



NHS Standard Contract 2015/16 Particulars

SCHEDULE 2 – THE SERVICES

A. 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

Service Specification No.	
Service	Crisis Overnight Support Service
Commissioner Lead	TBC
Provider Lead	TBC
Period	TBC
Date of Review	TBC

1. Population Needs
<p>1.1 National/local context and evidence base</p> <p>One in four people in the UK will suffer a mental health problem in the course of a year. The cost of mental health problems to the economy in England have recently been estimated at £105 billion, and treatment costs are expected to double in the next 20 years.</p> <p>Mental health is high on the national agenda, with a strategy, 'No Health without Mental Health', published by the Department of Health in 2011. This set out the long-term ambitions for the transformation of mental health care</p> <p>The strategy takes a cross government approach with a focus on outcomes for people with a mental illness. Indicators included in Community Mental Health Profiles have been specifically selected to reflect the strategy.</p> <p><u>The strategy was built around six objectives:</u></p> <ul style="list-style-type: none"> • More people will have good mental health • More people with mental health problems will recover • More people with mental health problems will have good physical health • More people will have a positive experience of care and support • Fewer people will suffer avoidable harm • Fewer people will experience stigma and discrimination.

Proactive wellbeing promotion, reducing inpatient admissions and appropriate services being provided in the community underpin this strategic approach. The Five Year Forward View for Mental Health (NHSE Feb 2016) gave further impetus to this on the national agenda and included a priority focus around commissioning effective acute and crisis care for mental health.

Key to this and reflected in subsequent policy documents (in particular the National Crisis Care Concordat) is that high-quality mental health services with an emphasis on recovery should be commissioned in all areas, reflecting local need. Surrey and NE Hampshire is statistically better than England in terms of many of the wider determinants and risk factors for mental health such as deprivation, working age adult unemployment, homelessness and limiting long term illness. Surrey and NE Hampshire also has lower rates of violent crime and domestic abuse than England. These lower risk factors very likely contribute to the relatively low mental health needs and suicide rates overall in Surrey and NE Hampshire. Nonetheless it is estimated that approximately 250,000 across Surrey and NE Hampshire will have 1 or more Mental Health Conditions.

Evidence has demonstrated that those people in crisis who have an alternative to hospital admission, often enjoy better outcomes than had they been in receipt of an inpatient stay. Within Surrey and NE Hants we have successfully set up a network of 'Safe Havens' providing care and support for people out of hours and to fund these we have had to divert resources from traditional models of 'Crisis Beds.' These Safe Havens have more than 100 unique visitors each month and approximately 1,000 contacts per month. However we know that for some people there is a need to have support in a safe place away from their home overnight (or for a few days) to enable them to recover from a crisis and avoid an inpatient admission.

Research has demonstrated that provision of a social care 'membership' model with in-reach from specialist mental health services as being effective in improving outcomes for this group and significantly preventing presentations in crisis and avoiding admissions to both psychiatric and general medical beds. It is our intention to commission a service of this nature for an initial period of one year.

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	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

- Individual recovery and independence
- Movement to community based support and re-ablement
- Supporting carers to sustain care
- Realignment of investment in institutional care

3. Scope

3.1 Aims and objectives of service

Aims:

- Enabling recovery from a mental health crisis

Objectives:

- Short stay crisis/respite provision for individuals who need a bed away from their home environment.
- Emotional and practical support to enable people to manage and resolve their own periods of crisis including utilising support structures and facilities available in the community

3.2 Service description/care pathway

The service will provide a Care Quality Commission (CQC) registered (to provide personal care) service with the ability to provide overnight/short-stay accommodation and support for people who may be in a Mental Health crisis. This will take the form of an 'emergency respite' style of service provision.

- Where their home environment is not suitable for delivery of a Home Treatment response and as an alternative to inpatient admission.

The service will provide a 24 hour, 7 days per week staffed service with emotional and practical support delivered by experienced and suitably qualified staff.

The service will be expected to work in close collaboration with other mental health agencies at all times, particularly with the workers and services identified in the client's individual care plan and with the local Home Treatment Team (HTT). The service will create a safe and secure, calm and private environment. People using the service will have access to a bed designed for short-stay use.

The service will be based on principles of individual rights, regardless of gender, disability, ethnic origin, sexual orientation or religious belief (section 18).

The service will ensure that it provides information and access to interpretation for clients resident at the service, in formats that meet peoples language/communications needs.

The service will ensure that a proportion of its accommodation is suitable for access by those with a physical disability.

The service will comply with all statutory requirements under the Equality Act 2010.

The service will promote a Person Centered Approach with all users. User involvement in the planning & running of the service is to be encouraged and demonstrated.

Experienced staff will be available on site 24 hours a day to offer emotional support and guidance as needed.

The service will provide kitchen facilities and will offer refreshments and breakfast. After an initial meal service users will be supported/encouraged to bring in and prepare their own food.

