NASC 2015-16 work programme

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Project Brief

The MoH and NASCA wish to make enhancements to aspects of the services provided by NASCs. They have identified a programme of work consisting of thirteen projects. These vary in size, scope and complexity. Some of the projects are interrelated; others can be conducted as stand-alone pieces of work.

This programme of work will contribute towards:

- Aligning NASC practice with current philosophies and approaches
- Providing resources and guidelines which provide an agreed definition of best practice
- Supporting NASCA in promoting adherence to best practice by its members
- Giving confidence to the Ministry of Health that NASC practices are robust and are consistently applied

This project is medium to high priority as it will deliver benefits in terms of improved efficiency in use of the NASC resource, and will enhance the experience of NASC for clients.

Background and Rationale

Both MoH and NASCA adopt a continuous quality improvement approach and believe that making enhancements to NASC services and processes is consistent with the direction being taken within disability.

The principles and philosophies of current thinking 'Enabling Good Lives' will increasingly influence practice – but at this stage this exercise is not about wholesale change of structure or approach – but definitely taking on board principles wherever possible

The fundamental principles underlying NASC practice (Standards for Needs Assessment for People with Disabilities, 1994) remain relevant.

NASC underlying philosophies can and are in many ways aligned with the principles underpinning EGL:

- Person centered
- Choice, control and flexibility
- Strengths based, not deficit based
- What does a good life look like for me
- What natural and community supports are available – not all support has to be funded support

The NASCA 2015 Work Programme acknowledges and will need to be complementary to work already underway under MoH leadership including:

- NASC Service Specification – currently being led by the MoH (David Darling) with NASC representatives.

- Outcomes based / Results Based Accountability contracting approach – the Service Specification will include outcomes – so all aspects of NASC practice need to be contributing to those outcomes.
- Use of ICare to take needs assessment outcomes and translate into price points on the new residential pricing model for community residential services.

Proposed Work Programme

The work programme will be the responsibility of the proposed contractor role of 'National Practice Advisor' (NPA).

A reference group will be established consisting of MoH DSS and NASCA representatives to provide guidance and oversight of the project work programme. The reference group will guide decisions to be taken regarding the aspects of the programme which will be undertaken by the NPA and which aspects may be undertaken by other resource contracted in by NASCA.

The proposed programme of work currently identifies 13 projects. Priorities and inclusion or exclusion of elements of this work will be reviewed by NASCA and MoH on a regular basis, to ensure that activity is focused where most needed. It is recognised that this programme of work will require project management oversight by the National Practice Advisor to ensure that the different strands of work head in the same direction and that potential overlaps, and efficiencies of effort can be identified and managed. There are aspects of the Work Programme which may require additional contracted resource. This will be determined by the reference group and will be subject to approval by the NASCA Executive. NASCA holds funds earmarked for this purpose.

The planned phasing is summarised in Table 1. This work will be led by NASCA in close collaboration with the MoH. It is envisaged that the short-term projects will be completed within the next 3 to 6 months. The overall timeframe for the work programme is depicted in Table 2.

Table 1: Summary of proposed work programme in phases.

Project short title	Project Aim	Anticipated duration
Phase 1: Immediate projects: Budget Management (projects concurrent)		
1. Implementation of the ICARe Tool	To ensure successful operational implementation of the ICARe tool to support the new residential pricing model	4 – 6 weeks And ongoing
2. Robust budget management	Develop robust budget management tools and best practice guidelines eg SPA	4 – 6 weeks
3. Define what is Disability Supports funding responsibility	Define the role of MOH funded Disability supports in achieving client outcomes	4 - 6 weeks
4. Purchasing strategies for High Cost Residential Services	With MoH develop and implement alternative purchasing strategies for high cost residential services (over $160K pa)	2 months scoping 3 months

5. Review of High Cost packages and allocations	Undertake in collaboration with NNR review of high cost packages and high service allocation packages	3 – 6 months

Project short title	Project Aim	Anticipated duration
Phase 2: Best Practice (projects can be concurrent)		
6. Data/Information Analysis	Work with MoH to access, analyse and present data and information available from Socrates and other sources which will provide MoH and NASC with greater understanding of collective and individual NASC practice and performance, and contribute to greater consistency of practice.	Scoping 2–3 week Project 2–3 months
7. Review and Reassessment Project	Pick up the work undertaken by NASCA in 2014 and awaiting MoH sign off. Revise if required in light of this work programme and proceed to implementation.	2 months
8. NASC Best Practice	Develop and deliver training to NASCs in core best practice areas, including but not limited to: • best practice developed as part of this programme of work • agreed national competencies/standards • professional support to maintain competencies within NASCs.	3 months and ongoing
9. NASC Manager Induction & Support	Develop an Induction Programme and peer support network for new NASC Managers	4 months Ongoing
10. NASCA website members section	Expand the reference material and resources held on the Members section of NASCA website, arrange and display in easy to access format so that all relevant policy and guideline material is in one place	4 weeks
Phase 3: Longer-term projects: Information		
11. NASC information consistency	Develop a suite of consistent information regarding access to DSS services, and a mechanism for promulgation by NASCs and by MoH	2-3 months
12. Standardised DSS assessment tool	Research and develop a standardised assessment tool for DSS based on the principles of including a supported self assessment	3 months scoping 5 months
13. Revise NASC Operational Manuals	Review and revise the NASC Operational Manuals Vol 1 & 2 (2005)	Scoping 2–3 week Project 6 months

