

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications (Full Length Contract)

<b>Service Specification No.</b>	11J/0233
<b>Service</b>	<b>Retreat</b>
<b>Commissioner Lead</b>	<b>Primary and Community Services</b>
<b>Provider Lead</b>	<b>Dorset HealthCare</b>
<b>Period</b>	<b>April 2018-March 2019</b>
<b>Date of Review</b>	<b>September 2018</b>

#### 1. Population Needs

The vision of NHS Dorset Clinical Commissioning Group is to value mental health equally with physical health in order to achieve “parity of esteem” and to provide equitable services across Dorset for people who experience serious mental health challenges.

Mental Health Acute Care Pathway and Mental Health Crisis Management were identified as high priorities for Dorset CCG in 2014/15 at the Five Year Forward Stakeholder Prioritisation event.

This was supported by Dorset’s declaration of support, signed by all key partners in December 2014, for the Crisis Care Concordat (CCC) launched by Norman Lamb in February 2014. The aim of the Concordat is to deliver dramatic improvements in emergency support for people in mental health crisis and to drive up standards of care for people experiencing mental health crisis. The Dorset CCC declaration has been used in the development of a joint action plan published on the CCC website and many of the key deliverables for the action plan are dependent upon the successful outcomes of the ACP review.

The Crisp Report says that many people have to travel over 50km (31 miles) to inpatient service and that this practice must stop. The report also lays out key challenges which drive the development and delivery of the new ACP in Dorset, and the Mental Health Task Force has included some mandated targets and ambitions for mental health provision.

The following are key areas for attention that are of particular relevance for the ACP:

- Elimination of out of area non specialist acute placements by 2020/21
- People treated and supported closer to home and no non specialist adult acute hospital admission should be more than 31 miles (50km) away from home
- 7 days 24-hour access to services for people when in crisis
- People held in restrictive settings for the least amount of time
- Physical health checks for people with SMI

The updated Five Year forward view also includes waiting time targets and mandates Individual Placement Support services that improve employment outcomes for people who have SMI and this work will be introduced as a work stream under the complex care and recovery review.

The vision for mental health in the Dorset CCG's Sustainability Transformation Plan (STP), the link is below:

<http://www.dorsetccg.nhs.uk/Downloads/aboutus/Our%20Dorset%20STP/Our%20Dorset%20Sustainability%20and%20Transformation%20Plan%2020%2004%2017.pdf>

### Need and Demand

A needs and data analysis report was produced as part of the ACP Review which comprehensively shows where the demand profile for MH services and where key pressure points are in the pathway.

The report highlights that the existing model of care will not meet the level of demand in the current configuration. It also shows that access to services is disjointed and varies depending upon where you happen to live in Dorset. The needs and data analysis report shows that:

- The Public Health England SMI profile for Dorset CCG shows Dorset GP practices have significantly higher proportions of people with recorded SMI than the national average.
- Across Dorset and within GP localities, there are significant variances in the prevalence of SMI.

Prevalence is higher in the urban areas of Dorset (0.99%) compared to the rural areas (0.73%).

The highest levels of SMI prevalence are seen in practices within the East Bournemouth GP locality (1.56%), although the prevalence range within the locality varies considerably


The lowest prevalence is in the East Dorset GP locality (0.57%).

**Table 1: Dorset SMI prevalence rates**

Year	Population size	SMI Register	Estimated CMHT caseload increase	SMI Prevalence
2013/14	777,935	7,007	n/a	0.90%
2014/15	783,543	7,239	232	0.92%
2015/16	789,684	7,469	230	0.95%
2020/21	817,338	7,731	262	0.95%

Table 2 shows the 2015/16 prevalence rates for each GP locality. The predictions for 2020/21 show the same prevalence rates as in 2015/16: the average prevalence rate in the urban areas of Dorset is will be 1.04% and the average for the rural areas will be 0.77% with an overall rate of 0.95% against the England rate of 0.90%.

