

Project Title	Midland Region Mental Health and Addictions Needs Assessment Service Coordination Project
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Project Consultant	Roz Sorensen
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Version	Final

Project Statement

The purpose of this project is to gather information of the current models of Needs Assessment and Service Coordination (NASC) being delivered for people that experience mental health and addiction problems;

:

- in the Midland region
- in other DHBs in New Zealand

This information would be analysed and presented, with an options appraisal and some recommendations, in a report form, to the Midland Planning and Funding Portfolio Managers and GMs Planning and Funding and Maori Health.

The project would provide an understanding of who does what, and how it is delivered. It would identify if there are opportunities for standardising processes, for example, if a client moves between DHBs they will be able to access similar if not the same types of services for a similar level of need.

Objectives and Key Deliverables

The key objective of this project is to:

- Raise awareness of current NASC models and processes in the Midland region and nationally.
- Explore and analyse the different models and processes and their benefits
- Propose some recommendations to enhance current NASC provision in the Midland region

Key deliverables will describe:

- The current NASC service models, and existing issues in the Midland region DHBs
- Other NASC models used in New Zealand
- Analysis of the models and processes

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- Recommendations
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Strategic Accountability

The project will be guided by:

- MoH: Te Tahuu, Improving Mental Health 2005-2015, The Second NZ Mental Health and Addiction Plan, 2005.
- MoH: Te Puawaiwhero, The Second Maori Mental Health and Addiction National Strategic Framework 2008-2015
- Midland Region Mental Health and Addiction Needs Assessment Summary Report 2005.
- Midland Region Mental Health and Addictions Strategic Plan 2008-2015.
- Midland Region Mental Health Draft Workforce Development Plan 2008 – 2011
- Treaty of Waitangi
- Midland DHBs District Annual Plans (DAPs)
- MoH: (1994). Standards for Needs Assessments for People with Disabilities. Wellington: Author.
- MoH: (1994). The New Zealand Framework for Service Delivery: Disability Support Services. Wellington
- MoH: (1995). Guidelines for Regional Health Authorities: Service Coordination for People with Disabilities. Wellington

Background

Midland DHBs were contacted earlier this year for a NASC project led by Southern DHB formerly known as Otago and Southland DHBs. They were asked about NASC services delivered for people experiencing mental health and addiction problems. The following responses were provided:

Waikato DHB

Waikato DHB contracted NASC services from Health Waikato, who provided NASC for managing access to Level 3 and 4 residential services and for individual packages of care. NASC services were also contracted from Hauora Waikato (kaupapa Maori provider of clinical MH and addiction services), who provided NASC for Maori clients in the Hamilton area. Both Health Waikato and Hauora Waikato could manage access to both mainstream and kaupapa residential providers.

Bay of Plenty DHB

This DHB had a mixed model where NASC services were provided by Iwi organisations and were integrated with Social Worker roles within the DHB Provider Arm. I understood that there were plans to review NASC within the Bay of Plenty DHB.

Lakes DHB

NASC services had just gone through a full review and the DHB was in the process of establishing a separate NASC service for Older People and Mental Health services. Prior to this NASC was integrated into the DHB Provider Arm social worker role. Some of the issues raised in the review were that Needs Assessments were not being completed.

Taranaki DHB

This DHB had a mixed model. There was an established NASC sitting with an Iwi Provider which was very functional and a role sitting in the DHB Provider Arm. The Provider Arm position had been vacant for eight months.

Tairāwhiti DHB

The Mental Health NASC service for this DHB was managed within the Planning and Funding

division and funded via an internal Service Level Agreement with the DHB Provider Arm. There was one clinical FTE, with another due to start, to allow full implementation of a single point of entry mental health model as of 1 July 2010. This NASC service conducted needs assessments and administered packages of care as well as other mental health support services.

