# SCHEDULE 2 – THE SERVICES

1. **Service Specifications**

Mandatory headings 1 – 4. Mandatory but detail for local determination and agreement

Optional headings 5-7. Optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

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| **Service Specification No.** |  |
| **Service** | Mental Health Safe Haven : Berkshire West Breathing Space  ***Our Unique Selling Point: 1st Breathing Space in Berkshire West offering an alternative to local A&E and easily accessible.*** |
| **Commissioner Lead** | Berkshire West CCG |
| **Provider Lead** | Provider lead |
| **Period** | 2019/20 -2023 |
| **Date of Review** | Annual from date of procurement? |

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| **1. Population Needs** |
| * 1. **National/local context and evidence base**   The NHS Long Term Plan (LTP) ambition is to have a range of crisis and acute mental health ‘alternative’ provision that complement traditional NHS crisis teams and acute inpatient services. Nationally there is an expectation to increase the range of alternatives to crisis and inpatient provisions available locally, and have the flexibility to choose models that suit  The NHS has pledged to expand services for people experiencing a mental health crisis. A national survey in 2018/9 reported that 14% of adults surveyed felt they were provided with the right response when in crisis. In response to this, alternatives to crisis investments have been awarded. The recommendation is the Voluntary sector Partners provide this resource with support from the NHS providers and local authority collaboration. This service will provide higher service-user satisfaction, work to improve signposting/referral on, expand coverage to reach more people and make a greater social impact.  There are various successful models nationally such as the Aldershot Safe Haven, Cambridge Sanctuary, Leeds Dial House <https://nhsjoinourjourney.org.uk/wp-content/uploads/2019/06/Crisis-Alternatives-FINAL-7-June.pdf>  Berkshire is a geographically large county, with both urban and rural areas that means that providers need to think carefully about service delivery. The population of about 507 000 and about 20% identify themselves from ethnic minority backgrounds.  It’s estimated that around 14% (71 000) of the population suffers from a common mental health condition. Mental health services are provided primarily by Berkshire Healthcare NHS Foundation Trust, as commissioned by Berkshire West Clinical Commissioning Group, with additional services commissioned and/or provided by the three local authorities.  Berkshire West CCG is currently scoping a Mental Health Review of mental health crisis services initiated due to:  *1. An increase in the number and associated costs of service-users being transferred to hospitals out of area feedback from service users with reference to poor access and a high number of people in mental health crisis attending A&E at Royal Berkshire NHS Foundation Hospital (RBHFT).*  *2. Revised legislation around Section 136 (s136) detentions in a health based place of safety, and reported excessive use of police resources in dealing with mental health crisis.*  *3. The transformations and ambition for mental health services as outlined in the NHS Long Term Plan (December 2018).*  **Evidence Base: Adult Mental Health Crisis presentation within Berkshire West system**  **People presenting to services in need of MH Crisis support**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Services  Financial Year | Health Based: Alternative Place of Safety (HB PoS) | Royal Berkshire Hospital A&E | Psychological Medicine Services  (PMS) | Street Triage | Common Point of Entry (CPE) to CRHTT | Crisis Resolution Home Treatment Team (CRHTT) | | 2018-19 | 469 | 3728 | 1737 | 1091 | 544 | 28916 | | No further action | 246 | 1881 | - | 307 | - | - | | 2019-20\* | 253 | 2076 | 1067 | 613 | 255 | 15680 | | Discharged | 152 | 938 | - | 180 | - | - |   *\*End of Sept 2019*  Health Based Alternative Place of Safety (HB PoS) data suggests in 2018-19, 52% of service users on s136 who are assessed under Mental Health Act (2010) and not found to need further MH input. As of Dec 2019, 60% of the same cohorts have been discharged. This puts forward the case for having a safe space where people can be supported in the community who might be experiencing an early crisis.  In the last 18months, 51% of people presenting in a MH crisis at RBH A&E were discharged without further input from specialist MH teams. Of the remaining people referred for assessment by specialist MH team in A&E PMS an additional 8% are discharged with no further action, signposting and advice is given.  On average from the acute hospital data 47% of the mental health presentation are discharged into the community, would benefit from an alternative to crisis/A&E provision, lessening pressure on emergency frontline resources and better service-user outcomes for all.  