SERVICE SPECIFICATIONS

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| Service Specification No. | **Version 1.1** |
| Employment, education, vocational and Training | **Specification to meet the needs of our Service users.** |
| Service | **Adult Forensic Service** |
| Provider Lead | **Head of Operations.** |
| Period | **2021-2022** |
| Date of Review | **September 2021** |

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| 1. Population Needs | | | |
| **1.1 National/local context and evidence base**  A total of 1.18 million people in the UK are in contact with secondary mental health services. Of these, 136,000 have a serious mental health condition and may require support to gain and keep paid employment.[[1]](#footnote-1)  A number of studies have shown employment is good for mental health and well-being. Lack of work is detrimental to health and well-being. Re-employment leads to improvement in health and well-being; further unemployment leads to deterioration in health and well-being. There is no evidence that work is harmful to the mental health of people with serious mental health conditions. People who are unemployed consult their GPs more often than the general population.[[2]](#footnote-2)  A total of 2.3 million people with mental health conditions are on benefits or out of work. 1.3 million of these have a serious and enduring mental health condition.[[3]](#footnote-3) Mental ill health is the most common reason for claiming health-related benefits; some 42% of the 2.6 million people claiming health-related unemployment benefits are doing so primarily because of a mental health condition. Many others have a secondary mental health condition that contributes to their inability to work or return to the workplace.[[4]](#footnote-4)  Estimated employment rates (over 16 hrs/week) for people with mental health conditions (NHS Information Centre):[[5]](#footnote-5)   * Whole economy working-age employment rate - 72.5% * People with any disability - 47.5% * People with any mental illness - 13.5% * People receiving secondary mental health care and on CPA - 3.4%   Annual growth rate in mental health-related unemployment benefit claims since 2000 is 5.4% compared with 0.8%.for total incapacity benefits claimants.[[6]](#footnote-6)  An estimated 86–90% of people with mental health conditions who are not in employment want to work.[[7]](#footnote-7)  Unemployment relating to mental ill health tends to be longer lasting than other health related unemployment: 86% of people claiming health-related benefits for mental health reasons do so for longer than three months; the comparable figure for other health-related benefits claimants is 76%. Unemployment is detrimental to mental health; the longer someone is unemployed, the more vulnerable they are to depression, anxiety and suicide. The longer a person is out of work, the less chance they have of getting back into the labour market. Social disadvantage (including low income, poor educational attainment, homelessness, drug and alcohol abuse, a history of offending) is associated with mental ill health and unemployment.[[8]](#footnote-8)  Many people with mental health conditions feel discriminated against in their workplace.[[9]](#footnote-9) Almost two out of three people who have received hospital treatment for a mental health condition say they have experienced discrimination at work or when trying to get employment. [[10]](#footnote-10)(2)  Fewer than four in ten employers would consider recruiting someone with a declared mental health condition.[[11]](#footnote-11) People with mental health conditions find it more difficult to find work because employers believe that they will not do the job well. 85% of employers who do employ people with mental health conditions do not regret doing so.[[12]](#footnote-12)  **Adult Forensic Service**  The Adult Forensic Service provides care and treatment for over 200 service users. A systematic, comprehensive, collaborative and strategic approach to supporting those service users towards positive post discharge destinations in relation to employment, training and education is required to improve current outcomes.  As stated in ‘The Work, Recovery and Inclusion: Employment support for people in contact with secondary care mental health services’, HM Government, 2009, we believe:   * Work is good for mental health: it aids recovery and has a therapeutic value, even for those with the most severe mental health conditions * It is vital that health and employment services work together, delivering consistent messages about the value of work and coherent support to enable people to achieve stable employment * Lifting the employment aspirations of people with mental health conditions, and those who support them, is a key step towards raising the employment rate. We must challenge out-dated beliefs about mental health and work, whether held by service professionals, employers or people who use services * The engagement and involvement of people using services should be meaningful and at the heart of policy development locally, regionally and nationally, taking account of the needs of diverse groups and communities * Services should be tailored to meet needs of all people with mental health conditions irrespective of their age, gender, disability, ethnicity, sexual orientation, religion or belief | | | |
| 2. Scope | | | |