Table 2: Draft Timeline for proposed work program
(to be confirmed in conjunction with a detailed work plan)

Timeframe in months	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Phase 1: Budget Management										
1. Implementation of the ICARe Tool	�	▮	▮	▮	▮	▮	▮	▮	▮	▮
2. Robust budget management	▮	▮	▮	▮	▮	▮	▮	▮	▮	
3. Define what is Disability Supports funding responsibility	▮	▮	▮	▮	▮	▮	▮	▮	▮	
4. Purchasing strategies for high cost residential services	▮	▮	▮	▮	▮	▮	▮	▮	▮	
5. Review high cost packages and high service allocation packages	▮	▮	▮	▮	▮	▮	▮	▮	▮	
Phase 2: Best Practice										
6. Data/Information Analysis					▮	▮	▮	▮	▮	▮
7. Review and Reassessment Process					▮	▮				
8. NASC Best Practice/Training					▮	▮	▮	▮	▮	▮
9. NASC Manager Induction and Support					▮	▮	▮	▮	▮	▮
10. NASCA website members section						▮	▮			
Phase 3: Information										
11. NASC Information consistency							▮	▮	▮	
12. Standardised DSS Assessment Tool					▮	▮	▮	▮	▮	▮
13. Revise NASC Operational Manuals					▮	▮	▮	▮	▮	▮

Project Details

1. Implementation of ICARe

Aim: Successful implementation of the ICARe Tool into NASC practice

Anticipated duration: 4 – 6 weeks

This project reflects a priority to introduce a single residential residential funding model for community residential services.

The electronic ICARe tool has been developed and along with written guidelines provided to all NASCs.

The National Practice Advisor will work in partnership with the National NASC Reviewer to ensure NASCs are fully trained in the use of ICARe and are consistently applying the tool when determining hours of support for an individual.

2. Robust budget management

Aim: Develop robust budget management tools and best practice guidelines

Anticipated duration: 4 – 6 weeks

This project reflects a priority concern for the MOH as DSS needs to continue to meet its obligations to remain within the DSS budget appropriation.

It is important to ensure that robust budget management processes are being consistently followed by all NASC and that the appropriate tools are available to facilitate this. The factors to be examined would include:

- Quality and consistency of the needs assessment
- Consistent use of the SPA tool as guidance
- Peer review and moderation of decisions and practice of service coordinators / facilitators. Consideration of guidance mechanism and best practice eg weekly case reviews etc
- Thresholds of change to package or package size which requires the Manager of the NASC to sign off

3. Further Define Ministry of Health funded supports

Aim: With MoH work to clarify the types and volume of support disabled clients can expect.

Anticipated duration: 4 - 6 weeks

This project seeks to clarify the definition of 'disability related need' as distinct from other needs. It seeks to address the issue of possible definition "creep" i.e. that DSS is being used to meet a number of 'needs' which were not previously seen as DSS but with the focus on a good life in the community the undefined boundary has shifted. This is another priority issue for MOH in supporting budget management.

4. **Purchasing strategies for High Cost Residential**

Aim: With MoH, develop alternative purchasing strategies for high cost residential services (over $160K pa)

Anticipated duration: 3 months

Alternate contracting strategies are needed for appropriate residential services for high and complex clients (ie above the proposed residential pricing model price points). These should be developed collaboratively between MoH and NASCs. In particular, innovative methods of contracting are needed to get better value for money for the around 260 residential clients on packages over $160,000. NASC experiences would suggest that there is considerable scope exists for a joint approach which overall would get better value for money from the most high cost residential packages and help mitigate the ability of providers to take tough stances on price negotiations.

5. **Review High Cost Packages**

Aim: To ensure all high cost packages are appropriately and consistently resourced and priced

Anticipated duration: 4 months

At present there are a range of approaches to high cost packages. This workstream will seek to undertake a review of all high cost packages (over $80K pa) to determine whether the support and resources are appropriate to the support needs of the client, and whether the packages is appropriately priced with the service provider(s). The end result expected is assurance that all high cost packages are consistently meeting appropriate support needs and are efficient and effective use of resources.

6. **Data Analysis**

Aim: Work with MoH to access, analyse and present data and information available from Socrates and other sources which will provide MoH and NASC with greater understanding of collective and individual NASC practice and performance, and contribute to greater consistency of practice.

Anticipated duration: Scoping 2–3 week; Project 2–3 months

It is clear that all parties would benefit from a detailed and transparent analysis of NASC related data to better understand and support NASC allocation practice and consistency. From the NASC perspective, there is a lack of detailed information and analysis. There is very little national level data or analysis available, and while there is a significant amount of information at individual NASC level, this is not accessible to all.

