

SCHEDULE 2 – THE SERVICES

A. Service Specifications

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/0036																
Service	Bournemouth Joint Homelessness Service																
Commissioner Lead	Clinical Commissioning Group for Mental Health and LD																
Provider Lead	Dorset HealthCare University NHS Foundation Trust																
Period	1 April 2014 to 31 March 2016																
Date of Review	To commence September 2015																
1. Population Needs																	
<p>1.1 National/local context and evidence base</p> <ul style="list-style-type: none"> • National Service Framework - MH • New Horizons • Mental Health Act 1983 • Mental Capacity Act 2005 • Mental Health Strategy – No health without mental health • The Housing Act 1996 and The Housing Act 2004 • NICE Guidance, evidence based and best practice • “Getting Through” Access to Mental Health Services for people who are homeless or living in temporary or insecure accommodation- A good practice guide (2008) • No second night out – vision to end rough sleeping <p>Local policy context</p> <ul style="list-style-type: none"> • Local Joint Strategic Needs Assessment • Safeguarding- children and adults • Mental Health and well-being agenda • Bournemouth Homelessness Strategy 																	
2. Outcomes																	
<p>2.1 NHS Outcomes Framework Domains & Indicators</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Domain 1</td> <td style="width: 70%;">Preventing people from dying prematurely</td> <td style="width: 15%; text-align: center;">x</td> </tr> <tr> <td>Domain 2</td> <td>Enhancing quality of life for people with long-term conditions</td> <td style="text-align: center;">x</td> </tr> <tr> <td>Domain 3</td> <td>Helping people to recover from episodes of ill-health or following injury</td> <td style="text-align: center;">x</td> </tr> <tr> <td>Domain 4</td> <td>Ensuring people have a positive experience of care</td> <td style="text-align: center;">x</td> </tr> <tr> <td>Domain 5</td> <td>Treating and caring for people in safe environment and protecting them from avoidable harm</td> <td></td> </tr> </table>			Domain 1	Preventing people from dying prematurely	x	Domain 2	Enhancing quality of life for people with long-term conditions	x	Domain 3	Helping people to recover from episodes of ill-health or following injury	x	Domain 4	Ensuring people have a positive experience of care	x	Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	
Domain 1	Preventing people from dying prematurely	x															
Domain 2	Enhancing quality of life for people with long-term conditions	x															
Domain 3	Helping people to recover from episodes of ill-health or following injury	x															
Domain 4	Ensuring people have a positive experience of care	x															
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm																

2.2 Local defined outcomes

The expected outcomes for the Joint Homelessness Team (JHT) are:

- To engage with service users and signpost them to other appropriate services.
- To support vulnerable homeless individuals who meet their criteria to access mainstream primary care or secondary care services where appropriate.
- A reduction in the number of rough sleepers who have a Severe Mental Illness (SMI) or disorder including personality disorders plus dual diagnosis e.g. drug and alcohol misuse
- Reduction in the number of mentally ill rough sleepers who present in crisis, for example reduction in the number of homeless clients who attend Emergency Departments or who come to the attention of the police e.g. Section 136
- Reduction in the number of homeless mentally ill clients who present at acute hospitals for physical health conditions
- To improve access to mainstream services for mentally ill rough sleepers, for example GP and mainstream psychiatric services as appropriate

3. Scope

3.1 Aims and objectives of service

- To provide a seamless, flexible, open, accessible, responsive, needs-led, assertive, secondary mental health service through engagement, assessment and referral on to the most appropriate service.
- To help meet the service user's needs, to reduce the numbers of homeless mentally ill rough sleepers and prevent further homelessness for this service user group.
- To provide advice and support, including crisis support for other agencies working with homeless clients in Bournemouth.
- To support the aims of the homelessness strategy in terms of no second night out and homelessness prevention

3.2 Service description/care pathway

The JHT forms part of a larger homelessness service in Bournemouth that is made up of organisations from the voluntary sector e.g. Crime Reduction Initiative (CRI) outreach workers for rough sleepers, hostel support workers, volunteers, charities, churches and statutory services from the Police, Probation and Community MH Service etc.

The Community Mental Health Nurse (CMHN) will deliver care in a manner consistent with their respective training, experience, professional code of practice and agency requirements.

