

## SCHEDULE 2 – THE SERVICES

<b>Service Specification No.</b>	05/MHLD/0015
<b>Service</b>	<b>Rehabilitation Services (Nightingale House &amp; Nightingale Court, Glendenning Unit)</b>
<b>Commissioner Lead</b>	Mental Health & Learning Disability CCP
<b>Provider Lead</b>	Specialist Services Manager - Mental Health
<b>Period</b>	April 2014 – March 2016
<b>Date of Review</b>	To be agreed

### 1. Population Needs

#### 1.1 National/local context and evidence base

- Local Joint Strategic needs Assessment
- Safeguarding- children and adults
- Mental Health and well-being agenda
  
- NSF-MH,
- New Horizons
- Mental Health Act, 1983
- Mental Capacity Act, 2005
- NICE Guidance, evidence based and best practice – which ones ?

### 2. Outcomes

#### 2.1 NHS Outcomes Framework Domains & Indicators

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

#### 2.2 Local defined outcomes

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.

### 3. Scope

#### 3.1 Aims and objectives of service

The aim of the rehabilitation services is to take a whole systems approach to recovery from mental ill health which maximises an individual's quality of life and social inclusion by encouraging their skills, promoting independence and autonomy in order to give them hope for the future and which leads to successful community living with appropriate support. (This description is supported by the National Guidance for Mental Health Commissioners (2013))

#### 3.2 Service description/care pathway

Dorset's Rehabilitation Service is a tertiary mental health service that specialises in the assessment, treatment, recovery and rehabilitation of in-patients with significant mental disorders, characterised by persistent and disabling symptoms and behaviours, who have either not responded adequately to intervention in secondary care, or who no longer require care in a dedicated forensic service.

The complex care service is provided from three sites in Dorset.

- Nightingale House is a 16 bedded unit, which provides inpatient beds solely for patients with complex care needs that do not require acute psychiatric inpatient admission. This has been reduced from 20 beds to meet good practice environmental quality standards i.e. increasing single bedded rooms
- Nightingale Court is a 13 bedded unit which provides intensive support to service users preparing to move back into the community.
- Glendenning Unit is a 9 bedded rehabilitation unit in Dorchester.

### **Days/ hours of operation**

The service operates twenty four hours seven days per week.

The units aim to provide the same level of service seven days a week, fifty-two weeks a year

### **Referral processes**

Service users are referred from acute inpatient services at St. Ann's Hospital when the acute phase of their illness is deemed to have abated. Referrals are also taken from the Trust's Forensic Service.

Patients are detained under the Mental Health Act 1983 under a Section to which the treatment powers of Part 4 of the Mental Health Act 1983 apply (Section 2, 3, 37, 47). They must present a risk to themselves or others that could not be safely managed in a less restrictive environment.

### **Response times**

Referrals will normally be processed within eight weeks, sooner if a bed is immediately available.

### **Care pathways (where applicable to meet each care cluster) Identify: partnerships transitions and interfaces between services and agencies subcontractors**

All patients admitted to the Unit will be subject to an Integrated Care Pathway identifying expected standards of intervention at stages of the patient's progress towards discharge.

The Complex Care Service maintains strong links with other agencies, such Local Authorities, the Assertive Outreach Team and vocational services.

### **Care and treatment**

#### **Assessment And Care Planning**

Nightingale Complex Care Services' approach to inpatient care is to engage and negotiate with the individual, their family and Care Co-ordinator / Lead Professional to provide individualised care programmes. This aims to help individuals to modify individual risk and enhance their psychological and social functioning and improve their quality of life.

Prior to admission all patients within the Unit will have undergone a multi-disciplinary assessment. From this assessment the identified biological, psychological and social needs will then be formulated into intervention plans. Core members of the Multi-Disciplinary /

Agency Team will include Psychiatry, Nursing, Occupational Therapy, Social Work and Psychology staff.

The Multi-Disciplinary Team of Nurses; Mental Health Support Workers; Occupational Therapists; Psychologists; Doctors; and STR workers (support time and recovery) provide a wide range of specialised assessments for clients both at the House and the Court.

### **Psychiatry**

The role of the medical members of the team is to supervise a comprehensive assessment of the patient to arrive at a medical formulation and a management plan that would involve psychological, social and physical treatments.

### **Nursing**

Nursing roles will include assessment of biological, psychological and social needs.

### **Occupational therapists**

An assessment is conducted of a patient's ability to attend to their activities of daily living, and individual care plans will be devised with the multi-disciplinary team to enable the patient to engage in activities that are meaningful to them and promote structure and routine along with addressing individual mental health needs.

### **Interventions**

A multidisciplinary range of interventions including psychiatry, psychology and nursing is provided tailored to the individual needs of the service user. Evidence-based therapies are also provided.

All service users are assessed for their physical health needs, and appropriate referrals made when required.

The consultant psychiatrist in the team is responsible for supervising the legal aspects of the patient's detention and, for restricted patients, communicating with the Home Office, and for all patients signing for their Section 17 community leave.

