

Service Specification No.	05/MHLD/0002
Service	Mental Health Urgent Care Services (MHUCS)
Commissioner Lead	CCP for Mental Health & Learning Disability
Provider Lead	Dorset Healthcare University NHS Foundation Trust
Period	April 2013 to March 2014
Date of Review	Annually

1. Population Needs

1.1 National/local context and evidence base

This service specification outlines the principles and values on which the Mental Health Urgent Care service is premised, and as such draws upon the following strategy and policy documents, research, and legislation, to inform the development of the service model:

National:

- Mental Health Policy Implementation Guide (2001)
- No health without mental health (DH, 2011)
- The economic case for improving efficiency and quality in mental health (DH, 2011)
- Mental health and the productivity challenge – Improving quality and value for money (King's Fund, 2011)
- Mental Health Act, 1983, as amended in 2007
- Mental Capacity Act, 2005, and Deprivation of Liberty Safeguards
- Carers (Equality Opportunities) Act, 2004
- Crisis Resolution and Home Treatment Guide (SCMH, 2004)
- Making Recovery a Reality (SCMH, 2008)
- Implementing Recovery: A methodology for organisational change (SCMH, 2009)

Local:

- 1 in 4 Mental Health Strategy 2010-2015
- Dorset Mental Health Improvement Plan 2011-2014
- Suicide and Self-Harm in the South West 2011-2014
- National Recovery Demonstration site
- Local joint strategic needs assessment, west of Dorset
- Safeguarding children and adults
- Mental Health Access and Wellbeing Services
- Dorset Mental Health QIPP

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	

2.2. Local defined outcome

3. Scope

3.1 Aims and objectives of service

People experiencing acute and severe mental health illness should be treated in the least restrictive environment with the minimum of disruption to their lives. The Mental Health Urgent Care Service seeks to provide an integrated approach to the delivery of care for people experiencing acute psychological distress, in a range of settings, that will:

- Deliver high quality treatment and care which is known to be effective and acceptable

- Be accessible so that help can be obtained promptly, when and where it is needed
- Promote the safety of service users, their family/carers, staff and the wider public
- Offer choices to promote independence and recovery
- Be well coordinated between all staff and agencies
- Deliver continuity of care for as long as it is needed

The above aims will be achieved through the following objectives:

- Establishment of services based on the principles of Recovery and personalisation
- Rapid assessment of individuals experiencing acute mental distress, agreeing follow-up care required and most appropriate pathway on in their Recovery
- Individuals experiencing acute, severe mental health difficulties will be treated in the least restrictive environment as close to home as clinically possible
- If hospitalisation is necessary, active involvement in discharge planning, with the option to provide intensive care at home, so enabling early discharge
- The service user, their family/carer will receive ongoing support until the crisis has resolved
- Services delivered to clear standards, that are safe and sustainable
- Reducing a service users vulnerability to crisis, and maximising their resilience and recovery

3.2 Service description/care pathway

The service description

This service will incorporate the current crisis response/home treatment, day treatment services along with the inpatient units, (beds). These services will be managed and lead under a single management structure, so transforming current service provision, through delivery of person-centred, community based mental health urgent care service, with service users as partners on their individual journey of recovery.

The MH Urgent Care services will offer a range of interventions including:

- A single telephone number, through which anyone can request urgent mental health treatment for themselves or another person
- Clearly agreed Standards for response to emergency and urgent care needs
- Assessment of the help people need to get over urgent mental health problems and start building the life they want, taking into account the views of family, friends and professionals who know them
- Assessment of how best to maintain the safety of the person concerned and those around them
- Offer effective psychological treatment and treatment with medication
- When required, assessment and detention of persons under the Mental Health Act 1983, as amended in 2007 and provision of a Place of Safety for people detained under Section 136.
- Use different combinations of the following types of help to suit the individual needs of the person concerned
- Home Treatment, available 24 hours per day to provide the support and treatment needed
- Intensive individualised recovery-focussed Day Treatment, 8 hours daily, 7 days per week
- Acute mental health inpatient care
- Recovery housing, to be run by a different organisation but with the MH Urgent Care Service deciding which people need this type of support and help
- Crisis line 24 hour telephone support
- Monitoring and review of the agreed care plan

The level of interventions will match the recovery goals of the person receiving care, developed in partnership with their family, friends and/carers and taking into account any measures needed to maintain safety.

The service will be provided through multidisciplinary teams of mental health professionals, comprised of psychiatrists, psychologists, nurses, occupational therapists, social workers, support workers, inclusive of peer specialists, and administrative assistants.

There will be day to day leadership of the service from clinical managers and consultant

psychiatrists, who will be collectively responsible for ensuring safe, high quality care, with smooth transitions from one part of the service to another.