**Table 2: Prevalence rates for each locality**

CCG Locality	2015/16			Ranking
	List Size	Register	Prevalence	
East Bournemouth	73,742	1,147	1.56%	
Poole Bay	73,780	878	1.19%	
Weymouth & Portland	74,794	838	1.12%	
Dorset West	41,087	441	1.07%	
Central Bournemouth	56,651	561	0.99%	
Bournemouth North	66,709	606	0.91%	
Poole Central	62,383	541	0.87%	
Purbeck	33,861	275	0.81%	
Mid Dorset	43,625	354	0.81%	
Poole North	52,413	401	0.77%	
North Dorset	86,876	644	0.74%	
Christchurch	54,513	388	0.71%	
East Dorset	69,250	395	0.57%	
<b>Dorset CCG Total</b>	<b>789,684</b>	<b>7,469</b>	<b>0.95%</b>	
<b>England</b>	<b>57,549,410</b>	<b>518,320</b>	<b>0.90%</b>	

Across Dorset there are more women (58%) than men (42%) on the CMHT caseload who have low-moderate to severe non-psychotic disorders (PbR care clusters 1 – 4). Nationally women have a higher representation in clusters 1-4.

Analysis of the CMHT workforce profile versus caseload complexity and active caseload suggests that historically resources have not been allocated in line with the predicted demand. However, an internal review of CMHTs by Dorset HealthCare has addressed this through an internal reconfiguration of resources across CMHTs which is now complete.

There is a domino effect within the system showing that where one part is not functioning efficiently there is an impact on other services. For example; if the CMHT is unable to see a patient when they are becoming unwell due to capacity issues, it escalates to the point where CRHT is required and when they are unable to meet the demand, the Local Authority, Out of Hours Service or Street Triage or the Emergency departments are likely to be required to intervene. Peak hours for urgent services are between 18:00 and 02:00.

This service development reflects the needs analysis and views from people who use and deliver services.

## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

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	x

### 2.2 Local defined outcomes

The locally defined outcomes are described later in this specification.

## 3. Scope

### 3.1 Aims and objectives of service

The Retreat is being developed as part of the Mental Health Acute Pathway (ACP) redesign. It is the first element of the pathway to be tested and implemented.

The Mental Health Acute Care pathway was reviewed 2016/17 and a new pathway modelled through coproduction and approved by the Clinical Commissioning Group's Governing Body in September 2017.

The Outline Business Case for the MH Acute Care Pathway describes the review and the outcomes and proposes a different approach to supporting people who experience MH crisis.

The proposal includes:

Two **Retreats** which are safe places that people in crisis or heading towards crisis can go and have a safe place with support as required to help manage or prevent crisis.

Three **Community Front Rooms** which are safe places similar to the retreats but developed in local areas in the west of Dorset.

Seven **Recovery Beds** (3 in the west of the County and 4 for the east) which are an alternative to hospital admission.

The **Connection** which will be an enhancement to the 24-hour crisis line where additional staff will be in place during peak hours and people will be able to access support via telephone or SKYPE.

There will be **16 New Acute MH beds** added to the system and beds will be in the area of demand. Four new beds will be at Forston Clinic and 12 will be at St Ann's. The final development is that the **Linden unit** will close once all the other elements are in place and the 15 Linden beds will be moved to St Ann's as this addresses the bed demand issue which is that 70% of inpatient bed demand is in the east of the county.

### **The Retreat**

The Retreat is the first part of the new pathway to be tested and implemented. The overarching aim is to create a safe space for people who are heading towards or are in self defined Mental Health (MH) Crisis.

Once in the safe space an individual will be able to take time, have access to support from MH professionals or peer specialists.