| **2.1 Aims and objectives of service -**  Our service provider will be able to   * Provide non-clinical interventions to service users / patients within GMMH Adult Forensic Services in relation to the education, employment and training agenda etc. * Provide opportunities for service users to access a real work environment in order to gain work experience, confidence, additional skills and qualifications. * Support people to fulfil their potential, contribute to their local community, and where possible, make the transition to paid employment, either whilst as an inpatient or following their inpatient stay (working collaboratively with aftercare services). * The service will afford opportunities to support people’s mental health, wellbeing and recovery, and support the Department of Health objectives as outlined in their mental health policy in relation to employment, education and training to underpin attainment in relation to positive destinations for service users in regard to this service specification. * Help equip people with the personal tools and experience they need to secure a job once living back in the community.   In addition, the objectives will be to:   * Work with wide range of providers to increase opportunities for service users * Develop a clear pathway with a single point of entry * Reflect ‘real world’ and ‘market’ priorities in our offer in addition to meeting service users needs * Develop bespoke packages that include both vocational and accredited learning outcomes * Remove duplication therefore improving effectiveness, streamlining processes and achieving efficiencies. * Provide greater support for service users through the pathway and into longer term employment, education / training upon discharge * To increase the number of service users involved in education, training and employment * To increase the number of service users achieving formal qualifications * To increase access opportunities to employment, education, training and volunteering * To make education, training and employment part of every service user journey * To ensure that the Recovery Academy / Recovery Academy Edenfield Campus is integral to the ETE pathway. * To achieve more integrated working * To ensure the service user is at the centre of the pathway * Provide maximum flexibility to maximise individual potential to achieve * To provide the ongoing interventions required to support service users towards positive destinations in relation to education, training and employment   **2.2 Service description/care pathway**  The service provider will work collaboratively with GMMH to provide non-clinical interventions that support service users to achieve their aspirations in relation to work / employment, providing the education, vocational and training experience required to underpin these aspirations. (In addition refer to section 3 below and performance outcomes as detailed)  **How scheme will operate:**   1. All services users, upon accessing a level 2 ward at Edenfield will have an initial aspirations interview undertaken by the service provider. This assessment will ascertain the type of education, training, employment, meaningful engagement and voluntary (ETEMEV) activities the service user would like to access and explain the requirements of the ETEMEV pathway. (In addition the clinical team / service user can refer into the pathway at any time). (We also recognise that some service users may engage in this process whilst on a Level 1 ward and in these circumstances it would be the responsibility of the clinical team to inform the service provider of the requirements for an aspirations interview.) The outcomes and findings from this initial process will be fed back into the clinical team meeting. 2. Following the identification of aspirations, the service provider will act as a ‘broker’ to develop a bespoke ‘package’ for the service user. This would involve working with education, employment, volunteer and apprenticeship providers both within and external to AFS / GMMH. Bespoke placements will reflect the aspirations of the service user. The service provider will work with other organisations and providers to ensure that a range of aspirations can be met which could not otherwise be met through direct provision by GMMH or the service provider. GMMH anticipates that through the use of a wide range of providers we will support aspirations to widen participation in the scheme, break down stigma, increase social integration and therefore support recovery. The AFS Tutor, Recovery Pathway Workers and SSN Volunteer Co-ordinator will work with the service provider to support this process where applicable. 3. Each bespoke package would include both vocational and educational elements - leading to academic or other formally recognised qualifications. Any bespoke package would be integral to the overall care plan / treatment package and agreed with the clinical team. 4. The service provider would act as a ‘case worker’ in relation to the service user for the duration they are involved in the pathway and in relation to the expectations of this scheme in accordance with the AFS Employment, Training, Education Strategy. 5. The service provider will ensure that each bespoke pathway will include the following via the Recovery Academy Edenfield Campus Prospectus (and will be actively involved in delivering the following):  * Level 1 mathematics, English and IT * CV writing and interview skills * Health and Safety in the workplace * Communication skills * Working as part of a team * Customer service skills  1. The service provider will develop and amend the above list to ensure that it remains fit for purpose in reflecting the needs of service users in preparing them for the work place and for competing in the work market utilising their skills and knowledge of the sector and ensuring GMMH are kept aware of any amendments through the contract monitoring meetings. 