



Needs Assessment and Service Co-ordination Tier 3 Service Specification

September 2024

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1. Status

Approved to be used for mandatory nationwide description of services to be provided.

MANDATORY RECOMMENDED

Recommended – these are centralized and recommended specifications to be used by Districts for purchasing services, they may be used to enable providers to transition to meeting a Mandatory specification over time. Districts are expected to move to a mandatory specification when renewing or varying an agreement.

2. Review History

Review History	Date
First Published on NSFL	June 2009
Amended: Removal of unapproved Purchase Unit MHAK18A. Minor editing changes for consistency.	February 2011
Amended: clarified reporting requirements	February 2013
Amended: added MHA18S purchase unit code, removed standard provider monitoring reporting tables. Minor editing.	July 2016
Consideration for next Service Specification Review	Within five years
Moved to Health NZ template. Updated links for PUDD and NSFL only. Amended DHB to become District/Region where appropriate. No other changes to content made.	September 2024

Note: In September 2024 a small programme of work moved all Service Specifications to Health New Zealand branded templates. No amendments were made to the body text or content of the Service Specification, so references to DHB, Ministry of Health or other pre-2022 reforms vocabulary will still exist. A larger programme of work to review and revise all Service Specifications is planned for late 2024 to early 2025.

Note: Contact the NSF Team, Te Whatu Ora | Health New Zealand to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications. NSF@tewhatuora.govt.nz

Nationwide Service Framework Library web site [here](#)

3. Introduction

This tier three service specification for Adult Mental Health Services - Needs Assessment and Service Co-ordination (the Service) is linked to tier one Mental Health and Addiction Services and tier two Adult Mental Health service specifications.

4. Service Definition

The Service will work with the Service User, their family and whānau and significant others, to assess their needs and plan and co-ordinate appropriate services.

Needs assessments will be undertaken to identify individual strengths and supports / activities required that are likely to lead to resilience and recovery outcomes for the service user and their family and whānau.

5. Service objectives

5.1.1 General

The Service facilitates the access of adults, to a range of community-based resilience, recovery and support-focused services. Access to those services is facilitated through the processes of comprehensive support, needs assessment and prioritisation of access according to identified needs.

5.1.2 Māori Health

Refer to the tier one Mental Health and Addiction Services service specification.

6. Service Users

The Service Users are eligible adults as detailed in the tier two Adult Mental Health Services service specification.

7. Access

7.1.1 Entry Criteria

Referral to the Service is from community mental health services or inpatient mental health and addiction services.

8. Service Components

8.1.1 Settings and Facilities

The Service is provided in a community based setting.

8.1.2 Processes

The Service includes needs assessment, service planning, and co-ordination.

Needs Assessment:

The assessment process meets the requirement of the Standards for Needs Assessment and Service Co-ordination (Ministry of Health 1994) and utilises a recognised best practice assessment tool. The assessment process includes:

- identification and prioritisation of the service user's needs, both support and developmental needs, within the context of their
- attention to any immediate needs that may interfere with the family and whānau
- independent advocacy, where required person's ability to participate in a support needs assessment
- attention to cultural needs
- attention to the Service User's educational requirements and or employment concerns within the family and whānau context
- attention to the Service User's housing, social, recreational and financial concerns within the family and whānau context
- further specialist assessments as determined by the Service User.

Needs assessments are then repeated and updated at not greater than six monthly intervals.

Family and whānau are engaged (if appropriate) in the assessment process. Where a Service User is Māori, assessment will include a cultural needs assessment with their whānau present (in accordance with principles of informed consent) in the assessment process. Providers will ensure that the holistic view of health, as defined by Māori, is included in service provision for Māori.

Service Planning:

This includes:

- access to an up-to-date directory on mental health / community services
- identification of current services involved in meeting aspects of the needs and remaining unmet needs
- identification and documentation of actions that are necessary to address those unmet needs and to achieve agreed goals
- when needs cannot be met from publicly funded services, referrals will be made to a range of community-based services as appropriate in accordance with the assessment.