### **Nursing**

Nursing roles will include administration of medication; one-to-one and group therapeutic time, psycho-social input, social reintegration activities, physical care and treatment, physical intervention (control and restraint).

### **Occupational therapists**

There is a ward-based Occupational Therapist working as an integrated team member. Central to the role of the Occupational Therapist is the impact of the service user's mental health on their ability to carry out the activities that make up their ordinary lives. These activities include self-care, daily living activities, work and leisure. Occupational Therapists utilise activity in their assessment and treatment to maintain or improve the service user's functional ability.

### **Psychology**

A range of psychological interventions will be available in either 1:1 or group therapy format on a range of evidence-based psychological models. The aims will be: to alleviate symptoms of mental health problems; address issues concerning discharge and increasing independence; reduce challenging behaviour; reduce the risk they pose to others; and address criminogenic need. Psychologists will be involved in delivery of direct clinical interventions and also facilitate the dissemination of psychological approaches to working with

patients and provide supervision to other disciplines accordingly.

### **General**

Other inputs to the ward, on a visiting basis, will include physiotherapy, dietetics and chaplaincy services.

### **Transfer Process**

Service users are discharged from Nightingale House to Nightingale Court or other appropriately assessed facility.

### **Discharge process**

Service users who are nearing discharge are identified through the care planning process. Early planning includes exploring solutions to social and housing issues. A pre-discharge planning meeting is held to develop a Discharge Plan prior to formal Section 117 discharge.

### **3.3 Population Covered**

The service is for people who:

- Are over 18
- Experience severe complex mental illness
- Would benefit from a period of mental health rehabilitation either in an inpatient setting or in the community
- It is for all genders

### **3.4 Any acceptance and exclusion criteria.**

- Forensic patients requiring low secure provision who present with an immediate level of risk
- Children (age 17 and under)
- Patients detained under mental impairment (mental retardation) or severe mental impairment
- Patients with behaviour problems that arise solely from head injury
- Patients with progressive brain disease

### **3.5 Interdependence with other services/providers**

The service is linked with the Assertive Outreach Service as both are part of a complex care pathway for patients who experience severe enduring mental illness and a range of other complexities.

## **4. Applicable Service Standards**

### **4.1 Applicable national standards (e.g. NICE)**

Currently there are no NICE guidelines specifically relating to mental health rehabilitation practice although the service does work to the cardio vascular NICE Guidance for mental health additionally Introduction of peer workers as per NICE guidance is in place and the service is actively working towards fully integrated peer support across all delivery areas Carers and family are involved as per NICE guidance although the specific carers assessment is carried out by the Service Users Care coordinator in the community who remains involved.

### **4.2 Applicable standards set out in Guidance and/or issued by a competent body**

(eg Royal Colleges)

The Royal College of Psychiatrists' Faculty of Rehabilitation and Social Psychiatry has produced a template for rehabilitation services (upon which this commissioning guidance is based) Wolfson P, Holloway F, Killaspy H.(2009) Enabling recovery for people with complex *mental health needs. A template for rehabilitation services*. Faculty report FR/RS/1. Royal College of Psychiatrists Faculty of Rehabilitation and Social Psychiatry.

At this time there is no nationally agreed service specification within the UK for mental health rehabilitation services.

[www.rcpsych.ac.uk/pdf/rehab%20guide.pdf](http://www.rcpsych.ac.uk/pdf/rehab%20guide.pdf)

#### 4.3 Applicable local standards

### 5. Applicable quality requirements and CQUIN goals

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

QuIRC is a national rehabilitation web-based toolkit which the service (Nightingale House) is signed up to. It assesses the living conditions, care and human rights of people with longer term mental health problems in psychiatric and social care units.

QuIRC assesses the provision of care across seven domains considered most important for recovery (living/built environment; therapeutic environment; treatments and interventions; self-management and autonomy; social interface; human rights; Recovery-based practice). Its content was informed by triangulation of the evidence on critical components of care collated from:

- 1) a review of care standards in each of the ten countries that took part in the DEMoBinc study;
- 2) a systematic review of the international literature on the components of care in facilities that provide for people with longer term mental health problems and the effectiveness of these components;
- 3) Delphi exercises with service users, carers, advocates and mental health professionals in each of the countries to identify the aspects of care that most promote recovery for people in longer term mental health facilities;
- 4) Review of the content of the QuIRC by an international panel of experts (including experts by experience) in rehabilitation, Recovery orientated practice, human rights law, mental health law, disability rights and care standards.

#### 5.2 Applicable CQUIN goals (See Schedule 4 Part E)

Patient safety thermometer  
Friends and Family test  
Improving physical healthcare to reduce premature mortality in people with severe mental illness

### 6. Location of Provider Premises

**The Provider's Premises are located at:**

Nightingale House and Court, 49 Alumhurst Road, Westbourne, Bournemouth, BH4 8EP

Glendenning Unit – 30 Maiden Castle Road, Dorchester, DT1 2ER

**7. Individual Service User Placement**