2. When a bespoke package is completed the service provider will ensure the service user will continue to be supported to meet their aspirations in relation to ETEMEV and be supported towards ‘positive post discharge destinations’. It is anticipated that the service user will be supported through the use of long term work (paid), volunteer and/or educational placements in these circumstances. 3. The service provider will work collaboratively to ensure that every service user builds a written evidence portfolio (including training, education certificates and vocational placement evidence plus any appropriate references etc) relating to ETEMEV   An example of the pathway is detailed below   1. We acknowledge that a number of service users may not yet be ready to engage in the pathway as described above when an aspirations interview is completed, however it is anticipated that in these circumstances the service provider will identify what support the service user might need in order to enable them to engage in the pathway in the future. This may include for example an ESOL course, a specific clinical intervention or a volunteering opportunity etc. Such opportunities will be provided with the intention of a subsequent review by the service provider who will provide oversite and recommend next steps to be considered in line with the pathway above. 2. The service provider will work collaboratively and actively to reduce barriers and engage service users in the pathway. They will develop specific strategies for meeting the challenges of those who are difficult to engage, including women and service users from BME backgrounds, given the evidence and context as described above, providing outcomes evidence as specified below. 3. In addition, we also acknowledge that, for a proportion of our service users, access to the appropriate leave will be a barrier to fully engaging in the pathway above where vocational and educational opportunities require the service user to access to facilities and providers external to the Secure Services / Trust. 4. In these circumstances GMMH anticipates that the service provider will work collaboratively with AFS to establish opportunities for service users to engage in both vocational and educational activities within the secure perimeters of the Adult Forensic Service. These opportunities should represent an effective ‘gateway’ to the pathway as described above. An example of such an activity is the provision of a café / shop within the secure perimeter to be operated and developed by the service provider. This would support service users who may wish to engage in both a catering pathway, a retail pathway and a customer service pathway. In addition, service users who may wish to engage in administration, marketing, management or finance may engage in the café / shop for these specific purposes. Educational opportunities such as business skills, food hygiene etc should be available via this pathway. 5. In addition, this area needs to be managed in accordance with the food hygiene agenda and additional requirements placed on health service catering premises (for example NHS buying standards) and to meet the needs of our wider service user and carer populations. 6. The service provider will identify similar gateway work streams that prepare our service users for the pathway as described, ensuring that both vocational and educational opportunities are provided for each participant and portfolios of work and achievements are maintained as described elsewhere. The key to each opportunity is that service users are actively engaged and supported through to full pathway engagement. 7. GMMH recognises that it will not be possible within the resources available to meet each individual’s aspirations (where leave is a barrier to full pathway participation), through the establishment of bespoke vocational / educational opportunities. The service provider will need to work flexibly to develop opportunities that reflect the ‘real world’ aspirations of this scheme, offer each service user an opportunity that is a ‘best fit’ and which helps to support full pathway progression especially for those hard to engage groups.   These opportunities will be discussed with the GMMH scheme line management in advance.  **2.3 Population covered**  The scheme will apply to the in-patient population of the Adult Forensic Service (incorporating both Medium and Low Secure Services) of Greater Manchester MentalHealth NHS Foundation Trust.  **2.4 Interdependencies with other services**   * To work in collaboration with the Adult Forensic Service and collaboratively with the Education Tutor, Occupational Therapy, Recovery Pathway Workers, The Recovery Academies, The Volunteer Co-ordinator and other post holders, services and organisations / providers to ensure aims can be met. * To work closely with and collaboratively with clinical teams to ensure service user needs are identified, met and evaluated including regular verbal and written progress updates and to ensure that ETE is an integral part of the patient’s care / recovery journey. | | | |
| 3. Applicable Service Standards | | | |
| **3.2 Applicable local standards**  **Line Management within GMMH** – The scheme will be managed by the Occupational Therapy Head of Service and the Medium Secure Service Manager, both will report to SLT. | | | |
