

SCHEDULE 2 – THE SERVICES

A. Service Specifications (B1)

Mandatory headings 1-4. Mandatory but detail for local determination and agreement
 Optional heading 5-7. Optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	05/MHLD/0011
Service	Early Intervention in Psychosis
Commissioner Lead	Mental Health & Learning Disability Programme
Provider Lead	Director of Children & Families Services
Period	1 ST April 2016 to 31 ST March 2017
Date of Review	Annual

1. Population Needs

1.1 National/local context and evidence base

Early Intervention in Psychosis Services, Mental Health Network, NHS Confederation, 2011

IRIS Guidelines update, Sept 2012

The Abandoned Illness, Schizophrenia Commission, Nov 2012

No Health without Mental Health, DH 2011

NHS Operating Framework 2014 – 15

Joint Strategic Needs Assessment, Bournemouth, Poole And Dorset 2012-13

Joint Health and Wellbeing Strategy for Dorset, 2013 – 2016

Joint Health and Wellbeing Strategy for Bournemouth & Poole, 2013 – 2016

NHS England, 2015, Guidance to support the introduction of access and waiting time standards for mental health services in 2015/16

Wessex Academic Health Science Network (AHSN), 2013, Understanding the needs of service users with psychosis in Wessex AHSN: What does the data tell us for Dorset CCG?

University of Cambridge et al, 2015, Psymaptic (Psychiatric mapping translating into innovations for care). Online. Available from: <http://www.psymaptic.org/>

Adolescence and emerging adulthood are a high-risk time for developing mental disorders. The early phase of psychosis is a critical period affecting long-term outcomes. Failure to intervene early often has huge significant personal costs in terms of an individual having reduced capacity to reach their social, emotional and vocational potential, as well as wider social and economic costs. (Mental Health Network, NHS Confederation, May 2011).

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 outcomes

- Reduction in the duration of untreated psychosis within the population of Dorset, Bournemouth & Poole.
- Reduction in the use of the Mental Health Act for 1st episodes of psychosis.
- Improved employment, housing, physical health and mortality rates amongst people experiencing mental ill health.
- Reduction in the use of acute mental health hospital beds
- High recovery rates for individuals experiencing a 1st episode of psychosis

3. Scope

3.1 Aims and objectives of service

- Promote early identification, assessment, treatment and support for people who experience a first episode of psychosis.
- Offer an age – appropriate service which is sensitive to age, culture and gender.
- Ensure families are considered as part of the treatment intervention package, maximising the quality of life of service users and their families.
- Offer a personalised treatment model which supports people who experience mental ill health to maintain and recover meaningful lives.
- Promote a holistic approach to mental health that recognises the impact of physical health and social wellbeing upon mental health.

3.2 Service description/care pathway

Access: The service will promote early detection and prompt referral by community agencies by operating clear referral routes and maintaining effective working relationships with primary care, secondary care, youth agencies including schools, third sector agencies and offender services. This includes symptom awareness programmes for all relevant agencies. The service will encourage help seeking and engagement through a youth friendly and culturally sensitive approach which offers prompt access to assessment and treatment. This will include a tolerance of diagnostic uncertainty and an offer of extended assessment where necessary.

Assessment: The service will offer a person centred approach incorporating a holistic, multidisciplinary assessment which takes account of an individual's social circumstances, physical and mental wellbeing and psychological mindedness. Family members' perspectives will also be included specifically around the development of the mental illness. Comprehensive risk assessment will form an integral part of assessment and treatment planning.

Individual Engagement: The service will be based on assertive outreach principles applied flexibly to meet individual need with each individual having an allocated named care worker. This incorporates an approach that manages symptoms as opposed to solely focusing on diagnosis, and is guided by the principle that failure to engage does not lead to case closure. Where individuals are ambivalent or resistant to service support and clinical improvement lacking, the team will work assertively to maintain contact, for example by supporting family members while trying repeatedly to

engage the individual. The service will also recognise the value and contribution that peer support offers in relation to effective engagement and improving motivation.

Family Engagement: The service will be family orientated with families/carers included in all aspects of assessment, treatment planning and review. Particular emphasis will be placed on ensuring all carers are aware of contacts in the event of a crisis. Family members will be provided with information, support and guidance to optimise coping strategies in addition to routinely being offered a carer's assessment and provision of information regarding self-help support.