There will be access to washing and bathing facilities and people will be able to access toiletry packs and essential sanitary products (if needed) to ensure that the overnight stay can be comfortable and welcoming.

Provision will be made for those wishing to smoke in a suitable area outside of the unit.

The service user's GP will remain responsible for medical care in the unlikely event that this is needed. Clinical support will be provided by the relevant Mental Health team as appropriate.

3.2.1 Client accommodation status

Clients utilising the service will be expected to sign an appropriate License Agreement which sets out the terms and conditions of their occupation at the premises.

3.2.2 Lengths of stay and occupancy rates

The service will seek to restrict the length of stay of people to the minimum needed to effect resolution of the crisis. This is designed to be for 24 hours – to a maximum of 72hrs.

The date of leaving the service will be agreed between the service and the relevant Home Treatment Team, in consultation with the individual person at the earliest opportunity and be reviewed daily.

3.2.3 Guesting Service

The service will deliver a 'guesting' element providing a safe, supported environment where people will be able to access the service for short periods of 'guesting' where they can stay at the service for a period of up to 72 hours during periods of crisis, or to prevent a crisis.

The service will have mechanisms to facilitate informal introductions to the service, enabling potential 'guesting' clients to start to develop a relationship with the service and

team prior to using the service. This will be facilitated by SABP teams in conjunction with the service providers. It is expected that each individual will have a personalised support agreement, designed to emphasise engagement with support and expectations/ responsibility in relation to personal responsibility, this will be facilitated by SABP teams prior to the guesting service starting.

In order to be able to use the guesting service people will need to have:

- The service is defined as helpful for the person within a personalised crisis and contingency plan;
- The person has signed a personalised support/license agreement for 'gusting' that also defines who they contact to access the service.

Prior to using the guesting service the person will need to check potential availability by contacting the number in their support agreement. The relevant SABP team will then need to check availability and facilitate an admission where possible, and agree the length of stay.

The service will provide a 'Safe Space' facility during times of need and/ or crisis for service users who are already accessing support from the service; this should be available during the day or night. The service will ensure that there is an overview of an individual's use of this element of the service, so that patterns, triggers, and what support has worked or been helpful can be accumulated and shared within the service. This will be in conjunction with the local Safe Havens and Mental Health teams incorporating key elements of someone's Crisis and Contingency Plan. This element of the service will be available for appropriate use, 24 hours per day.

3.2.4 Referral Pathway

Home Treatment Teams (HTT) sit within 'acute' Trust services and provide intensive home treatment as an alternative to hospital for those who would otherwise require admission. HTT will be the sole gatekeeper and referring agent to the service – this includes HTT workers who are supporting a local Safe Haven service.

HTT will carry out an assessment of need and consider whether the person meets the eligibility criteria and would be able to make use of the service. The provider will accept all appropriate referrals following a joint discussion between the provider and HTT. This service is for people who are below the threshold of a need for acute care (hospital service). The service will be able to accept someone into the bed within 2 hours of the joint discussion. Once a person arrives at the COSS the service (or a nominated contact number will receive a call from the HTT approximately after arrival to check the person has settled well. There will also be a call in the morning from the HTT.

If the persons needs change then service providers will be able to contact the HTT. In the unlikely event that the HTT workers are not available then they can also discuss emerging issues with the Crisis Line staff who will be able to contact others if needed.

3.3 Staffing

Staff members will hold a relevant qualification or have equivalent experience.

Comment [AE1]: Care Pathway Diagram in development

Comment [AE2]: Care Pathway Diagram in development

The provider will ensure that all staff are provided with supervision on a minimum basis of one hour per month. Managerial support must be accessible by telephone for staff on duty at all times. Immediate advice and guidance will, in this way, be available to staff when dealing with difficult situations.

The provider will ensure that staff are provided with induction training and such training as to equip them to be able to provide the service required. Specifically, within the first six months it is expected that the provider will ensure that staff receive training (facilitated by SABP) to enable them to effectively support people in a Mental Health Crisis.

The provider will be expected to demonstrate opportunities for voluntary help/peer support particularly from existing and ex-service users. This will align with Peer Support in Safe Havens/HTT's and Recovery Colleges

The provider will publish its policy on the Health and Safety of employees and service users.

3.4 Discharge process

The provider will confirm with the local HTT that someone has left the service – HTT will follow up with the individual by telephone on the same day.

3.5 Population covered

Those people resident within the catchment of a local Safe Haven in NE Hants and Surrey and known to Surrey and Borders Partnership NHS Foundation Trust. The Safe Haven locations are:

Aldershot
Epsom
Guildford
Redhill
Woking

3.6 Any acceptance and exclusion criteria and thresholds

The service will be for service users who are considered by Home Treatment Teams (HTT) operated by Surrey and Borders NHS Foundation Trust (SABP), to be at risk of admission to hospital, for whom home treatment would provide a safe and appropriate alternative to admission, but whose existing accommodation would be an unacceptable or unsuitable setting for the delivery of such home treatment.

