Midland Region Implementation Plan for the NASC Project Report

December 2011

Prepared By Roz Sorensen

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Executive Summary

Facilitated workshops were held on 19 May 2011 and 28 September 2011, attended by NASC personnel from across the Midland region. The purpose of these workshops was to bring NASC personnel together to look at the findings and recommendations documented in the recent Midland NASC report for implementation. More specifically the two areas of focus were the recommendations for Systems and Processes and Workforce. See Appendix 5.1 and Appendix 5.2.

This document contains a summary of the information collated from workshop participants, and subsequent developments undertaken on NASC Needs Assessment forms, the NASC Pathway and NASC Workforce competencies, and training and development. Further recommendations have been made as a result of this work. They include the following:

- DHBs will critique the draft NASC Needs Assessment Form, approve it and agree to implement it in the region.
- DHBs will agree a preferred NASC Pathway, document it and implement it, consistent with the DHB specific NASC service delivery model.
- DHBs will agree the competencies and skills required for their NASC workforce consistent with their DHBs determined NASC service delivery model. Staff with the appropriate skills are recruited, retained and supported.
- The draft training calendar is critiqued, approved and proposed for implementation for NASC workforce in the region.

Introduction

Mental health services in New Zealand are facing an increase in service user complexity[1]and within constrained budgets must respond to service user needs. NASC services are well placed to appropriately assess those complex needs in a timely way and prioritise the allocation of resources funded from local budgets.

The Midland region commissioned the NASC project and once it was complete commenced implementation of the project recommendations.

The NASC workshops were held and were well attended by NASC staff from across the region, focusing on systems and processes, and workforce. The development work undertaken at the workshops has been included in this document.

[1] Refer to impact of Co-existing Disorders affecting service user complexity

1. NASC Needs Assessment Forms

NASC Assessment forms are critical documents used by NASC personnel to assist with the documentation of service user/tangata whaiora/client assessed need. In a review of NASC services in the Midland region, it was found that a variety of needs assessment forms were being used for this purpose. At the facilitated workshop, there was agreement that a regionally consistent NASC needs assessment form was preferable and that ideally it would also include a locality specific section, allowing for some local variation where warranted.

The form needed to be appropriate and relevant, and easy to complete, yet robust and comprehensive. The language used in the form needed to be service user centred and directed to an outcome or required action. Given the investment in information technology, it was thought that the form and its data components would need to fit well with current IT systems in use in the Midland region.

The NASC Assessment Form, according to workshop participants needed to contain the following:

- Client consent re information
- Demographic/NHI data
- Whanau/Natural supports
- Specifics on engaging with whanau
- Legal Status: diagnosis, risk assessment, treatment, support needs
- Outcome Tools

Workshop participants were asked to consider a range of NASC Needs Assessment forms that were in use by DHBs in the Midland, Central and Northern regions, and provide their feedback. Feedback received is highlighted in italics and included the following:

1. Lack of support for the SNR & Support Plan

- *Inappropriate*

2. Support for the Whanganui DHB document

- *Like the Whanganui format, great pathway format and easy to follow*

3. Support for Taranaki DHB document

- *More mental health specific info -clinical detail could sit as guidelines.*
- *Use in conjunction with Whanganui document*

4. Support for additional information to be captured in standardised front section:

- *Recommend that legal status be included in the standardised form at front, detailed client consent information, personal and physical care e.g. smears, mammograms, with recommend tick box summary.*
- *Level of independence be identified with tick boxes e.g. independent, supported, assisted*

5. Support for format that guides assessors

- *Retain prompts under headings*
- *Include completing the support need and assessment information*
- *Client information to include hapu and iwi affiliations*
- *Request for interpreters*

6. Scope for cultural assessments to be incorporated into regional document

- *Opportunity for Kaupapa Maori services to include a comprehensive whanau assessment, tangata whaiora needs and Tangata whaiora/whanau plan*

This feedback was considered and incorporated to produce a revised NASC Needs Assessment form. At the September workshop a revised assessment form adopted by the Central region was presented. This was considered by workshop participants as an enhancement on the previous form. It was shorter and more user friendly and captured the key requirements.

It was agreed by the September workshop participants that the Midland region will implement this revised Central Region assessment form. Cultural components that have been developed locally will be used alongside the generic assessment form. See Appendix 5.3