The aims are:

- To improve the support people, receive when experiencing crisis and to reduce the need for more acute services such as emergency departments and unplanned MH Act assessments.
- To provide a service that supports people earlier in their crisis so that it does not escalate
- To reduce the use of acute services for people in MH crisis through the provision of other options earlier in the crisis
- To provide the right level of support when people are in crisis so that it is managed without the need for an acute intervention unless appropriate
- To provide alternative options for ambulance staff and police officers when they are called to people who appear to be in MH Crisis.
- To offer an alternative but complimentary service for people in mental distress and self-defined crisis to Dorset Healthcare's current offer
- To build resilience within individuals and communities through networking and facilitate peer support.

The measurable objectives are:

1. Reduction in crisis presentations to emergency departments
2. Reduction in the number of people in crisis being taken to emergency departments by ambulance
3. Reduction in the use of sec 136 (police power under the MH Act)
4. Reduction in the number of unplanned Mental Health Act assessments
5. Reduction in the MH Act activity generally and specifically for the LA out of hours' service

### **Softer outcomes**

- Improved experience of crisis support by people using the service
- Crisis avoided or limited
- Improved self-management of crisis

Reporting requirements: The service will demonstrate positive impact on the system and so the following is required:

- Standard demographic information
- Purpose of Retreat Visit
- Status with other MH Services (open, closed, referred etc)
- Did the visit prevent and emergency department visit or sec 136 or MH Act Assessment?
- Outcome of the visit

### **3.2 Service description/care pathway**

The Retreat is part of a series of new services described above that are to be implemented over the next two or three years.

The Retreat is a safe place where people experiencing crisis can go or be referred to and be able to access support that will help them to manage the crisis and help them avoid future crisis.

The Retreat will be open from 4pm-12am Monday - Thursday and 6pm to 2am Friday to Sunday.

People can self-refer by visiting the Retreat or by phoning ahead of a visit (via phoning the crisis team until the Connection line is established) and can also be referred by GP, Ambulance, Police, Emergency Departments and family, friends.

### **3.3 Population Covered**

Adults 18 plus who experience serious mental health issues who require support at times of crisis or in order to prevent crisis developing.

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

Acceptance criteria

- Adults 18+ who are experiencing crisis are accepted into the service
- Adults 18+ who want to avoid crisis developing are accepted into the service

Exclusion criteria

The Retreat is not able to work with people who present in the following circumstances:

- People requiring medical attention beyond basic first aid/wound care.
- People who are heavily intoxicated by alcohol or substances.
- People who are displaying threatening or physically aggressive behaviour.
- People under the age of 18.

The Retreat aims to work in partnership with other agencies in order to map unmet needs and also ensure that people who cannot be seen by the Retreat are linked into appropriate support.

### 3.5 Interdependence with other services/providers

- People using services
- The Community Mental Health Teams
- The Crisis Resolution Home Treatment Service
- Section 136 suite
- The Out of Hours Services (social care and primary care)
- Dorset Police
- South Western Ambulance NHS Foundation Trust
- The 111 service
- Psychiatric Liaison Service
- Bournemouth and Christchurch NHS Foundation Trust
- Poole General Hospital NHS Foundation Trust
- Dorset County Hospital NHS Foundation Trust

## 4. Applicable Service Standards

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

There are no national standards for Retreats as yet but there are similar services that were benchmarked against during the modelling work of the ACP.

The Aldershot Crisis Café  
The Leeds Survivor Led Crisis Service

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

No standards set out to date.

### 4.3 Applicable local standards

There are no local standards currently but as the Retreat is embedded and we evaluate the service it is likely that we will determine some local standards which will support the development of the second Retreat in Dorchester next year 2019/20.

## 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 Retreat is located at:

#### **Hahnemann House**

Tel: 01202 584400 Fax: 01202 584416

Address: Hahnemann Road, Bournemouth, BH2 5JW

Website: <http://www.dorsethealthcare.nhs.uk>

Email: [enquiries@dhuft.nhs.uk](mailto:enquiries@dhuft.nhs.uk)

**The above relates to the Bournemouth Retreat which this specification relates to. The Dorchester Retreat will not be available until 2019, prior to which the specification shall be reviewed following the Bournemouth test of concept.**

### 7. Individual Service User Placement

Not applicable