The NASC team had undergone a number of changes over the past five years, moving from the Provider Arm to the Funder Arm. The main drivers for this were to:

- reduce the “capture” by other inpatient areas
- enhance its budget management activity, a crucial part of NASC
- increase the community perception of its separation from the inpatient services

This move generated significant change management challenges but its position with the Funder Arm had been extremely useful from a budget management, and a service planning design and feedback perspective.

The NASC service also increased its FTE and service scope to provide NASC for all those with significant mental health conditions. This move was triggered by the need to have an independent vehicle to manage entry and exit from services and service providers across the care continuum. There had been “client capture” that suited the provider of the secondary or community service more than perhaps the client. This development had meant the requirement of new policies and procedures to support the processes.

The NASC service was reviewed again in 2007 as part of a comprehensive review of Tairāwhiti Adult Mental Health services. Implementation of the review recommendations included the exit of certain community support services, and the purchasing of new community support services consistent with the new national service specifications. A primary factor in the new services to be purchased was the expectation that there would be a single point of entry and exit via NASC. This was consistent with the Hawkes Bay DHB model.

These responses indicated some interest in revisiting current models for opportunities to enhance NASC service provision.

Approach

The work plan will follow this broad approach:

Data Collection

- The current provision of NASC in the Midland Region will be explored, using current data and audit reports.
- The different models operating nationwide will also be explored as to their potential application in Midland region.

Analysis of data

- Analysis of data and benefits of the different models

Recommendations

- A list of recommendations will be developed that support enhancement of the current NASC services in the Midland region.

Options that may be considered in the course of the project

(other options may also be raised and these options listed will be better understood as a result of the analysis and options appraisal stages of the project)

1. Do nothing

NASC services are operating in the Midland region and it would appear that the current approach is working at a local level. Therefore to do nothing as an option would result in business as usual. DHBs have raised issues about the current NASC services and few DHBs are fully satisfied with the way their NASC service is operating. By doing nothing, these issues would not be addressed and opportunities to improve the NASC services would be missed.

2. Each Midland DHB decides to have their own local approach to NASC

DHBs respond to the needs of their local population by establishing services that suit including a NASC function. Unfortunately numbers of NASC personnel required for each DHB are small and risk isolation. The costs of maintaining training, updating NASC policies and procedures, and arranging cover for leave, are more difficult in smaller services.

3. The Midland Region DHBs decide to separate the functions of Needs Assessment and Service Coordination. Needs Assessment is delivered locally and a centralised provider delivers the service coordination for the region.

DHBs deliver a local and timely needs assessment and pool resources regionally to ensure clients can access an increased range of services being managed regionally. This option increases choice for client. The risk of this option is a possible disconnect between needs assessment and service coordination.

4. The Midland Region DHBs decide to separate NASC functions but deliver locally

DHBs locally have needs assessors in clinical teams and also have service coordination function. This is unlikely to be sustainable over time in areas of low volumes, due to staff costs, and risks of duplication.

The project will include

Mental Health and Addictions NASC services provided to people with serious mental illness.

The project will not include

The following is considered to be outside the scope of this project:

- Provision of NASC services currently managed by other sectors

Completion Criteria

The project will be completed once a discussion paper is completed that is agreed to by the Midland Regional Portfolio Managers and Addictions group.

Internal Stakeholders

Midland Portfolio Managers Forum

Midland Clinical Leadership Forum

External Stakeholders

Not applicable

Implications for Maori

Maori are over-represented in mental health and addictions services. This project will ensure that Te Puawaiwhero is clearly evident in determining a way forward for the Midland region.

IM Implications

Improved access to information is required by all parties to ensure a seamless service across the continuum of care which is provided and maintained within a real time framework. The regional forums and Midland website will be utilised to convey information to the sector.

Resources and Project Structure

The project will be lead by the Project Consultant who is responsible for reviewing the information and writing the Midland Needs Assessment Service Coordination discussion paper. The Project Consultant reports directly to the Midland Regional Director as sponsor for this project.