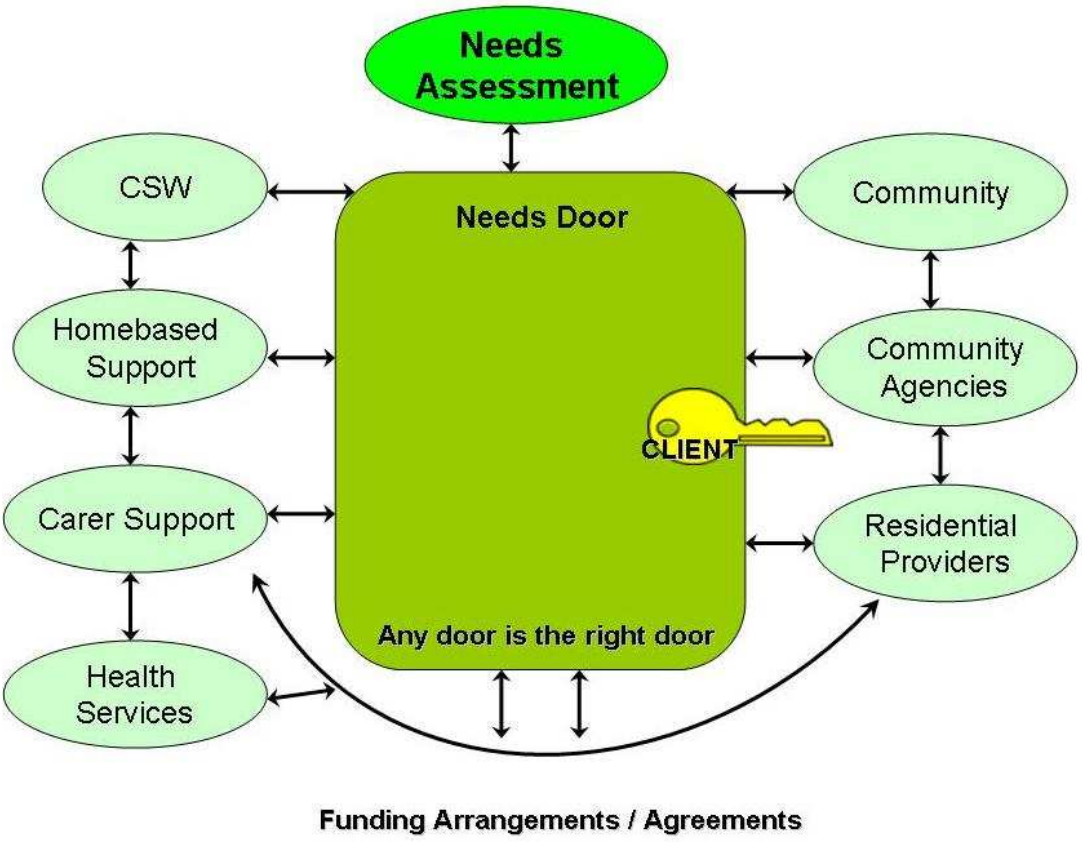
2. NASC Pathway

The workshop participants put forward five different diagrams to portray the ideal NASC pathway.

2.1 Pathway Diagrams[2]

Diagram 1: Service User Led

This describes the service user as holding the key to accessing the services that they require. It suggests that the service user can enter the system at any point as "any door is the right door". Funding arrangements and agreements support the system.



[2] Diagrams prepared by Akatu Marsters

Diagram 2: NASC Collaboration

This describes the NASC function that sits between the DHB and other services, based on trust and collaboration, advocating for the service user.

Diagram 3 : NASC Single Entry Point

This describes the service continuum with the NASC being the pivotal single entry point to the range of community and residential providers.

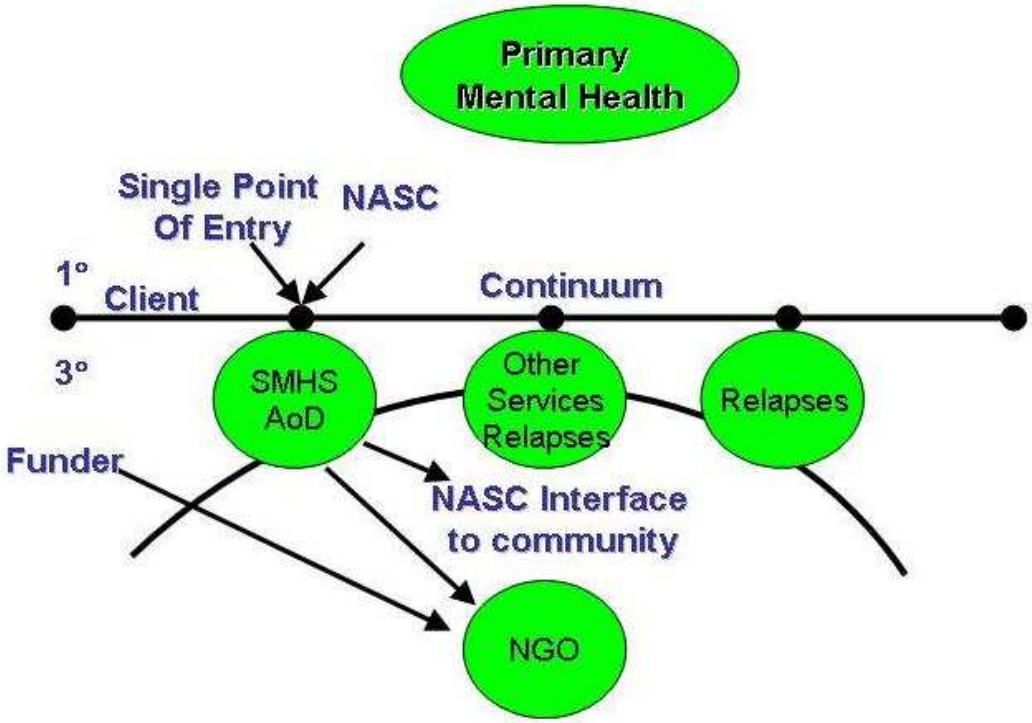


Diagram 4: Whanau Led

This describes the pathway with whanau being central to the system surrounded by natural supports. NASC assessor is contacted by whanau who lead the journey.