The CMHN will carry an active case load of up to 15 service users (active is defined as having face to face contact). It is acknowledged that there may be seasonal variations in the level of case load. On top of the 15 active caseload the CMHN will usually have other clients open to the service but not necessarily being seen as

regularly as the other clients whilst the CMHN is gathering information about the service user, corroborating history and working with homeless services to determine the best approach to working with the service user. If during this time it becomes evident that the client requires more assertive contact the CMHN will adjust the approach.

All service users' care will be in keeping with the requirements of the Policy for Assessment and Care Planning including the Care Programme Approach (CPA) where appropriate.

Bournemouth Borough provides some funding for rent deposits, return home, resettlement and conciliation and the JHT worker is able to access these resources where appropriate, directly or via the other homelessness organisations working with the clients.

The service is generally available Monday to Friday 0900-1700hrs. Although these are the formal hours, the service is able to operate flexibly so that the CMHN is able to work with the other homeless services who may need to make contact with clients early in the morning or in the evening whilst the clients are still bedded down or getting ready to do so.

The Service offers an open referral system and anyone can refer to the JHT. However the main referrers are the homelessness services. Referrals are made by homeless services and others when they are first seen and sometimes those people will move on again for a time then re appear. The JHT will ensure that these individuals names are recorded but will only formally accept a referral in to the service when the individual is seen bedded down in Bournemouth.

The service is not an emergency service and referrals will be assessed on the basis of clinical priority and need.

Accepted referrals will be seen within a maximum of two working days. Most people referred will be seen within 1 working day.

Where there is a level of assessed risk e.g. actively/acutely mentally unwell, self-neglected or talking about suicidal ideation or intent the person will be seen within four hours of the referral.

3.3 Population covered

The service is available to people in Bournemouth who are homeless/are threatened with homelessness and have no suitable accommodation and:

- Are 18 years and over
- Have a mental illness/there is reason to believe they have a mental illness
- Have a personality disorder or personality difficulties
- Have a dual diagnosis e.g. mental illness and addiction problems

3.4 Any acceptance and exclusion criteria and thresholds

There are no exclusions in relation to referral. The service will accept all referrals for service users who meet the criteria outlined above. However following the initial assessment if there is no evidence of Severe Mental Illness or Disorder the case will be closed to the service.

3.5 Access to the service and other linked services

The JHT provides a drop in mental health assessment clinic Tuesday mornings 9.30am until last person has been assessed which is held at 10 St Paul's Lane.

The clinic may sometimes be held on a different day depending on the priorities of JHT (for example if a crisis referral is received elsewhere).

Medical responsibility for the service user normally lies with the service user's General Practitioner (GP) and the JHT staff will contact the relevant GP and other members of the Primary Care Team when appropriate.

Homeless individuals without a GP have access to a range of co-ordinated primary care services via the Personal Medical Services (PMS) based at 10 St. Paul's Lane.

3.6 Interdependence with other services/providers

The JHT is part of Dorset HealthCare MH provision but the service primarily works alongside Bournemouth's homelessness services and in that context is dependent on those other services for referrals and joint responses to client needs.

3.7 Discharge process

Clients will be discharged from the service when/if:

- They are accommodated
- They do not have a SMI
- They move away from Bournemouth e.g. If they are reconnected with their home area
- They are unwilling to engage even with assertive outreach approach
- Their support plan has been fully completed

3.8 Training/ Education/ Research activities

JHT will provide training and education to all services working within the field of homelessness on signs, symptoms, management and care of those with mental health/illness, as well as those with personality disorder/difficulties.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

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

4.3 Applicable local standards
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
<p>The Provider's Premises are located at:</p> <p>The JHT service is provided from several bases in Bournemouth:</p> <ul style="list-style-type: none">• Kings Park Hospital, Gloucester Road, BOSCOMBE, Dorset BH7 6JE• The CMHN provides drop in sessions at:<ul style="list-style-type: none">○ St Pauls Hostel Tuesday mornings○ Westcliff Baptist Church Friday morning <p>The service is generally available: Monday to Friday 0900-1700hrs</p>
7. Individual Service User Placement