the number of staff in the community mental health teams, and to work in partnership with the Non Government Organisations (NGOs) by offering an enhanced extended service.

- 3. Q: Is there likely to be a growth in the NGO sector?**

A: There has been growth in the NGO sector over time. We now have several cross sector mental health forums where referrals are discussed. NGOs are aware of, and waiting for this proposal, and like the Specialist Mental Health Service are open to changing the way they provide services to better meet the needs of consumers.

- 4. Q: Is there any planning for a respite care facility – a 24 hour unit for those not meeting inpatient criteria?**

A: There is already some respite capacity in the NGO sector. The Adult Leadership group did discuss this, however, the current proposal doesn't cover this specifically; opinion around possible Day Hospital or enhanced respite hasn't been formed yet. We look forward to your feedback about how caring for this user group might best work.

- 5. Q: What about the specialist inpatient units like eating disorders and mother and baby?**

A: These are largely unchanged in this proposal because they are mostly regional (South Island) services; they will continue to provide services to all four area teams.

- 6. Q: What about patients in acute services who need a longer stay in a hospital setting but are over the acute phase of their illness? Is there any provision for this group?**

A: With the proposed reduction in the number of Seager beds from 51 to 28 it has yet to be determined how to best utilise the remaining beds. It is important to include consumers and family in this discussion. Staff feedback will inform the ways we might utilise the remaining beds, if the proposal goes ahead.

- 7. Q: Is there a building earmarked at Hillmorton for this '28 bed' unit? Is there an option for two smaller units?**

A: Have a look at 5.1.4 on page 12 of the proposal. There is a sequence of steps that need to occur. The capacity required might be lower than 28. There is no current capital expenditure for a new unit and there is no identified building. This process will

be a slow process. We also need to look at how plans can dovetail with the rebuild of Christchurch Hospital.

**8. Q: What about Forensic, Intellectual Disability and Child and Youth services?**

A: They are out of the scope of this change proposal.

**9. Q: How do we make sure current barriers aren't reproduced?**

A: We are looking forward to your submissions and trust that we share an imperative for this not to happen.

**10. Q: When will we reduce rehabilitation beds?**

A: When it's practical but certainly not until after the full consultation period of 20 weeks. This is only a proposal at this stage. It is not possible to close anything until there is sufficient community capacity to enact the plan.

**11. Q: Will the community teams have a greater control over the length of admission?**

A: Yes, the community mental health teams will oversee the admission and discharge process.

**12. Q: How are you getting consumer input into this proposal?**

A: We're circulating the proposal widely, it's on the website, and we're setting up meetings with clinical teams, MH teams, Child Adolescent & Family Service, forensics, consumer groups, Maori and family groups. We encourage you to share the proposal with anyone who may have an interest in putting in a submission.