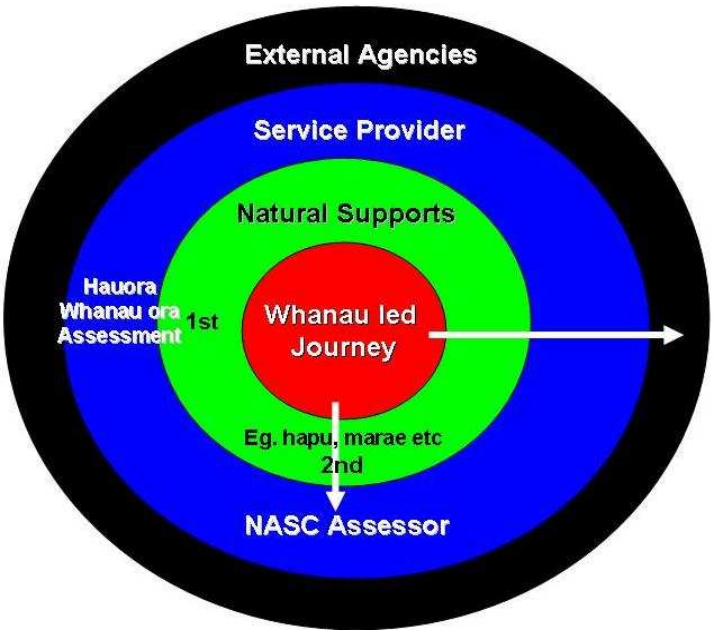
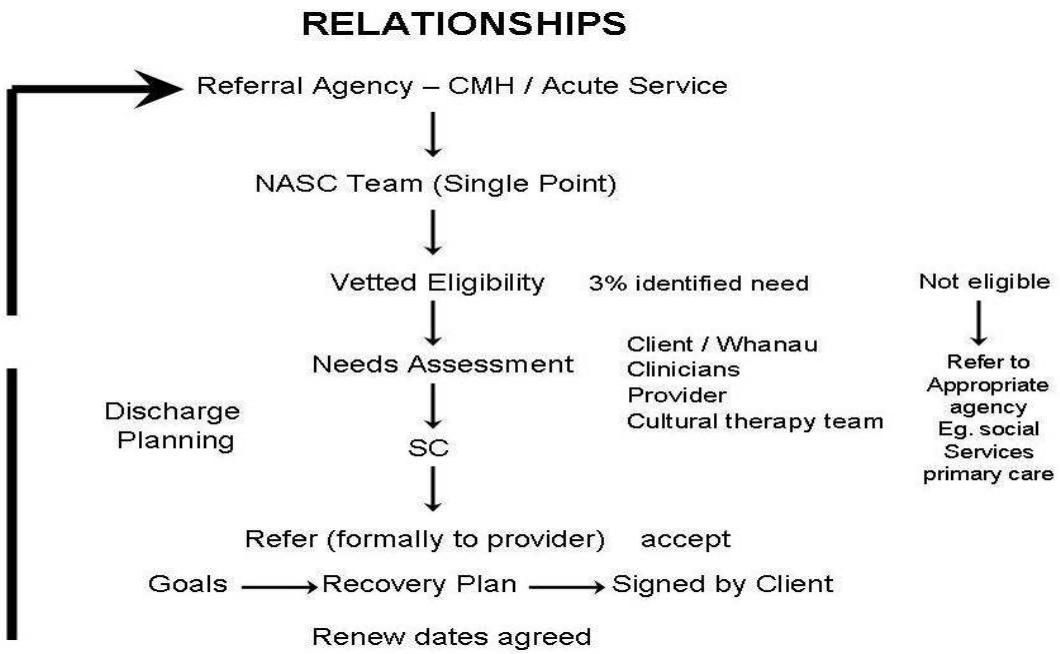


Diagram 5: Relationships

This describes the processes and relationships including referral via Community Mental Health/ Acute services, as a single entry point to access services. Relationships are seen as key.



There was agreement from workshop participants that the following aspects, reflected in the diagrams were essential for inclusion in a NASC pathway.:

2.2 Service User/Client Centred

It was suggested that the service user should be central to any pathway and the pathway should allow them flexibility, choice, and empowerment. It should consider service user needs, risks, goals and aspirations within the context of their environment, and family, whanau and natural supports. The service user should be treated with respect.

2.3 NASC Point of Entry

There were some participants who supported a NASC single point of entry while others thought multiple points of entry were more favourable particularly for those service users who found service access more challenging. What was agreed however was that there should be consistent criteria for access at point/s of entry and that service users should access services based on assessed and prioritised need. At the September workshop the Lakes NASC Referral Form was discussed and identified as a useful form to assist with the intake and assessment process.

2.4 Embedded within Community

The service user is part of a community and is likely to receive services from the community. Participants suggested that the NASC pathway should be embedded within community and should build on and strengthen relationships with the community. Relationships built on openness, honesty and transparency. This will contribute to more seamless processes to access the specific services that the service user requires from DHBs, NGOs, and other agencies.

2.5 Culturally Specific Options for Maori

Within the pathway participants believed there needed to be specific options for Maori that included Maori models of care in addition to mainstream options.

2.6 NASC Options at Primary Care Level

In the Midland region, most NASC focused on the service users with moderate to severe mental health needs. In some other regions, NASC services were used to assess need and prioritise access to services at the primary care level. Participants suggested that this would be useful particularly for service users with high needs who didn't access secondary services but remained in the care of a primary care provider.

At the September workshop, participants agreed that more than one model to describe the pathway was acceptable and the emphasis should be on the areas of commonality as above. The NASC Ideal Pathway was developed. See Appendix 5.4.

The Lakes NASC Referral Form was discussed and agreed that it will be implemented across the region. See Appendix 5.5

3. NASC Workforce Competencies, Training and Development

Workshop participants spoke about the skill mix of the current NASC workforce. Most NASC staff had a clinical background with the exception of Kaupapa Maori NASC services where the emphasis was on community, iwi and whanau knowledge, and experience providing support in that context.

It was suggested that the NASC service model did dictate the skill mix of the staff. If NASC undertook clinical and risk assessments, staff needed the skills and experience to do that. If these assessments were done by a clinical team, then a NASC support function in terms of matching assessed needs to services seemed appropriate.

It was acknowledged that the Lets Get Real framework was relevant for this group as for other teams within the broader mental health services. In addition to the core competencies identified in that framework, NASC staff would require the following as detailed in table one.