Individual Interventions: The service will provide a range of evidence based biological, psychological and social interventions suited to age and phase of illness (as per NICE guidelines). Interventions will be tailored to individual service user's need. Interventions will aim to support the young person / individual to make sense of their experience. Co-morbid presentations including drug and alcohol use, depression, and suicidal ideation will also be addressed within the range of interventions offered.

Family Interventions: the service will offer a range of family interventions as indicated by NICE which are tailored to an individual family's presenting needs. Interventions will be offered irrespective of the level of engagement of family members.

Support, social, educational and vocational roles: the service will place an emphasis on normal social roles and the service users development needs particularly in relation to accessing education, achieving employment, maintaining suitable accommodation and preventing social isolation. The service will work to develop networks with relevant statutory and non-statutory organisations including the third sector. This includes scope to develop sub-contracting arrangements that enhance and support the core objectives and outcomes for the service (where any sub-contracting arrangements / partnership arrangements are developed, the commissioner will be notified of these arrangements).

Physical Health: The service will actively promote physical wellbeing and a healthy lifestyle. All service users are screened and assessed routinely for physical health risks. Where physical health risks are identified, a suitable action plan will be developed in consultation with the service user. Identified physical health risks will be used to inform the initial treatment plan. The service will work closely with primary care to ensure physical health risks are addressed appropriately.

Discharge: Most individuals will require support from the service for a period of three years. It is recognised that in some instances the duration of care may be less than 3 years or very occasionally more than 3 years where clinically indicated. Planning for discharge will occur early during the treatment episode to ensure that recovery gains achieved through the intervention of the service are maintained post discharge. Relapse prevention plans and clear pathways back to care will be provided should they be required. Each service user will have a robust transition plan built around his/her needs to ensure on-going needs are met and this will be communicated to all concerned.

3.3 Any acceptance and exclusion criteria and thresholds

The service is aimed at children and adults experiencing a first episode of psychosis in line with NICE guidelines (CG155 & CG178).

Suspected cases of first episode of psychosis, or individuals who are in the first three years of an untreated diagnosis will also be accepted by the service.

The service will accept referrals of individuals registered with a GP within Dorset Clinical Commissioning Group or who are resident within the boundaries of Dorset, Bournemouth and Poole.

The service will work with individuals up to and including a period of three years from onset of first episode of psychosis (FEP).

Individuals will be accepted with suspected cases of psychosis where the diagnosis remains unclear. This includes those individuals with the early signs of an emerging psychosis (prodromal phase). Where the primary need is identified not to be a psychotic illness, the individual's needs will be best met outside the Early Intervention Team.

In some instances, it will be appropriate for the service to work jointly with other services while the psychosis resolves or if there is some diagnostic uncertainty eg drug induced psychosis, bipolar disorder.

Service users experiencing psychotic symptoms with more complex needs such as a co-morbid learning disability, autistic spectrum disorder or emerging Personality Disorder are also accepted into the service but will be worked with in collaboration with the appropriate service/team to ensure their range of needs are met by appropriately skilled practitioners.

Where service users with complex needs or deemed to be high risk are jointly worked across services, a lead team with clearly defined roles and responsibilities will be identified.

3.5 Interdependence with other services/providers

- Child & Adolescent Mental Health Services
- Adult Mental health Services
- Schools and other educational organisations including local colleges and universities
- Employment agencies
- Housing agencies
- Primary Care
- 3rd Sector organisations including service user forums
- Youth services
- Criminal Justice agencies including court liaison and diversion services
- Psychiatric liaison services
- Rethink Mental Illness

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

NICE CG 155 – Psychosis and Schizophrenia in Children & Young People
NICE CG 178 – Psychosis and schizophrenia in adults: prevention and management
NICE CG 38 – Bipolar disorder: The management of bipolar disorder in adults, children and adolescents, in primary and secondary care
NICE CG120 – Psychosis with substance misuse in over 14s: assessment and management

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

A maximum wait of two weeks from referral to treatment; **and**
Treatment delivered in accordance with NICE guidelines for psychosis and schizophrenia - either in children and young people CG155 (2013) or in adults CG178 (2014).

4.3 Applicable local standards

Provision and availability of evening and weekend appointments to suit service user needs.

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:

7. Individual Service User Placement