

Schedule 2 Part 1: Service Specifications

SERVICE SPECIFICATION

Service specification no.	05/MHLD/0012
Service/ Care pathway/ Cluster	Crisis Resolution/Home Treatment Service (East)
Commissioner Lead	CCP for Mental Health & Learning Disability
Provider Lead	Dorset Healthcare Foundation Trust
Period	1 st April 2013 to 31 st March 2014
Date of Review	Pathway review starts 2011/12

1. Purpose

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	

1.1 Policy context –

- NSF-MH,
- New Horizons
- MHA 1983
- MCA 2005
- NICE Guidance, evidence based and best practice

1.2 Local strategic context-

- Local Joint Strategic needs Assessment
- Safeguarding- children and adults
- Mental Health and well-being agenda

1.3 Aims and objectives of the service-

- Services provided are consistent with evidence of best practice which was included in the Department of Health Policy Implementation Guide (2001) for the National Service Framework for Mental Health (1999), and are of high quality and are focused on engagement, treatment, and recovery.

2. Service Scope

2.1 Service user groups covered (including care clusters, where relevant)

All adults aged 18 years and over. Signposting and triage for Service Users age 16+ referred from General Hospitals and Police Stations

2.2 Exclusion criteria

There will be no exclusions but inclusion will be subject to appropriate entry to the service based on the care pathway

2.3 Geographical population served Bournemouth, Poole and East Dorset

2.4 Service description/ care package- overview ie what is provided

- assessment
- care planning
- interventions etc

CRISIS RESOLUTION AND HOME TREATMENT SERVICES

Crisis resolution and Home Treatment Services are provided through three Mental Health Teams, each of which responds intensively and flexibly to people in crisis with a severe mental disorder.

The teams seek to support people at home (as the first resort) or to facilitate a move into a hospital setting according to the needs of the individual.

The service has 32 places at anyone time and provides care through community assessments and visits as well as the use of the Day Hospital.

Service Description

Assessment:

The following are expected to form the assessment process:

- initial multi-disciplinary screening to ensure that the service is appropriate;
- comprehensive multi-disciplinary needs assessment;
- physical health assessment where appropriate;
- comprehensive multi-disciplinary risk assessment;
- use of standard assessment measures to monitor change and identify progress;
- statement of needs and production of care plan;

- all assessments should be culturally competent.

Care Co-ordination:

- each service user will be assigned a lead professional who has overall responsibility for ensuring appropriate assessment, care and review by themselves and others within the team;
- written and verbal means of ensuring good communication between team members;

Regular review:

- daily meetings where each service user is reviewed, involving a member of the medical staff, and where risk is reviewed;
- progress and outcomes regularly monitored;
- progress and outcomes regularly monitored, including service user, carers and other important to the service user involved;

Service model

The model for Crisis Resolution and Home Treatment Services will be based on a range of interventions as set out below:

Assertive Engagement:

- a persistent approach to engagement, with repeated attempts at contact where necessary. Assertive means tenacious, creative and innovative but not aggressive.

Basics of daily living:

- care plans should address all aspects of daily living, empowering service users and respecting their independence;
- practical support provided by the team should be available, including hands on involvement in shopping, cleaning and budgeting where required. This helps to establish and maintain the relationships with service users;
- daily living skills training to raise independence of service users;
- empowering service users and respecting their independence is crucial;
- the team, on behalf of the service user, may need to be assertive with other services, for example housing, to ensure better living conditions are provided and maintained.

Support for family and/or carers and/or significant others:

- practical support should be provided as needed, with a care plan being produced and regularly reviewed;
- psycho-social education should be available provided to family, carers and significant others;

Medication:

- delivery and administration of medication to service users who require intensive monitoring;
- care packages designed to improve co-operation with treatment (concordance);
- the service user should be involved in decision making and monitoring the effects of

medication.