Table 1: Skills and Competencies

Clinical input Min 3° Qualification ▪ Level 6 ▪ Registration – safety service delivery ▪ 3yr post graduate experience ▪ MH experience preferred	Tested cultural competencies (ref: HPCAA) Kaupapa Maori framework ▪ Whakawhanaungatanga ▪ Manaakitanga ▪ Arohatanga ▪ Kotahitanga ▪ Wairuatanga
Knowledge of community– Iwi / Hapu & local resources	Maori Workforce Developments
Conflict resolution	Professional qualification
Flexibility / Adaptability	Experience in health settings
Relationship management	Knowledge of service provision
Work in partnership	Decisive
Communication	Culturally appropriate & safe
Values ▪ Respect ▪ Honesty ▪ Integrity ▪ Trustworthy ▪ Community ▪ Committed	Qualifications: ▪ BSW (registration) ▪ DPAANZ Accreditation ▪ Register comprehensive nurse (MH)
Excellent knowledge of community & services or ability to establish community links	Knowledge / use of multicultural / bi cultural models / framework
Competent	TOW
Confident	HPCA
Qualification in health	
Mental Health Experience	
Understanding of budget management	
Negotiation skills	
Solution focused	
Confident communicator	

Good interpersonal skills

Able to work collaboratively and able to access information relevant to client and whanau
Able to complete holistic approach to analyze information and summarise needs
Able to collate information report findings – documentation and case management
Good negotiating skills, able to advocate for unmet needs (liaison skills)

Planning, goal setting and long term goals

Empowering and non judgmental

Ability to build and maintain relationships

Drivers licence

Kanohi ki te kanohi – face to face

Koi - sharp

Advocacy / Liaison

Workshop participants proposed topics that they thought should be covered in NASC staff orientation at a local DHB level. They also proposed topics for regional training.

There was further discussion about the difficulties meeting current organisational training requirements due to workload commitments, conflicting scheduling of the training and travel to training.

In the September workshop, some participants expressed a preference not to use the person description. This was due to the individual DHB human resources systems and processes associated with the person description. However there was interest in a shared profile for NASC. Refer to Appendix 5.6

Workshop participants suggested that certain topics needed to be included in local DHB orientation and training. These topics are detailed in table two.

Table 2: Local Orientation and Training Topics

Local Orientation and Training
• The NASC role
• NASC service purpose
• Current Assessment Tools
• Assessment of risk
• Recovery training
• Real Skills
• Communication: written and oral
• Review processes
• Local environmental context
• Service orientation
• Whanau/Hapu/Iwi
• Local networks
• NASC agencies, service providers
• Local data capture
• Local information systems
• Audit and compliance, legislation

Workshop participants thought that there were benefits collaborating across the region in the provision of NASC training. Regional training topics are detailed in table three.

Table 3: Regional Training Topics

Regional Training
• Scope of Assessment Tools
• Assessment skills including the complex such as Unmet needs, ageing population, Intellectual Disabilities, Young Offenders, Aspergers, Behavioural health
• Cultural competencies
• Models and frameworks
• Information systems
• Outcome measurement

At the September workshop it was suggested that a training calendar would be helpful to implement the recommended training. See Appendix 5.7.

4. Next Steps

Action steps were recommended at the May workshop, progressed and presented in documentation form to participants at the workshop in September.

Following further discussions at the September workshop it was agreed:

1. DHBs in the Midland region will implement the revised Central Region Needs Assessment Form. This will be submitted to the approval process at GM level and then to local processes with DHBs Forms Committees.

2. The Lakes Referral Form is to be sourced and small amendments made (add other ethnicity, other disabilities, change from “treatment goals” to “goals”).

    a. This will also be submitted to the approval process at GM level and then to local processes with DHBs Forms Committees

3. The NASC pathway with its five models will remain but there will be a focus on specific areas of commonality

4. The NASC staff profile will be adopted by the Midland region

5. The training calendar with slight amendments will be referred to the Midland Workforce coordinator as a proposal for submission

6. Approval from the GMs Planning and Funding for a NASC regional forum that meets twice a year with a terms of reference for approval and establishment. See Appendix 5.8.

5. Appendices

Appendix 5.1 Minutes of the Workshop: May 2011

Minutes of Midland Region Meeting - Midland NASC Meeting

9.30am, 19 May 2011, Alcamo Conference Centre

Present: Akatu Marsters, Eseta Nonu-Reid & Ruth Choudharey (MRN), Doug Mack, Joanne Wilson & Sue Lewer (Lakes), Kathy Grace, Pat Crook, Adele Tierny, Penny Nicholas, Liza Faulkner, Joe Pirima, Helen Biel, Patrick Mitchell, Martin Steinmann, Michelle Lowry, Andrew Neas, Justine Savage & Awhina Chapman (BOP), Penny Feyen(Tairawhiti), Norah Puketapu-Collins, Lauren Cameron, Michelle Thompson and Anne Ridgway

Apologies: Hester Hattingh

Facilitator: Roz Sorensen

No.	Topic	Discussion Points	Planned Action	By
1.0	**Whakatau / Welcome**	▪ Roz welcome everyone ▪ Introductions by all in attendance		
1.1	**Purpose:**	To bring the Midland NASC teams together to look at the following outcomes identified by the Midland NASC report: ▪ A recommendation by NASC teams on consistent NASC documentation including assessment forms, guidelines and protocols for application ▪ A recommendation by NASC teams on a consistent NASC workforce set of skills and competencies for application in the Midland region ▪ A plan of action that incorporates documentation, workforce development and support requirements		
2.0	**ITEMS**			
2.1	**Current Situation of NASC services in the region**	Please refer to embedded document		

No.	Topic	Discussion Points	Planned Action	By
		\\alpha2\users\M\ marstera\NASC\Curre		
2.2	**Features of the Pathway**	Please refer to embedded documents \\alpha2\users\M\ marstera\NASC\Featı ***Features*** \\alpha2\users\M\ marstera\NASC\Diagr ***Diagrams***		
2.3	**Assessment Forms**	Please refer to embedded documents \\alpha2\users\M\ marstera\NASC\Asse ***Regional Needs Assessment***	Akatu to send out electronic forms & NASC teams to give feedback	Akatu NASC teams
2.4	**Skills & Competencies and Training**	Please refer to embedded documents \\alpha2\users\M\ marstera\NASC\Skills ***Skills & Competencies*** \\alpha2\users\M\ marstera\NASC\Train ***Training***		
2.5	**Actions and next steps**	Please refer to embedded documents \\alpha2\users\M\ marstera\NASC\Actio		
3.0	**Meeting Close**	▪ **3.00pm**		