Co-ordination:

This includes:

- facilitation of access to community mental health and disability support services that will enable people with mental illnesses to lead their lives as independently and productively as possible
- development of practical service and support options to address identified needs utilising public, private and voluntary services
- prioritisation of the needs of the Service User and management of the demand for available services by determining relative priority between those accessing services
- development of a service or 'lifestyle' plan
- the match of available resource with needs, ensuring resources are used efficiently
- management of an allocation for carer relief or home support

- access management to support services, including residential services.

Needs assessment / service co-ordination services may provide the above services to people with addictions, in addition to those people with severe mental health problems, according to local requirements / agreements between funders and service providers.

8.1.3 Key Inputs

The Service is provided by a multi-disciplinary team, including people with qualifications in assessing, planning and co-ordination, Service Users, people with experience of disability, cultural workers and health professionals.

9. Service Linkages

Linkages are not limited to those described in tier one Mental Health and Addiction Services and tier two Adult Mental Health Services service specifications and include the table below.

Service Provider	Nature of Linkage	Accountabilities
Providers of other needs assessment and service coordination services	Referral Liaison	Work with the relevant professionals and agencies in the care and support of the Service user

10. Purchase Units and Reporting Requirements

10.1 Purchase units

Purchase Unit Codes are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary. The following codes apply to this Service.

PU Code	PU Description	PU Definition	Unit of Measure
MHA18A	Needs assessment and service coordination – Senior medical staff	A service by senior medical staff to facilitate the access of adults to a range of community-based resilience, recovery and support-focused services. Access to those services is facilitated through the processes of comprehensive support needs assessment and prioritisation of access according to identified needs.	FTE
MHA18B	Needs assessment and service coordination – Junior medical staff	A service by junior medical staff to facilitate the access of adults to a range of community-based resilience, recovery and support-focused services. Access to those services is facilitated through the processes of comprehensive support needs assessment and prioritisation of access according to identified needs.	FTE

PU Code	PU Description	PU Definition	Unit of Measure
MHA18C	Needs assessment and service coordination – Nursing and/or allied health staff	A service by nurses and/or allied staff to facilitate the access of adults to a range of community-based resilience, recovery and support-focused services. Access to those services is facilitated through the processes of comprehensive support needs assessment and prioritisation of access according to identified needs.	FTE
MHA18D	Needs assessment and service coordination – Non-clinical staff	A service by non-clinical support staff to facilitate the access of adults to a range of community-based resilience, recovery and support-focused services. Access to those services is facilitated through the processes of comprehensive support needs assessment and prioritisation of access according to identified needs.	FTE
MHA18E	Needs assessment and service coordination – Cultural staff	A service by cultural support staff to facilitate the access of adults to a range of community-based resilience, recovery and support-focused services. Access to those services is facilitated through the processes of comprehensive support needs assessment and prioritisation of access according to identified needs.	FTE
MHA18S	Needs Assessment and Service Coordination	A service to facilitate the access of adults to a range of community-based resilience, recovery and support-focused services. Access to those services is facilitated through the processes of comprehensive support needs assessment and prioritisation of access according to identified needs.	Service

Unit of Measure	Unit of Measure Definition
FTE	Full-time equivalent staff member (clinical or non-clinical) involved in direct delivery of services to consumers. Exclude time that is formally devoted to administrative or management functions e.g. half-time coordination of a community team.
Service	Service purchased in a block arrangement uniquely agreed between the parties to the agreement

10.2 Reporting Requirements

The Provider must comply with the requirements of national data collections: PRIMHD.

Additional information to be reported and the frequency of collection are specified by the Funder in the Provider Specific Terms and Conditions as agreed with the Service Provider.

The information required by the Funder will be sent to:

Performance Reporting

Sector Operations

Ministry of Health

Private Bag 1942

Dunedin 9054

Email Email: performance_reporting@health.govt.nz

The Performance Monitoring Reporting tables for the Mental Health and Addiction Service Specifications may be used for performance monitoring if specified as agreed with the Funder.