Medical on-call rotas will be arranged so that consultant psychiatrists are available whenever and wherever they are needed

Close liaison will be maintained with community mental health teams, general practitioners and other primary care staff and any other health and social care teams who need to be involved, particularly when care is being planned and reviewed and when the level of care is about to be reduced

The service will use the care cluster model, arising from the mental health PbR process, as a clinical framework, alongside of the Care Programme Approach (CPA), to assess, plan, deliver and review care. Agreeing personal social care and health budget/s where possible.

Care plans will be based on a comprehensive physical, psychological, occupational and social assessment, which will include a comprehensive risk and strengths assessment. Personalised recovery care plans will be written in collaboration with the service user, agreeing personal social care and health budgets where possible. People who have received care will be helped to develop relapse prevention plans and make advance decisions regarding care in the future

Service users and their family/carers will be provided with the following information, in line with standard guidelines on the sharing of information:

- Description of the service, range of interventions provided and what to expect
- Name and contact details of care co-ordinator and other relevant members of the team
- Mental Health Act information as appropriate
- Mental Capacity Act information
- Contact details for out of hours helpline
- Care plan and comprehensive information about medication
- Relapse prevention and crisis plans
- Suicide Prevention and other plans to maintain safety
- Discharge/transfer plan
- Availability of Advanced Directives
- Service Feedback Evaluation Forms, to express views on service

Crisis Response and Home Treatment Services

The Crisis Response and Home Treatment Service (CRHT), as a component of the Mental Health Urgent Care Service, would operate as an alternative to inpatient hospital care for service users with serious mental illness who are experiencing crisis, offering flexible, home-based care, 24 hours a day, seven days a week.

As with the policy implementation guidelines for CRHT (DH, 2001) the terms crisis response and home treatment are used interchangeably, the implied functions being seen as integral parts of the same team.

The service will:

- Provide interventions that are intensive and short-term, for up to a period of **six weeks**;
- Provide a rapid response;
- Offer frequent daily visits to each client and their social network, as required;
- Have medical staff that are available around the clock;
- Administer medication;
- Address social issues as part of the overall care plan;
- Provide support and education to family members and carers;
- Act as gatekeepers to acute inpatient care (beds) and Recovery Housing;
- Continue to be involved until the crisis is resolved;
- Refer service users on to other relevant services.

Whilst home treatment will constitute the major part of the CRHT's workload, the team would also provide intensive support to enable people to be discharged from inpatient care earlier than would otherwise have been possible.

Single Point of Access

The Service will establish links with the all Emergency and Urgent social care and health services if the service user lives in the west of Dorset e.g. NHS 999, 111, and emergency duty service (EDS)

In continuing and extending the role of CRHT through a process of integration with inpatient beds, the service will seek to be more responsive, with accessible locally based services delivering a combination of crisis intervention, home and day treatment. Links will be established to support service users in accessing and leaving the Recovery House and respite recovery accommodation for the west of Dorset.

Staffing of the CRHT will reflect the population of the west of Dorset covered by the MHUCS, organised across the three localities of Weymouth & Portland, Bridport & Dorchester and North Dorset, with attention given to the level of need within each locality

Inpatient Admission Units - Beds

As part of the mental health urgent care service, acute inpatient units will serve to provide care with intensive support to service users in periods of mental health crisis, who are too distressed, or whose risk factors, including suicide, are too adverse for them to be cared for at home, in a Recovery House/Accommodation and/or Day Treatment services.

All users of mental health services who would otherwise require hospitalisation should be assessed for treatment at home by the CRHT team; extending to the involvement of the CRHT in all assessments for inpatient admission, including Mental Health Act Assessments. It is recognised that on occasion the team may be unable to carry out an assessment because of the timescales involved, and in such cases the involvement of the CRHT should not hold up the process. If this occurs the CRHT will assess within 12 hours of any admission.

Inpatient services will provide time-limited safe, care and treatment to people whose needs cannot be met outside of hospital. The aim will be to improve their mental and physical health, and social functioning, to a point at which inpatient care is no longer needed. This will be achieved through the provision of a range of treatment and therapeutic recovery based activities, with the aim of enabling an individual's return to their local community as soon as possible.

There will be a multidisciplinary assessment of the person's needs, culminating in a care planning meeting, involving the person and their family/carers, along with their local community mental health team, at which the goals of inpatient care are agreed, within 3 working days of admission.

All service users/family/carers will have the opportunity to be involved in determining their treatment/ therapy programme, to their identified health needs, including evening and weekend activities. Consideration will be given as to specific psychosocial interventions, including daily one to one time with their key nurse in the unit to include the service users Wellness Recovery Action Plan (WRAP)/Recovery Star, so providing appropriate care based on the individual's needs and in accordance with national standards (i.e. NICE eg Tidal Model).