Appendix 5.2 Minutes of the Workshop: September 2011

Minutes of Midland Region Meeting - Midland NASC Forum

10.00am, 28 September 2011, Hamilton Airport Motor Inn, Hamilton

Present: Belinda Walker(Midland Regional Network), Lu-Ana Ngatai (Lakes DHB), Katherine Fell (Waikato DHB), Laurence Oliver (BOP DHB), Andrew Neas (BOP DHB), Neville King (Tuwharetoa Ki Kawerau Hauora), Alice McMillan (Health Waikato), Amanda Waugh (Health Waikato), Linda Grady Thomson (Health Waikato), Eseta Nonu-Reid (Midland Regional Network), Jenny James (Taranaki DHB), Lauren Cameron (NASC Taranaki DHB), Norah Puketapu Collins (Tu Tama Wahine O Taranaki), Michelle Thompson (Tu Tama Wahine O Taranaki), John Porima (Nga Kakano Foundation), Meri-Ann Matchitt (Nga Mataapuna Oranga), Pat Cook (Te Manu Toroa), Sameli Tongalea (Nga Kakano Foundation), Rutu Maxwell Swinton (Nga Kakano Foundation), Adele Tierney (Poutiri Trust)

Apologies: Marita Ranclaud (Lakes DHB) , Jo Wilson (Lakes NASC) Akatu Marsters (Midland Regional Network), Patrick Mitchell (Te Manu Toroa), Anne Ridgeway (Taranaki DHB)

No.	Topic	Discussion Points	Planned Action	By
1.0	**Whakatau / Welcome**	▪ Roz welcomed the group and a round of introductions was undertaken		
1.1	**Approval of Minutes**	▪ Previous minutes approved by the group		
1.2	**Matters Arising**	▪ Implementation Plan discussion		
2.0	**AGENDA ITEMS**			
2.1	**Moving on the Recommendations** S:\LDHB Planning & Funding\Midland Regi **Roz powerpoint**	**Anything else needing to be covered?** ▪ Cultural component is missing can this be locally developed and added to the generic form? ▪ Cultural Competency Takarangi Framework was suggested, this is not seen as using a Maori tool. Need to reflect key cultural issues to develop own tool – Why reinvent when this was some of the set up? ▪ Taking Kawa from a local cultural linkage (tool) to clinical teams is the flow of information and acceptance, this should follow the client with the assessment		

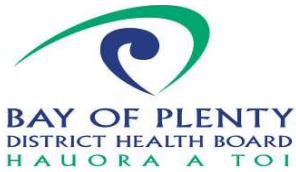
No.	Topic	Discussion Points	Planned Action	By
	presentation	information going into the InterRAI Mental Health Tool? **InterRAI** ▪ InterRAI is the Over 65 tool, which has a mental health component. ▪ Suggestion raised about having MH package for under 65 and ID as clip-on. ▪ Lakes are looking at trialing and two MH staff have trained in over 65 Interai. ▪ Taranaki NASC training staff for InterRAI from next month. ▪ NGO's do not have access to these types of tools, how will this be access to ensure consistency?	▪ Source more info about InterRAI Clip On ▪ Follow up with Te Kokiri Steering Group	▪ Roz ▪ Eseta
		Graham Guy contact for 65+ and Bruce Green for MH&A component, to ensure we update him about local cultural tools and advise Midland contribution to the national solutions with InterRAI. The group supports Bruce Green as the representative for the MH&A component.	▪ Send Bruce Green the Midland NASC mailing list	▪ Eseta
		Regularly Meetings This group to meet twice a year to discuss "Competency" around our own tools still a priority as we are not sure what will eventuate nationally and things may change or not come to fruition		
		Appendix 5.2 – Within Report (report embedded in agenda) Central has updated their tool and have done further work with alterations – the participants were broken into groups to discuss the new reviewed tool Please refer to embedded document for feedback  S:\LDHB Planning & Funding\Midland Regi **Feedback**		
		Five Different Ways The report identified five different systems/processes in Midland, guidelines are required to cover off local ways of doing risk assessment, cultural assessment, needs assessment and support plan either in the form but would be attached as appendices ▪ NASC is about client goals not deficits and plan to achieve the goals ▪ The process used should reflect the goals not so much on the deficit ▪ New needs assessors need cues – we often leave out things	▪ Electronic version to be sourced and sent to Roz ▪ Adapt the form to include feedback from forum and send out	▪ Norah ▪ Roz

No.	Topic	Discussion Points	Planned Action	By
		▪ Need to include family violence and child abuse **Lakes Referral Form Discussion** **What about access criteria?** ▪ Local variation depending on DHB ▪ Could provide barriers and would need to be constantly updated depending on the criteria changes and variations ▪ Overall like it ▪ Informed con set local process ▪ Add in other ethnicity ▪ Add in other disabilities ▪ Would streamline process ▪ Change language - use 'goals' instead of 'treatment goals' **What would it take to get DHB staff to fill in?** ▪ What is the process to make a Midland form and process to introduce to DHB? ▪ Critical that attachments secured ▪ What would be organizational cost for NGO who are NASCs ▪ Can be also used as the discharge form when moving on  Mental Health Referral v3.pdf **Lakes MH Referral**  S:\LDHB Planning & Funding\Midland Regi **Feedback** **NASC Pathway** ▪ 5 different models proposed but some commonality ▪ Service user centered ▪ Constant access criteria across the region ▪ Embedded with the community ▪ Culturally specific options ▪ Options at Primary Care level ▪ Do we need one pathway? No ▪ Single or multiple points of entry - we don't have in any of Midland DHBs because referral pathways are different ▪ Multiple referral points coming into one NASC service	▪ Referral form to be sourced and amendments made minus logo's ▪ Approval process to GMs then down to local process for DHBs Forms Committees ▪ NGO can have blank forms sent for their process	▪ Akatu ▪ Eseta ▪ Eseta