| 4. Key Service Outcomes | | | |
| This service will give patients of GMMH AFS (medium and low secure services) access to real work experience, training and employability development opportunities, comprising of meaningful activity and access to work centric environments. Patients working with the service provider will be expected to work with and alongside other co-workers as colleagues and not only will they accomplish engagement in a meaningful activity, but will also develop self-motivation skills, which should help to reduce their dependency on medication, improve confidence and self-belief and expedite their recovery.  This range of services and their effectiveness will be reviewed each quarter with GMMH and the service provider. The service provider will provide a written report for this review in accordance with the performance indicators detailed below. The service provider will include details in the report of activity in relation to the scheme. It is accepted that some of this detail will relate to activity undertaken by services provided by GMMH in collaboration with the service provider.  GMMH expects the service provider to include such information within the reports as it relates to the achievement of objectives above. Any revisions to this service specification will be agreed by both the service provider and GMMH via these quarterly reviews and will be in writing via an amendment to the service specification document.  Education / qualifications – the service provider will work collaboratively with the Education Tutor for Secure Services in accordance with the Pathway as described above. The Education Tutor will work in conjunction with the service provider to seek / support educational opportunities for service users to underpin their pathway aspirations. The service provider will be responsible for any costs associated with meeting the educational needs of service users in association with the pathway.  The service provider will be responsible for the production and provision of promotional materials that describes the opportunities available to service users via the scheme and the pathway as described above. Materials provided should aim to maximise potential for scheme aims to be met, especially in relation to hard to reach and challenging groups.  The service provider will ensure that promotional materials are available for service users on admission and throughout the service / service user journey to maximise potential participation. The service provider will ensure this material will be regularly reviewed an updated to ensure it remains current. The service provider will also hold regular (at least once per quarter) promotional events to maximise and encourage participation, attend the Patient Empowerment Group (PEG) on a regular basis and local community meetings to raise the profile of the scheme and to maximise participation.  Volunteer opportunities and vocational opportunities - Where service users are engaged in volunteer / vocational activity that supports recovery and achievement of personal aspirations, this will be managed in accordance with the requirements as detailed in the SSN Procedures for Supporting Inpatients to Volunteer in the Community and Supporting Inpatients to Volunteer in Trust Services. | | | |
| 5. Location of Provider Premises | | | |
| The service provider will be allocated office accommodation within the Edenfield Centre in a secure office environment  It is anticipated that the project will normally operate between 09:00 and 17:30 Monday to Friday (core hours), with some flexibility to necessitate operational requirements and service needs, however, we recognise that attending clinical team meetings, supporting service users to attend training and work placements, meeting with service users etc. requires flexibility.  The necessity to provide a café / shop service as detailed above may require further flexibility to meet the needs of the service such as evenings and weekends. The service provider will need to develop a workforce that is flexible to reflect service user and service needs. GMMH expects the service provider to develop a workforce that is able to meet the flexible needs of service users and service needs.  GMMH expects:   * All staff employed by the service provider will be competent in the area of work in which they are engaged. * All staff will have undergone an Enhanced DBS check and the outcome made known to GMMH * All staff will receive regular supervision by their respective line manager.   Staff employed by the service provider will be required to undertake the GMMH induction programme and any other training specified by the Trust, which is necessary to ensure that staff operate safely and effectively, particularly within the medium secure environment prior to becoming operational at GMMH AFS. | | | |
| 6. Performance Targets – Quality, Performance & Productivity | | | |
| *Activity / Performance Indicator* | *Target* | *Method of Measurement* | *Consequence of Breach* |
| Number of aspirational interviews completed by quarter, annually by male/ female/BME | * Q1 – Allservice users currently engaged in the pathway and level 3 service users with unescorted leave. * Q2 - 100% of those eligible on level 2 / 3 wards and any other referrals received from level 1 wards. | Service provider report | To be managed in line with Clause 16 of Contract ‘remedies for non-performance’ |