Transfer planning arrangements will be agreed, in the majority of cases, prior to admission. Where this cannot happen these arrangements will be agreed within 12 hours of the service user being admitted into an inpatient unit.

A discharge planning meeting involving the person and their family/carers, along with their local CRHT and community mental health team will be take place, when the goals set for the inpatient care unit are close to being achieved, so that further care can be agreed and arranged in the community.

Inpatient facilities will comply with the Mixed Sex Accommodation Guidelines under HSC 1998/143, 2007, and NHS Single Sex standards, 2009.

Intensive Recovery Focussed Day Treatment

Intensive recovery focussed day treatment forms part of the integrated mental health urgent care service and WRAP/Recovery Star; offering a skills-based programme of day treatment for those in acute crisis and diagnosed with severe mental illness.

It is an alternative to inpatient admission, facilitating early discharge from inpatient services and preventing admission or readmission to an inpatient bed. The service will operate based on need and will be facilitated through CRHT and Occupational therapy staff. Links with the Wellbeing and Recovery Pathway and the Recovery Education College will be established. This service will establish close working relationship with the Recovery house/accommodation to provide additional treatment and care for individuals staying there. Where appropriate, staff will link with employers to enable the service user to maintain their employment or return to employment as quickly as possible.

Staff involved in the delivery of the service will have the skills and competence to:

- Respond to individual therapeutic needs identified through person centred planning;
- Offer evidence based individual and group psychosocial interventions (PSI) that promote recovery;
- Reflect NICE practice guidelines;
- Adopt a solutions focussed approach to what is useful to people in their everyday lives.

Targeted areas of treatment will include, but not be limited to:

- Symptom management
- Self-esteem and emotional regulation
- Interpersonal effectiveness
- Distress tolerance
- Adaptive coping
- Relapse/Suicide prevention
- Maintaining or gaining employment

Service users, where appropriate will be able to access skills based, structured groups during the day and return home at night. Such groups will be provided within local communities.

Occupational Therapy Recovery Pathway

Time limited (up to 6 weeks) intensive individualised recovery focussed day treatment will be integrated with the work of the crisis response and home treatment service, inpatient admission units, and other community based mental health services. These will address, employment, vocational and occupational needs of those in acute mental health crisis

Carers

The principal carer of a service user will be identified and advised of how to obtain an assessment of their needs, including Carers Assessment will be offered.

In addition to which, the principal carer will be offered a meeting with a named professional, within three working days of contact being made with the service.

Referral processes

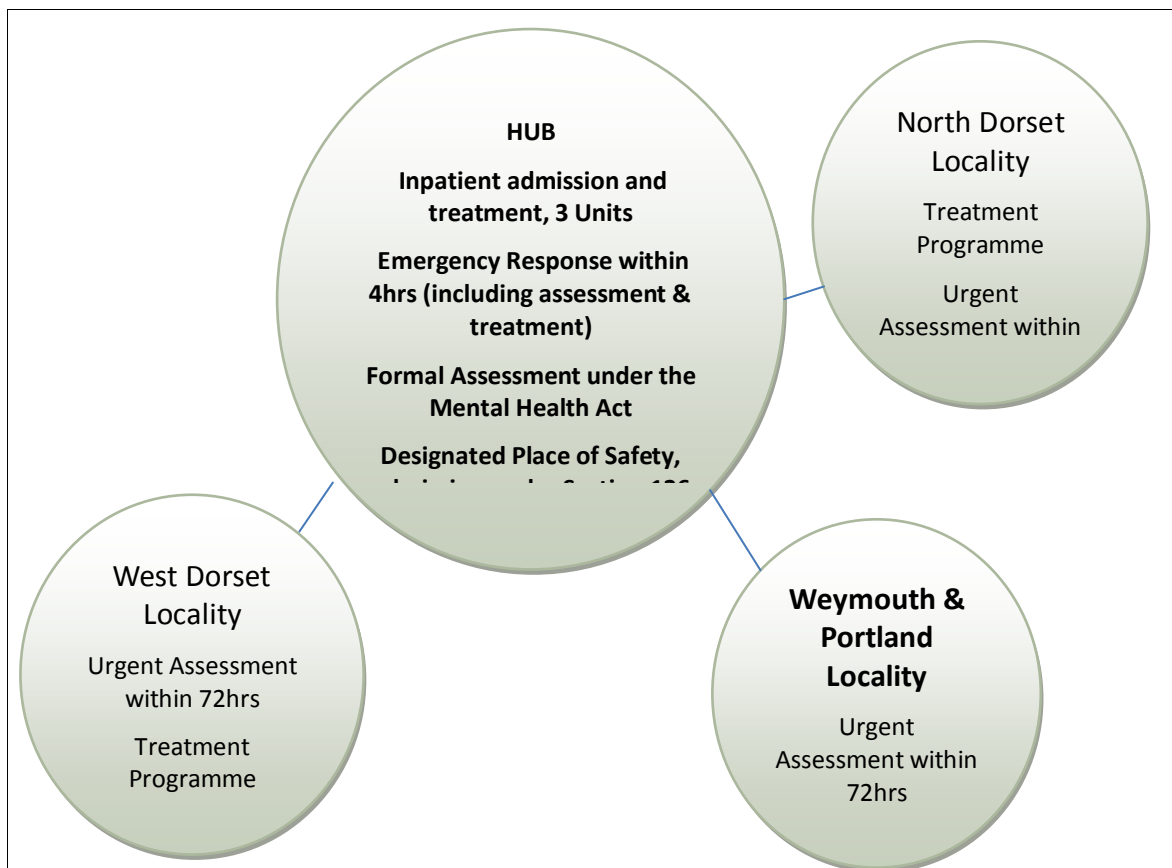
A simple referrals procedure will be developed, and pathways made clear to all involved.