Key milestones and timeline

Date	Milestone
August/September	1. Establishment
	Project Manager appointed
	Brief developed and approved (1 hour)
	Internal stakeholder forums with steering group function to guide and direct project
	Sector consultation (2 hours)
September/October	2. Data Collection
	Data collated regarding current NASC providers Including: recent audits, contract reporting, and correspondence (10 hours)
	Telephone interviews using an agreed set of questions with nominated key contacts re NASC models in New Zealand (10 hours)
	End Stage Report to steering group
November	3. Analysis and development of recommendations
	Data collated and analysed and recommendations made (10 hours)
	End stage report to steering group
November/December	4. Development of draft report
	Develop draft report
	Circulate for comment
	Discuss with internal stakeholder group potential amendments
December	Finalise changes- final report

December	End stage report submitted (20 hours)
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Project relationships and linkages

Other projects or initiatives that this project relates to and key contact people that provide liaison:

Project	Contact
Individual DHBs projects relevant to this project	Midland Portfolio Managers

Financial Summary

One time cost – Three weeks information review, consultation and 1 week for draft document completion. The project should take no longer than 160 hours to complete

Ongoing cost – Nil

Budget - TBC

Cost Savings

Risk management

Risks associated with the project.

1. Unable to find a suitable Project Consultant - **Medium**
2. Project is not delivered with stated timeframes - **Medium**
3. There is no DHB agreement re: NASC recommendation - **High**
4. Recommendations do not fit with national direction - **Medium**

Risk Mitigation

- Canvas Portfolio Managers and Clinical Leaders
- Midland Regional Director actively manages the project
- Agreed Communication Plan is developed
- Midland internal and external stakeholders are fully involved

Risks we are exposed to if we do not proceed with the project.

- The Midland DHBs continue to have a lack of consistency and definition regarding needs assessment and service coordination
- There is no alignment with national, regional and local strategies.

Quality

Stakeholder Quality Issues

- That there is sector involvement throughout the project
- That the project manager has:
 - Expertise and standing in the needs assessment service coordination field
 - Understands the national service framework and purchasing requirements
 - Has knowledge of current needs assessment service coordination developments
 - Has links with needs assessment service coordination national bodies.

Stakeholder Quality Expectations

The following customer's quality expectations have been noted:

- That this is an inclusive process that is conducted with transparency and certainty.
- That the project deliverables are provided as per the stated time frames

Project Opportunities

At the end of the project able to confirm NASC approach/approaches for the region based on a rigorous process including analysis.

DHBs in reshaping the services that they provide to meet a range of needs, continue to examine access criteria, inclusions and exclusions, and ways to prioritise the limited resource to ensure those with greater needs are able to access. NASC services are ideally placed to manage entry/access criteria to services, budget hold for appropriate services and prioritise need. They have the potential to direct service provision to where it is most needed. In addition, effective NASC services are able to maintain flow in the service continuum minimising bottle necks.

Benefits of the project

1. Information generated about NASC in the region and nationally
2. Clarity about the specific NASC approach that is delivered in the Midland region
3. A facilitated discussion to determine the appropriate NASC option for the Midland region
4. Potential change process for NASC supported by evidence
5. Leading to an effective NASC services regionally promoting a smooth flowing service continuum and people receiving care and support at the appropriate level

If the option selected is to do nothing, there will be evidence recorded as to how that decision was reached.

Assumptions

The following assumptions have been noted:

- The project will be funded by Midland Regional Network – Mental Health and Addictions
 - The project will be managed by Midland Regional Director
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- The project is supported by Midland GM Planning and Funding and Maori Health
- The Midland Portfolio Managers Mental Health and Addictions will actively participate in and support the project
- The project deliverables may not align to everyone's views however it will be the best fit to allow for quality service delivery

Constraints

This project is constrained and maybe impacted by the changes that are occurring nationally particularly within the Ministry of Health

Communication Plan

To be developed by Project Consultant in partnership with key Internal Stakeholder groups.

**Sign-off
(signatures
required)**

Project Consultant – Roz Sorensen

Project Sponsor – Eseta Nonu-Reid

GM Planning & Funding Lakes DHB – Mary Smith

Date