- standard side effect monitoring tools should be used regularly by both service users and staff. Careful attention should be made to avoid or reduce side effects as this will promote the maintenance of engagement and concordance

Attention to the physical health of the service user:

- help and encouragement to access health services, including health promotion and screening services should be given;

Inpatient care:

- if inpatient care is required, the Crisis Resolution & Home Treatment Team will gate-keep access to inpatient beds
- the Crisis Resolution & Home Treatment will proactively work the inpatient services to facilitate early discharge, where it is appropriate and safe to do so.
- The team responds intensively and flexibly to people in crisis with a severe mental disorder. Supporting people either at home or with a move in to a hospital setting dependent on need
- This service provides:
 - a telephone advice/support to NHS Direct
 - An evening telephone helpline service from 1900-2300, 7 days a week.
 - Liaison for Child and Adolescent Mental Health Services service users (16-18years)
- **Assessment:** Behavioural Assessment; OT Assessment Including AMPS; Specialist Mental Health Assessment; CPA Assessment; Assessment of Psychosis
Care Planning and Management: Flexible Person Centred Care; Task Focused Care With Timed Tasks
Carer's Support
Crisis Resolution Home Treatment
Early Detection of Depression
Gateway Function
Intervention: Intensive Home Treatment; Management of Mental Health Crisis; Prescribing, Monitoring and Review of Psychotropic Medication; Specialist Behavioural Management; Psychosocial Interventions; Early Intervention in Psychosis
Rapid Response
Social Care: Lunch Club / Meals
Support: Intensive Support; Domiciliary and Practical Support; Emotional Support; Social Support
Therapy: CBT (Cognitive Behavioural Therapy); Group Psychological Therapy; Individual Psychological Therapy

3. Service Delivery

3.1 Location of service-

- Hahnemann House, Hahnemann Road, Westcliff, Bournemouth, DORSET. BH2 5JW (HQ)

But they work in the following settings:

- A&E depts.
- CMHTs

- Other health community venues
- General/acute hospitals
- GP practices
- Primary Care Centre
- Psychiatric Hospital
- Service users homes
- Telephone lines
- Custody Suites
- Places of safety

The three Teams cover the areas of Bournemouth, Poole and East Dorset and are all accessible as follows:

Base:	Hahnemann House, Bournemouth
Telephone Opening Times:	24hrs, 7 Days a Week
Opening Hours:	24hrs, 7 Days a Week
Referral methods:	Care Co-ordinator; GP / Local Doctor Referral; Specialist Mental Health Service; A&E, Out of Hours Social Services; Out Of Hours Custody

3.2 Days/ hours of operation

- 24 hours per day, 7 days per week

3.3 Referral processes

- Any Referrals Accepted
- ✓ Care Co-ordinator
- ✓ GP / Local Doctor Referral
- ✓ Primary Care Mental Health Team
- ✓ Self Referral
- ✓ Specialist Mental Health Service
- ✓ Other Referral Method: A&E, Out of Hours-Social Services, OOH Police Cell

3.4 Response times

3.5 Care pathways (where applicable to meet each care cluster)

**Identify: partnerships
transitions and interfaces between services and agencies
subcontractors**

- A multi-disciplinary team
 - Availability to respond 24/7
 - Capacity to offer intensive support at service users home
 - Provision of intensive contact over a short period of time
 - Staff in frequent contact with service users, often seeing them at least once each shift!
 - Staff stay involved until the problem is solved
- The service has 32 places at anyone time and provides care through community assessments and visits which may involve use of the Day Hospital service.

3.6 Discharge process

Discharge:

- when the service user no longer requires the intensity of service provided by the Crisis Resolution & Home Treatment Team, they will be discharged back to their substantive team

3.7 Training/ Education/ Research activities

4. Quality Indicators

Quality Indicator(s)	Method of Measurement/ information requirement	Incentive or sanction

Consultant-led Service (ie does 18 week RTT apply?) Yes/ No

5. Activity Plan

Activity Plan

6. Prices

Basis of Contract	Unit of Measurement	Price	Thresholds	Expected Annual Contract Value
Block Arrangement/Cost and		£		£

Volume Arrangement/Local Tariff/Non-Tariff Price_____*				
Total		£		£
<i>*delete as appropriate</i>				