The service will not be available for those under 18.

The service will not be available to people subject to Section 136 of the Mental Health Act. The service is not a designated a Place of Safety under this section of the Act, and with reference to proposed changes under the Policing and Crime Act 2017 it is not envisaged that this service would be an appropriate Place of Safety. Surrey and Hampshire Police have access to 5 designated Assessment Suites across Surrey and NE Hants with designated staff resource and access to assessment teams and s136 detentions should use these services.

The service will not be available to patients liable for detention under other

sections of the Mental Health Act.

The service will not have the status of a hospital.

The service will not be available to service users with a primary diagnosis of substance misuse.

Referrals will not be accepted for those intoxicated by drink or drugs to the extent that they are likely to cause disruption or harm to other service users or staff.

3.7 Interdependence with other services/providers

The provider will ensure all appropriate transitions and interfaces between clients of the service and outside agencies are managed in a timely and professional way ensuring the wellbeing of the person at all times.

As the sole referral agent the service will develop and maintain an exemplary relationship with the relevant HTT's.

It is expected that the service contribute to the network of local mental health services, maintaining good communications and close links with statutory and voluntary services.

3.8 Premises

The provider will be responsible for the identification, procurement and estate management of a suitable building that will facilitate meeting the services aims and objectives.

The provider will be responsible for arrangements for maintaining the internal and external decorations and day to day/cyclical maintenance of any building. All furniture and equipment needed to provide the service will be supplied by the provider. The Contractor will be responsible for the maintenance of the furniture and equipment and for replacing broken or damaged items.

Equipment and furniture purchased will meet all appropriate standards and meet quality standard marks and relevant legislative compliance.

The provider will be responsible and be expected to demonstrate compliance with all appropriate and necessary registrations and regulations associated with a supported living service of this type. (This to include CQC registration).

The provider will be expected to enter into appropriate agreements to cover the use of the building and accidental or other damage to the property.

The provider will be responsible for all heating, lighting, telephone and other running costs.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

NICE Guideline (CG78) Borderline Personality Disorder Treatment & Management
NICE Quality Standard (QS88) Personality disorders: borderline and antisocial

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

N/A

4.3 Applicable local standards

N/A

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-D)

5.2 Applicable CQUIN goals (See Schedule 4E)

6. Location of Provider Premises

The Provider's Premises are located at:

TBC

7. Individual Service User Placement

SCHEDULE 2 – THE SERVICES

A1. Specialised Services – Derogations from National Service Specifications

Insert text locally or state Not Applicable

N/A

SCHEDULE 2 – THE SERVICES

B. Indicative Activity Plan

Insert text locally or state Not Applicable

N/A

SCHEDULE 2 – THE SERVICES

C. Activity Planning Assumptions

Insert text locally or state Not Applicable

N/A

SCHEDULE 2 – THE SERVICES

D. Essential Services (NHS Trusts only)

N/A	Insert text locally or state Not Applicable
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SCHEDULE 2 – THE SERVICES

E. Essential Services Continuity Plan (NHS Trusts only)

Insert text locally or state Not Applicable

N/A

SCHEDULE 2 – THE SERVICES

F. Clinical Networks

Insert text locally or state Not Applicable

N/A

SCHEDULE 2 – THE SERVICES

G. Other Local Agreements, Policies and Procedures

Policy	Date	Weblink
Insert text locally or state Not Applicable		
TBC		
TBC		

SCHEDULE 2 – THE SERVICES

H. Transition Arrangements

Insert text locally or state Not Applicable

N/A

SCHEDULE 2 – THE SERVICES

I. Exit Arrangements

Insert text locally or state Not Applicable

N/A

SCHEDULE 2 – THE SERVICES

J. Transfer of and Discharge from Care Protocols

Insert text locally

The HTT will agree with the Service Provider the length of stay via a daily telephone call (to a maximum of 72 hours. The HTT will make all necessary arrangements when the COSS services ceases for every individual.

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K. Safeguarding Policies and Mental Capacity Act Policies

Insert text locally

People using the COSS service will have consented to its use in accordance with the MCA. Any deterioration of capacity will entail the provider contacting the local HTT.

Providers will follow the relevant Multi-Agency Safeguarding policies/procedures as appropriate and in accordance with their duties as a Supported Living provider. These may vary depending on service location. A weblink is supplied for Surrey's multi-Agency Procedures.

<https://www.surreycc.gov.uk/social-care-and-health/contacting-social-care/surrey-safeguarding-adults-board/surrey-safeguarding-adults-board-information-for-professionals/protocols-forms-and-guidance>

SCHEDULE 2 – THE SERVICES

L. Provisions Applicable to Primary Care Services

Insert text locally or state Not Applicable

N/A