The starting point for this project is to define what the information set is that is required and what decisions that information can assist with.

- Is the type and scale of issues and main drivers consistent across all NASCs? Do some areas face different and/or more challenging problems than others?

- A generally available "NASC by NASC "comparison of service package size would be a useful benchmark. Rather than a focus by Ministry on individual service lines make possible a focus on total package size when talking about budgets and overspend. Understand and recognise that there are different ways of putting packages together for individual clients and regional differences in availability of services.

- Absolute uniformity is not the goal - but a transparency of what is the situation and an acknowledgement of any factors that support differences which may exist.

- Understand the number of clients within each NASC, and the number of clients within NASC overall, and any changes to these numbers over time.

7. Review and Reassessment Project

Aim: to provide a more flexible, integrated and needs-based approach to review and reassessment processes that will deliver benefits in terms of:

- Enhanced experience for NASC for clients and/or their carers.

- An approach more consistent with the client-centered philosophy of increased choice, flexibility and control.

- More efficient use of NASC resources

- An approach that supports risk management for NASCs and MOH.

Anticipated duration: 1 – 2 months

This work is substantially complete and awaiting sign off by MoH. Some changes may be required for sign off, and to fully align with other aspects of this Work programme.

8. NASC Best Practice/Training

Aim: Promote and develop consistent best practice across NASC

Anticipated duration: Development of content 3 months. Delivery ongoing.

This workstream will identify core best practice competencies across NASC and will develop training material and approaches drawing on outcomes and work from this Work programme.

9. NASC Manager Induction & Support

Aim: Develop a process of induction and peer support for new NASC Managers

Anticipated duration: 4 weeks

There is much to learn for new NASC managers entering the sector. A process is required that ensures that new managers are fully informed and supported as they come to grips with the complex business of running a NASC. The process may also be of benefit to those managers dealing with significant change within their organisation.

10. NASC website members section

Aim: Expand the reference material and resources held on the Members section of NASC website, arrange and display in easy to access format so that all relevant policy and guideline material is in one place.

Anticipated duration: 4 weeks

The expected outcome for this project is a fully developed Members Only section of the NASC website that contains all significant documents so that it becomes the repository of current expectations and practice standards and guidelines.

11. NASC information consistency

Aim: Develop a suite of consistent information regarding access to DSS services and a mechanism for promulgation by NASCs and by MoH

Anticipated duration: 2-3 months

At present it is difficult to ensure that the information being disseminated about DSS services by NASCs and MOH is consistent. This includes information provided to clients, local communities and health professionals. A solution is sought for this situation.

12. Standardised DSS assessment tool

Aim: Research and develop a standardised assessment tool for DSS

Anticipated duration: 6–12 months

Expected outcome(s):

This project represents a significant piece of work that will require a scoping process before proposals are sought from interested contractors.

The current DSS assessment is largely based on a narrative with very little data recorded in a way that facilitates any analysis or comparison of data.

HOP NASCs use the InterRAI assessment but there is unlikely to be much support for this option within DSS NASCs.

This project has links to other work being undertaken or proposed which may inform the development of a new DSS assessment tool, such as:

- Pilot of supported self assessment tool in Bay of Plenty as part of DSS New Model work

- Review of quality and consistency of current needs assessments - part of the Robust Budget Management project in programme of work proposed in this paper.

13. Revise NASC Operational Manuals

Aim: Revise the NASC Operational Manuals Vol 1 & 2 (2005)

Anticipated duration: Scoping 2–3 week; Project 6 months

The purpose of this project is to revise and update the Operational Manual for Needs Assessment and Service Coordination Managers: Volume 1 and volume 2 (Appendices). NASCs have experienced many changes in the decade since these manuals were issued.

- Consistent practices

- Robust budget management

- Timeliness

- Quality of InterNASC transfers – file information transferred, responsiveness and coordination between NASCs

- People centered approach

- Choice and control for people over their lives and their packages of support

- Strengths based

- What is a good life for me

- Building community capacity

- Cohesive and constructive approach across funding streams – joint funding – making sure people don't fall between the cracks or pushing from pillar to post – especially re DSS-Mental Health, DSS-Health of Older People, and DSS-medical/personal health

Contractor support

Following review of this proposed work programme by the National Practice Advisor, in conjunction with MoH and NASCA decisions will be taken regarding where additional contracted support may be required.

NASCA will then run a process and seek Expressions of Interest and Proposals from contractors able to undertake specific parts of the project work.

Contractors will be expected to seek input and to consult with the wider group of NASC Managers or their delegates as appropriate.

Contractors will also need to bring to bear their own expertise and experience to develop solutions which are efficient and enhance services for NASC clients.

Contractors will be expected to have demonstrated the following competencies

- Knowledge of NASC processes and philosophy

- Collaborative – seeking and making best use of existing NASC and MOH expertise

- Understanding of risk analysis disciplines

- Strategic thinking – outside the square and understanding the wider implications of any proposed recommendations

- Clear written style consistent with service specification and operational document requirements