A new service in July 2016, Berkshire West Police Street Triage Service was established. A mental health practitioner accompanies/assists the police where possible mental ill health of an individual arises. The service operates from 7pm-1am, 5 days of the week Thursday-Monday, historically seen as the peak times for s136 detentions in Berkshire West. By year end 2017, Street Triage service circumvented 25% of people from being detained on s136.  The team continues to succeed; in the last 18months 28% of people have successfully avoided detention on s136. In recognition of the successes of Street Triage Service, the service has now extended and is now operational 7days a week from 5pm-2am.  The local BHFT CRHTT: In 2018/19, the CRHTT received 30 000 telephone contacts and the first half of 2019/20 15000 contacts. Of these contacts, 70% of the contacts are not currently open to BHFT mental health services and are first contacts in need of crisis support. The remaining 30% of the contacts often require intensive crisis input from the Crisis Team. For period 2019/20 (1325) 9% of the contacts went on to receive urgent and emergency responses from the team.  CAMHS RRT: 2019/20 BW RRT has received 88 referrals, 85% of the referral reasons are suicidal ideations and self-harm. A majority of the referrals are from A&E with 40% and less than 5% self-referrals. Encouragingly 64% of referrals from A&E are seen within 4 hours.  An extension of access to BW: Breathing Space will provide additional wraparound early help and much needed crisis support for people and professionals. |
| **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** | **√** |   **These are referenced from the NHS Outcomes framework** [**https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/417894/At\_a\_glance\_acc.pdf**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417894/At_a_glance_acc.pdf)  **2.2 Local defined outcomes**   * Reduction in emotional and psychological distress for people experiencing a mental health crisis. * Support for carers in or supporting people through a mental health crisis * Reduction in the number of people attending A&E in a mental health crisis, including repeat attendance * Reduction in the number of admissions to a mental health or acute in-patient bed due to de-escalation and improved management of the crisis * Reduction in the use of s136 by the Police due to a safe and supportive place being available that people with an impending crisis or distress can be taken to.   Effective use of Home Treatment Teams and other Out of hours services efficiently with improved patient outcomes and satisfaction |
| **3. Scope** |
| **3.1 Aims & Objectives of service**  The main aim of the Crisis Cafe: Breathing Space Service is to offer a safe space for people in mental health crisis to alleviate their emotional and psychological distress in a community setting.   * To provide an alternative provision to attending A&E for anyone experiencing or at risk of escalating to a mental health crisis including people with learning disabilities * Offer a safe, supportive and therapeutic environment whilst promoting independence, opportunity and recovery for all adult mental health service users in the community. * Promote & empower service users by giving them the opportunity to identify their own needs; making their own choices about what will help them; develop their own coping strategies and tools, recognise their own strengths and talents; encourage hope and to work towards improving their own emotional wellbeing. * To create an integrated preventative and crisis management provision by developing partnerships with service-users, carers, statutory and non-statutory organisations * Provide a comfortable ‘*homely’* environment which is safe for service users, carers and staff (people). * Encourage service users to access, create and promote their own social networks. * Promote and support inclusion of vulnerable groups identified within Berkshire – *BAME communities,* & *young males, LGBTQ, gender based violence and the wider student population. An* example *Leeds : Dial House @ Touchstone service* <https://www.lslcs.org.uk/services/dial-house-touchstone/>   **3.2 Service description/care pathway**  Breathing Space Service model is a partnership team approach comprising of voluntary sector staff, volunteers and mental health practitioners.  Breathing Space will operate a self-referral out of hours service accessible via telephone triage (Provider number/NHS111). People can self-refer or be signposted from other organisations supporting people during a mental health crisis, whilst providing a safe, comfortable and sociable environment, which encourages recovery, informal buddying, creating a social and support network. *e.g. GPs, Social prescribers, Police and Ambulance Service*  When needed, a mental health assessment provided by a qualified mental health practitioner is made available to support those who require intensive therapeutic intervention or facilitated referral onto more intensive support pathways.  **Pathway to Breathing Space**  **Workforce** - Each Breathing Space will be staffed with a variety of skill-mix, appropriately trained and competent staff to support people in emotional/mental health distress.  **\**Business contingency plan will allow for 2 staff to operate with reporting structure in place (incident reporting).***  **Service Offer :** The provider will provide a minimum of   |  |  | | --- | --- | | **Finances** | Breakdown of the Finances/budgeting for the financial year of financial envelope - **see Schedule 3** | | **Premises** | Safe and modern building premises to operate Breathing Space from  Provide a safe and risk assessment of all areas in premises  Minimum capacity : Allowance of 12 service users to access the service at any one time | | **Location** | * Central location preferably in a town or an area of higher population * Transport links – good transport links are particularly important for out of hours working, both in terms of staff and service-user access. In a crisis service-users may be unable to drive safely due to medications * Entrance – safety via buzzers | | **Workforce** | Minimum 3x staff required at any time  *\*Business contingency plan will allow for 2 staff to operate with reporting structure in place (incident reporting).*  **Mental Health staff (paid)**  1 x Qualified Mental Health Practitioner (already provided by BHFT)  1x new Team Leader within structure to support day to day running  2x new Peer Support Workers - minimum  The staff members need to be competent, appropriately trained and have regular supervision  **Voluntary staff**  Minimum 1 volunteer/lived experience | | **Access Criteria** | Adults (18+)  A ‘no *wrong door approach’ to access* for any young person accessing the service will be offered immediate support according to operational protocols and signposted to appropriate CYP services | | **Operating Hours** | Friday to Monday weekly including Bank Holidays  Operational hours (i.e. accessible to service users) 5pm -11pm | | **Interventions to be offered** | A Recovery model approach , self-care and well-being offer  1:1 therapeutic support for all service users including Digital offer for remote areas which are inaccessible  Co-produce a safety plan for the service user (that is at least 30minutes/session)  Access to clinical notes and clinical support , updates Risk assessments and attendance | | **Provisions** | Complimentary refreshments as a minimum to all people accessing service | | **Information Governance & Technology** | * Website development, creating greater service accessibility * Utilisation of the Digital Offer - Apps , Skype/FaceTime could appeal more to younger adults and carers (to be developed at a later stage) * IT systems should enable service user information to be held securely through shared care plans and crisis contingency plans – interoperability is key | | **Interagency dependency agencies:** | * Maintenance of communications links with BHFT Mental Health Urgent Care Team *(Crisis Team & Home Treatment Teams, Psychological Medicine Services PMS & Street Triage, CAMHS Rapid Response and Learning Disability IST)*, Thames Valley Police TVP, South Central Ambulance Services (SCAS) & Emergency Duty Team (EDT) |   **Prior to leaving Breathing Space, all service users should have:**   1. Provision of information and support around crisis prevention for people who use services and their families and carers. 2. Referred (signposting) into other relevant and appropriate services, or agencies (e.g. onward referral to Samaritans). 3. Signpost to access advice e.g about medications and employment – return to work scheme (e.g via IPS) 4. Facilitating access to other services and activities e.g Recovery Colleges 5. Informal peer support and buddying groups 6. Crisis intervention and action planning for each individual where immediate next steps are agreed, including agreement around any further care planning 7. Feedback to referrers (with their consent/agreement) by the Breathing Space team the following day.   **Mental Health Practitioner**  To provide structured documented assessments where required to include:   * Circumstances of the presenting problem and potential triggers for the crisis * Mental state examination * Symptoms * Current medication and adherence * Family and social network * social functioning including difficulties with employment, housing and finances * substance misuse * risks and safety * strengths, goals and treatment preferences; * personal and psychiatric history (or reference to where it is already accessible in   service-user records);   * involved carers’ views; evaluate support system /family and social network , Who   are the carers, What are their views of the situation, What are their strengths and  weaknesses resources, fears problems   * What are they prepared to do * Religion/spirituality, religious needs & cultural awareness * \*referral/discharge onto services (for audit purposes)   Once service user has been fully assessed by BHFT Urgent Care Team, duplication of assessments to be avoided to reduce distress and improve service user experience.  **Training and education**  Formal/Standardised training will be provided for all staff (including volunteers) prior to starting their shifts at Breathing Space. Supervision will be provided on a regular basis (minimum once a month) and each organisation is responsible for providing the supervision required to their staff  Monthly Clinical supervision to support all staff to be provided by BHFT Urgent Care Psychologist*( 0.2 wte cover from BHFT)*  **Research**  The Commissioner may appoint an auditor to carry out an independent audit of the service model and service user feedback  **Communications – Raising awareness of service provision**  Advertising & marketing : Digital offer – BW CCG and partners to support with social media advertising  **3.3 Population Covered**  Adult population of Berkshire West residents of the 3 local authorities registered with a BW GP  **3.4 Any acceptance & exclusion criteria thresholds**  All referrals will be triaged and level of risk will be assessed. At point of presentation the provider to assess suitability to access Breathing Space. Some service users may be refused service due to level of assessed risk by the provider at point of access.  **3.5 Interdependence with other services/providers**   |  |  | | --- | --- | | * Acute Hospital A&E * Berkshire Healthcare Foundation Trust * Child & Adolescent Mental Health Services (CAMHS) * Citizen’s Advice Bureau * Community Mental Health Teams (CMHT) * Fire service * General Practice including staff, social prescribers * Samaritans * Talking Therapies | * Carers - Carers Trust East Midlands Carers * Counselling services within Berkshire West * Drug & Alcohol Services – SMART - Wokingham, Change Grow Live - Reading, Swanswell – West Berkshire * First Stop * Housing charities like LaunchPad * Reading, Wokingham and West Berkshire Local Authorities * South Central Ambulance Service (SCAS) NHS111 & 999 * Thames Valley Police (TVP) | |
| **4. Applicable Service Standards** |
| **4.1 Applicable national standards (e.g. NICE)**  **NICE Guidelines and Quality standards for Mental Health services should be adhered to**  **NG10 Violence and aggression in Community settings**  **QS14 Service user experience in adult mental health**  **CG136 Service user experience in mental Health: improving the experience of people using adult mental health services**  **PH50 Domestic Violence and abuse**  **CG78 Borderline Personality Disorder**  **CG91 Depression in adults with Chronic Physical Health Problems**  **CG90 Depression in Adults**  **QS34 Self Harm**  **CG133 Self Harm Longer Term Management**  **This list is not exhaustive**  **4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**  **4.3 Applicable local standards – see Schedule 6**   |  |  |  |  | | --- | --- | --- | --- | | **No** | **Indicator Descriptor** | **Reporting frequency** | **Method of Collection** | | 1 | Attendance/activity numbers  (include repeat attendances & unique clients\*) | Quarterly with monthly breakdown  Monthly /Quarterly | Breathing Space Team Report  BHFT (Urgent Care Team) | | 2 | Times of attendance  Interventions delivered/offered  Use the digital offer today- in last 7 days | Quarterly with monthly breakdown | Breathing Space Team Report | | 3 | Age  Gender  Ethnicity  Postcode  Other vulnerabilities *– eg Learning Disabilities* | Quarterly with monthly breakdown | Breathing Space Team Report | | 4 | Service-user Satisfaction surveys:   * Meeting expectations * Respect and dignity * Friends & family test | Quarterly with monthly breakdown | Questionnaire *eg* survey monkey | | 5 | Service-user perception reporting:   * Reported use as an alternative to A&E/crisis line/friends or family, for advice * Attendance to help maintain well-being during difficult time * For social reasons & peer support | Quarterly | Questionnaire *eg* survey monkey | | 6 | Multi-agency feedback – reasons for bringing/signposting someone to the service:   * Police * Ambulance service * GP feedback | 6 months | Local feedback methods *(provider to decide)* | | 7 | Case file reviews for those attendees who are known to mental health services (via service-user consent) | 6 months | BHFT – audit (BHFT to provide) | | 8 | Number of carers accessing/contacting the service | Quarterly | Breathing Space Team Report /Survey Monkey | | 9 | Professionals satisfaction levels | Quarterly | Survey Monkey | | 10 | Performance Report (inclusive of all indictors ) | Annual | Breathing Space Team | |
| **5. Applicable quality requirements and CQUIN goals** |
| * 1. **Applicable quality requirements (See Schedule 4 Parts A-D)**   2. **Applicable CQUIN goals (See Schedule 4 Part E)** |
| **6. Location of Provider Premises** |
| **The Provider’s Premises are located at: ………………………………………………………. (address once established. )** |