No.	Topic	Discussion Points	Planned Action	By
		▪ Coordinated approach and process to allocate the appropriate services and resources that the NASC is responsible for **Workforce** ▪ Person Description (Appendix 5.4) ▪ Regional Training Calendar (appendix 5.5) **Person Description** ▪ Refer to the attached feedback **Training Calendar** Content? Structure? Who will fund it? Who would coordinate it?  Adobe Acrobat Document **Feedback** **Regional Forum – Terms of Reference**  S:\LDHB Planning & Funding\Midland Regi **Feedback** **Summary** ▪ What are outcomes as a result of networking - what can be achieved? ▪ What therefore can we ask by way of funding? ▪ Ongoing development and coordination ▪ More cost effective use of resources ▪ Impact on client lives- measurable outcomes ▪ Increase the knowledge of NASC workers to strengthen skills of overall workforce ▪ Improve the coordination processes between different NASC services and provider arms when client move ▪ Seamless provision of care	▪ Profile to be developed with qualifications, experience and values including cultural training and circulate for feedback ▪ TOR template to be sent to Roz	▪ Roz ▪ Akatu

No.	Topic	Discussion Points	Planned Action	By
		▪ Documentation ▪ Mechanism to compare support and respond to national requirements of Interai ▪ KPP and KPI projects and Whanau Ora ▪ Level of purpose needs to be lifted to strategic - working on National Drivers ▪ People sitting at forum need to be the ones who are able to make decisions ▪ Informed agenda with papers which participants can take to boards and other prior to the meetings to be prepared ▪ NASC need to be aware of providers who have had sleepovers as they may disappear		
2.2	**Strategic Directions**	▪ Impacts of Better, Sooner, More Convenient ▪ POC for Primary Mental Health ▪ Gateways to health ▪ CAMHs and CYFs joint process ▪ Interface with disability support, ID, ACC, dual diagnosis pressure of NASC ▪ Sleepovers costings and sustainability with back dating **Frequency of Meetings** ▪ Midland MH&A Network cannot commit to workforce plan until it has been costed and funding organised ▪ Workforce goes through Ruth and then workforce centers for funding which is separate to the regional forums ▪ NASC regional forum to meet every six months ▪ Regular updates and papers to be provided by members ▪ Chair and co-chair to be elected after TOR and then through nomination process	▪ Follow up with SISAL DSS/MH Interface for report	▪ Eseta
3.0	**Meeting Concluded**	▪ **Meeting closed by Neville**		
3.1	**Next Meeting**	▪ **TBC**		

Appendix 5.3 The Preferred Generic Needs Assessment Tool



REGIONAL MENTAL HEALTH

AND ADDICTIONS SERVICE

SUPPORT NEEDS ASSESSMENT

AND SUPPORT PLAN

RE:

PERSONAL DETAILS			
Name:			
NHI:			
Date of birth:		**Gender:**	☐ Male ☐ Female
Address:			
Telephone no:			
Ethnicity:			
Preferred language:			
Interpreter required:			
Legal status:	☐ Mental Health Act ☐ Protection of Personal Property Rights ☐ Enduring Power of Attorney		

CONTACT/SUPPORT PERSON DETAILS	
Name:	
Address:	
Telephone no:	
Relationship:	

ASSESSMENT DETAILS				
Date of SNA:		**Type of SNA:**	☐ New ☐ Review	
Place of SNA:				
Present at SNA:	**Name**	**Designation**	**Contact No**	
Others consulted:				
Documents reviewed:	☐ Clinical Assessment ☐ Risk Documentation			

REASON FOR ASSESSMENT/INTRODUCTION

WHO IS YOUR MAIN SUPPORT AND IN WHAT WAY DO THEY SUPPORT YOU

OTHER SERVICES/SUPPORTS INVOLVED

HOUSEHOLD MANAGEMENT		Independent	Development Area	Full Support
1.	Shopping for food and clothes	☐	☐	☐
2.	Meal planning/preparation	☐	☐	☐
3.	Housework/routines	☐	☐	☐
4.	Laundry	☐	☐	☐
5.	Garden/lawn	☐	☐	☐
6.	Manage daily schedule/appointments	☐	☐	☐
7.	Security eg keys lock door/window/pin number	☐	☐	☐
8.	Home safety – heating, stove, smoke alarm	☐	☐	☐
Comment:				
Goal:				
Action:				

PERSONAL CARE		Independent	Development Area	Full Support
1.	Adequate diet/nutrition	☐	☐	☐
2.	Mobility within the home	☐	☐	☐
3.	Personal care routines/personal health	☐	☐	☐
Comment:				
Goal:				
Action:				

ACCESSING THE COMMUNITY		Independent	Development Area	Full Support
1.	Mobility and transport in the community	☐	☐	☐
2.	Use of/and access to public transport	☐	☐	☐
3.	Understanding/access to community resources	☐	☐	☐
4.	Do you have a driver's license?	☐ Yes ☐ No		
	If yes, what type?	☐ Learner	☐ Restricted	☐ Full
Comment:				
Goal:				
Action:				

FINANCIAL				
Income Source *(Describe paid employment, WINZ Benefit, supported by another, superannuation, accommodation benefit, disability allowance, special benefit, High User Card, Under PPPR/EPOA.)*				
		Independent	**Development Area**	**Full Support**
1.	Financial management eg debts, budgeting, HP, vulnerable to exploitation	☐	☐	☐
2.	Ability to access/use bank	☐	☐	☐
Comment:				
Goal:				
Action:				

PHYSICAL AND MENTAL HEALTH		
Who is your GP:		
Current health issues, how you manage:		
Medication:	☐ Independent ☐ Support	
Current alcohol, drug and non prescription drug use:		
Smokefree status:	Smokefree?	☐ Yes ☐ No
	If yes, how long smokefree?	
	If no, number smoked	
	Does person have first cigarette within an hour of waking?	☐ Yes ☐ No
	Brief advice given	☐ Yes ☐ No
	Smoking cessation referral and/or NRT provided	☐ Yes ☐ No
Goal:		
Action:		

PERSONAL STRENGTHS	
What are you good at?	
What do you want to achieve?	
Action:	

SOCIAL/CULTURAL/SPIRITUAL SUPPORT	
Current situation:	
Goal:	
Action:	

LEISURE/RECREATION	
Current situation:	
Goal:	
Action:	

WORK/EDUCATION	
Current situation:	
Goal:	
Action:	

ACCOMMODATION	
Current situation:	
Goal:	
Action:	

OTHER	
Is there anything else you want us to know?	
What this means:	
Action:	

SUPPORT PLAN	
1.	
2.	
3.	
4.	
5.	