The service will have a system in place that allows for direct referrals from primary care and mental health services, within the defined localities inclusive of social services, the criminal justice system, former service users and their family/carers, Single Point of Access, Emergency Departments and NHS 999/111 services.

The assessment team for the MHUCS, acute assessment service will be available 24hours a day for new referrals with two trained members of staff available at all times.

The Mental Health Urgent Care Pathway, refer to appendix 1

Service Structure



Within the mental health urgent care services Hub there are:

- 14 DHC with 13 controlled access inpatient beds (Minterne) and
- 12 or 13 (if DHC wish to reduce inpatient at Minterne) beds (Linden)
- 12 older people's inpatient beds for people with functional mental illness (Melstock)
- Crisis Response/Home Treatment (CRHT) service within 4 hours, for assessment and treatment
- Formal assessment under the MHA
- Section 136, assessment within 3 hours

3.3 Any acceptance and exclusion criteria and thresholds

The service will provide to those suffering from an acute crisis and severe mental illness for functional disorders from the age of 18 years and upwards, in crisis, including older people and those with a dual diagnosis.

The service will not provide treatment of people who have an organic mental disorder, Dementia.

3.5 Interdependence with other services/providers

There will be interdependency between the hub services and the locality based services.

The service will have established links with:

- Recovery House/Accommodation Projects-west of Dorset
- Psychiatric Liaison Services
- Emergency Duty Service pan Dorset local authorities
- Early Intervention in Psychosis Services
- Community Drug and Alcohol Services
- Talking Therapies Services, IAPT and PCPT
- Mental Health Access and Wellbeing Services
- Rehabilitation and Recovery Services
- Community Mental Health Teams (AMHP's)
- Community Resource Teams
- Custody Diversion
- Single Point of Access
- Emergency Departments from within the surrounding area

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

This specification for the delivery of Mental Health Urgent Care Service is consistent with the standards detailed within:

- NICE Quality Standards
- CQC Essential Standards
- Do the right thing: how to judge a good ward. Ten Standards for adult inpatient mental healthcare (Royal College of Psychiatry, 2011)

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

4.3 Applicable local standards

This is intended as a non-exhaustive list. Clause (16) takes precedence.

Reporting by each locality within the Dorset CCG in the west of Dorset:

- Immediate initial response number seen and exceptions
- Emergency within 4 hours, Section 136 within 3 hours. Number of patients seen within these timeframes and exceptions
- Urgent within 72 hours Number of patients seen within these timeframes and exceptions
- Links with recovery- WRAP and Recovery Star
- Quality monitoring bi-annually by locality through peer specialist review, inclusive of service users and carer feedback.

Expected Outcomes

1. A Single Point of Access of people in Mental Health Crisis
2. Integrated and joined up MHUC service, west of Dorset.
3. Enhanced knowledge and skills within Primary Care and Community Mental Health Services (front line staff) re: Mental Health Crisis
4. Educated and supported service users with an improved quality of life whilst they continue to live with mental illness.
5. Reduced referral rates to inpatient services
6. Shorter waiting times within the MHUC Services for patients requiring interventions for acute mental illness
7. Reduced dependency on health services.
8. Increased utilisation of self-management strategies and tools.
9. Increased uptake of Expert Patient/peer specialist programmes.
10. Increased peer support for service users with acute mental health disorders.
11. Increased Well being and "Recovery" for patients

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

6. Location of Provider Premises

The Provider's Premises are located at:

The Provider's Premises are located at: Inpatient and Community locations

Forston Clinic – Minterne and Melstock

North Dorset – Sherborne – Day treatment and CRHT

West Dorset - Hughes Unit and 30 Maiden Castle Road – Day treatment and CRHT

Weymouth & Portland- Linden, Day treatment and CRHT

7. Individual Service User Placement