I have discussed this assessment and its recommendations with:

Name:_____ ☐ Yes ☐ No

Family/Whanau/Supports ☐ Yes ☐ No

Clinical Supports/MDT ☐ Yes ☐ No

Service Co-ordinator: _____ **Date:** _____
(Name)

Appendix 5.4 Features of the Ideal NASC Pathway

- Single point of entry
- Accommodate changing needs / relapse
- Whanau Ora model – whanau led (multiple entry points)
- Surrounded by whanau / natural supports
- Service user opens the key to the needs door
- Service user centred
- Linked and embedded in the community
- Relationships within the community
- Funding following the client
- Flexibility
- Choice for client
- Client empowerment
- Broaden choice
- Needs based service
- Refer for
    - DHB
    - Agencies
    - Other options
- Relate well with others
- Options for Maori
- Urban solutions
- Rural solutions
- Starting where the client is at
- NASC options at Primary Care level
- Partnerships approaches
- Relationships
- Assessments
    - Culture
    - Risk
- Uses goals / goal settings
- Agreed review periods
- Interface referral agency and NASC
- Effective partnerships
    - Open and transparent
    - Honesty

Appendix 5.5 NASC Referral Form

Insert Logo

NASC - Mental Health & Addiction Referral Form

PO Box
Ph: Fax:
Email:

CLIENT DETAILS (referrer to complete)

Title:	❑ Mr ❑ Mrs ❑ Miss ❑ Ms NHI Number:
Surname:	
First Name(s):	
Preferred Name:	Date of Birth:
Home Address:	
Home Phone:	Cell Phone:
Living arrangements:	❑ Client lives alone ❑ Client lives with other (if so specify) ……
Mental Health Act Status:	

GENERAL MEDICAL DETAILS

Name of GP:	GP Phone Number:
Name of any other medical specialist / services involved e.g. ACC: Other Disabilities involved e.g. Head Injury:	

ETHNICITY (tick all boxes that apply)

❑ NZ European ❑ NZ Maori ❑ Pacific ❑ Other (please state)

First language: Is an interpreter needed? Yes ❑ No ❑

NEXT OF KIN / CARER DETAILS

Title:	❑ Mr ❑ Mrs ❑ Miss ❑ Ms				
Full Name:					
Relationship to Client:					
Home Address:					
Home Phone:		Work Phone:		Cell Phone:	

IMPORTANT!

1. Has the person you are referring given consent to release their information Yes ❑ No ❑
2. Are they requesting this service? Yes ❑ No ❑
3. If no, give reason: _____

Mental Health & Addiction NASC Referral Form – October 2011

REFERRAL DETAILS

Name of Referrer:	
Client's Key Worker:	Email:
Name of Clinical Team or AOD Service:	
Contact Phone Number:	
Date of Referral:	Signature:

REASON FOR REFERRAL

What does the client hope to gain from this referral?

What does the clinical team hope to gain from this referral?

CURRENT SUPPORT SERVICES

List any services already working with the client / family:

RECOVERY GOALS (tick all boxes that apply)

❑ Medication Adherence	❑ Community Participation	❑ A Place to Live
❑ Risk Reduction	❑ Family Education / Support	❑ Planned Respite
❑ Sympton Stabilisation	❑ Carer Support	❑ AoD Stabilisation
❑ Return to Work / Education	❑ Develop / Improve Independent Living Skills	❑ Other

CHECKLIST (please tick)

Completed Comprehensive Assessment attached?	❑ Yes	❑ No	
Risk Assessment attached?	❑ Yes	❑ No	
Cultural Assessment attached?	❑ Yes	❑ No	❑ N/A
Recovery / Relapse Plan attached?	❑ Yes	❑ No	
Drug and Alcohol Assessment attached?	❑ Yes	❑ No	❑ N/A
Mental Health Act conditions attached?	❑ Yes	❑ No	❑ N/A

Please note that referrals that do not contain essential information will be returned

Appendix 5.6 NASC Staff Profile

NASC provides Needs Assessment & Service Co-ordination for people who have disability related needs (mental health, addiction, physical, ageing, intellectual) and for people who require short term community and/or home support. This is dependent on the particular contracts in place.

The service manages access to support services for people with disability related needs funded through District Health Board budgets for the provision of a range of services which may include: residential and community support services, carer support and other services provided under discretionary contracts.

The NASC staff member requires the following attributes:

Personal:

- Self-driven, with a positive outlook
- Aware and sensitive to disability issues
- Recovery focused
- Reliable
- Able to get on with others and be a team-player
- Able to critically assess and reflect own practice and performance
- Able to prioritise, manage time efficiently and meet deadlines
- Able to respond positively to change and to new opportunities
- Commitment to continuous quality improvement and customer service.

Knowledge:

- Equivalent to a tertiary health qualification
- An understanding of the Treaty of Waitangi and cultural safety, and the implications for this has on the health and disability of Maori
- An understanding of the health and disability sector and the organisations that provide services.

Specific Job Skills:

- Able to assess service user need holistically using appropriate assessment tools
- Able to work with service users and their families, and other health professionals in a recovery focused way
- Able to broker access to services and advocate on behalf of service users and their families
- Able to network and work collaboratively with community agencies
- Able to facilitate stakeholder meetings
- Sound written and oral communication skills
- *'Lets Get Real'* Skills and Competencies.

Computer skills:

- Good level of computer literacy
- Experience in using window based systems i.e. word, excel.

Other:

- Current relevant practising certificate
- Current drivers licence.

Appendix 5.7 Draft NASC Regional Training Calendar

Month	Theme	Associated Topics
February	NASC Assessment	Assessment Tools Capturing activity in data collection Analysing information Informing practices Aligned with PRIMHD, InterRAI Specialised areas such as Young Offenders, Intellectual Disability, Drug and Alcohol, Older people
April	Cultural Competencies	Building on information already covered at local DHB level: Understanding cultural competencies, Whanau ora, Accessing different service models for Maori
June	Outcome measurement	Identifying desired outcomes Determining what to capture Applying the information IT systems KPI project Aligned with other services
August	Service change	Update on the service changes within the region. New Services and service models that are under development or implemented. Services that have been exited
November	NASC staff end of year networking	Recognition of the role of NASC Case studies presented Lessons learnt

Appendix 5.8 Draft Terms of Reference for Midland Regional NASC Forum

Midland Needs Assessment Coordination Services (NASC)
Terms of Reference

1. Vision Statement

1.1. Service users with disability related needs and their families in the Midland region will access consistent quality holistic needs assessment and service coordination. Their needs are identified and together planning occurs, options are considered and the appropriate supports are allocated.

1.2. NASC staff will be supported through the collaboration of the regional forum to aspire to this vision

2. Values

- Service user and family centred
- Fair
- Consistent
- Respectful
- Embedded within local Community
- Cultural focused
- Collaborative

3. Definition

3.1. The Regional NASC Forum engages staff providing NASC services to participate in collaborative network activity and service development that will enhance the NASC services in the region and contribute to the professional growth of NASC staff.

4. Objectives

4.1 To promote and progress shared developments across the region in NASC system design and associated tools, policies, procedures and forms to enhance service delivery

4.2 To provide advice to DHB Planning and Funding on NASC matters

4.3 To provide collegial peer support and mentorship within the regional NASC workforce, fostering growth

5. Reporting

5.1. Midland NASC will report to and report from:

- Local Advisory or Stakeholder Groups forms
- Regional Maori Advisory Group (Nga Purei Whakataa Ruamano)

5.2. The Midland NASC forum will communicate to the wider sector through website updates and quarterly provider forums.

6. NASC Membership

6.1. Membership is to include all New Zealanders, Pacific Island, Maori, Asian, Male, Child and Youth, Older People, DHB, NGO and Addiction family/whanau from Waikato, Tairawhiti, Lakes, Bay of Plenty and Taranaki regions.

6.2. Members will be nominated by the Local Advisory Groups and/or stakeholder groups bi-annually and supported by their workplace to participate in NASC meetings and activities. Exceptions to this is determined at a local level.

6.3. Members of the Midland NASC will support, mentor and nurture development of local NASC services.

6.4. All members will be given equal opportunities and will be nominated by Midland NASC to participate in regional and national projects representing the Midland NASC forum.

6.5. From time to time other Midland NASC personnel's can be seconded for specific discussions due to their area of expertise.

6.6. Only members elected by the NASC can represent the group at a local, regional or national level.

6.7. Members elected to represent the Midland NASC at regional or national activities must commit to attending and if unable to attend must contact the Midland Regional Administrator to activate backups.

6.8. As much notice as possible is to be provided to allow sufficient time to activate the backups.

6.9. Accommodation support will be provided to Tairawhiti and Taranaki members who will be required to travel the day before

6.10. Mileage reimbursement will be paid to members from NGO providers. DHB representatives will be supported by the local DHB to attend meetings.

7. Chair Positions

7.1. The Midland NASC meetings will be jointly chaired by two people as co-chairs.

7.2. Co-chairs can not be from the same area.

7.3. One Co-Chair position will be nominated and elected by the Midland NASC group.

7.4. One Chair position will be changed by an election process every two years to ensure continuity and rotation

8. Decision making

8.1. Aim for consensus then democracy.

8.2. Where agreement can not be reached through discussion a secret ballot vote will be undertaken.

8.3. Dissent may be recorded in minutes if requested by a member.

9. Conflict of Interest

9.1. Any potential conflict of interest including personal and business interests will be declared at the beginning of each meeting, or as agenda items arise.

9.2. This forum can not be used for business gain.

10. Minutes and Agenda

10.1. Draft minutes will be circulated 2 weeks after the meeting with members being allowed one week to make amendments. The final draft will be posted on the Midland website.

10.2. The call for agenda items will occur 4 weeks prior to the meeting with the final agenda being circulated one week prior to a scheduled meeting.

10.3. Administration Support will be provided by the Midland Region Administrator.

11. Papers for Meetings

11.1. Briefing/background papers will be prepared and circulated prior to the meeting.

11.2. If a decision is required a recommendation will be clearly stated at the end of the paper.

12. All Meetings to be held in the Midland Region

13. Election process

13.1. For Co-chair positions:

- Election process will be conducted bi-annually
- Nomination forms will be sent out a month prior to the Strategic Planning days
- Nomination forms are to be completed with the nominee signing off the form
- Nomination papers will be sent out with the agenda
- Nominees will be given time to present to the MR NASC forum
- Voting will be by secret ballot
- Each district is allocated three votes

13.2. To be by secret ballot following a brief presentation from each nominee about their individual skills relevant to the role for:

- Representation on external forums (where there are three or more nominees)
- Representation at regional and national conferences (as per the Midland Prioritisation process)
- Positions on panels and working groups (where there are three or more nominees).
- Each district is allocated three votes

14. Code of Conduct

14.1. All members of the Midland NASC will conduct themselves in a professional manner

14.2. Any breaches of the Code of Conduct will be discussed by the group and the group will encourage mature, open and transparent discussion that is mindful of people's feelings.

15. Complaints

15.1. Internal: open and transparent process that is cognisant of other peoples needs.

15.2. External: in writing to the Co-chairs in the first instance and the Co-chairs will seek advice and support as required.