| Number of service users with a written portfolio (as defined within the service specification and AFS strategy for education, Training and Employment) | * Q1 – Allservice users currently engaged in the pathway and level 3 service users with unescorted leave. * Q2 - 100% of those eligible on level 2 / 3 wards and any other referrals received from level 1 wards. | Service provider report | To be managed in line with Clause 16 of Contract ‘remedies for non-performance’ |
| Number of service users who have completed:   * Level 1 mathematics, English and IT * CV writing and interview skills * Health and Safety in the workplace * Communication skills * Working as part of a team * Customer service skills | 100%  Number of service users who have completed the courses/ Number of service users on the pathway. | Service provider report | To be managed in line with Clause 16 of Contract ‘remedies for non-performance’ |
| Number of people accessing academic qualification / educational placements/ formal skills training course and awards achieved (by number - provide details of name of course/qualification and awarding body etc and if internal or external to the Trust.) | All those engaged in level 1 and above of pathway | Service provider report | To be managed in line with Clause 16 of Contract ‘remedies for non-performance’ |
| Number of people accessing volunteer / vocational opportunities (by number - provide details of providers, duration of placements and name of provider ie GMMH or details of external provider) | All those engaged in level 2 and above of pathway | Service provider report | To be managed in line with Clause 16 of Contract ‘remedies for non-performance’ |
| Number of people engaged in:   * part/full time employment * part / full time education * apprenticeships   post discharge as an outcome of engagement with the service provider. | 7 by end of 2022  (4.6% of target group) | Service provider report | To be managed in line with Clause 16 of Contract ‘remedies for non-performance’ |
| **7. Activity** | | | |
| ***Activity Performance Indicators*** | | | |
| The service provider should ensure that relevant systems are in place to enable a performance report to be provided to GMMH on a quarterly basis.  Quarterly report to include:   1. Number of referrals 2. Number engaged in the scheme by ward / service and by male/female/BME 3. Number engaged in each stage of the pathway by service and by male/female/BME   *(Q1 – all service users currently engaged in the pathway and all Level 3 service users,*  *Q2 – onwards for all other eligible service users)*   1. Number of service users involved in café by service/male/female/BME   *(reporting from Q3 onwards)*   1. Number of service users being supported beyond the completion of the pathway via longer term vocational and/or educational opportunities towards positive post discharge destinations by service/male/female/BME 2. Number of service users being supported pre-pathway engagement 3. Number of service users involved in other gateway services (as described in the service specification) by service/male/female/BME (detail service) 4. Number of people actively accessing the service per annum 5. Details of current operating hours for all services 6. Details of service provider staffing levels 7. Number of attendances by service provider at clinical team meetings 8. Number of PEG (or equivalent) meetings attended (At least one per quarter 9. Number of community meetings attended 10. Number of promotional events held and details of events and numbers of attendees / outcomes (At least one per quarter) | | | |
| **8. Continual Service Improvement Plan** | | | |
| The above performance indicators have been established based on the total number of service users cared for at AFS, minus those from level 1 wards to create a baseline % figure.  It is anticipated that outcome targets will be developed annually at contract review meetings to reflect the development of the service and the number of service users engaged which is anticipated to grow. | | | |

1. HM Government (2009). Work, Recovery and Inclusion. London. [↑](#footnote-ref-1)
2. Royal College of Psychiatrists (2008). Mental Health and Work. London

   Waddell G & Burton AK (2006). Is work good for your health and well-being? Norwich: The Stationery Office. [↑](#footnote-ref-2)
3. HM Government (2009). Work, Recovery and Inclusion. London. [↑](#footnote-ref-3)
4. HM Government (2010). State of the nation report: poverty, worklessness and welfare dependency in the UK. London: Cabinet Office.

   Department for Work and Pensions/Department of Health (2009). Working Our Way to Better Mental Health: A framework for action. London. [↑](#footnote-ref-4)
5. HM Government (2009). Work, Recovery and Inclusion. London. [↑](#footnote-ref-5)
6. Government Office for Science (2008). Foresight Mental Capital and Wellbeing Project: Final project report. London. [↑](#footnote-ref-6)
7. HM Government (2009). Work, Recovery and Inclusion. London. [↑](#footnote-ref-7)
8. Department for Work and Pensions/Department of Health (2009). Working Our Way to Better Mental Health: A framework for action. London. [↑](#footnote-ref-8)
9. Royal College of Psychiatrists (2008). Mental Health and Work. London. [↑](#footnote-ref-9)
10. Department for Work and Pensions/Department of Health (2009). Working Our Way to Better Mental Health: A framework for action. London. [↑](#footnote-ref-10)
11. Ibid. [↑](#footnote-ref-11)
12. Royal College of Psychiatrists (2008). Mental Health and Work. London. [↑](#footnote-ref-12)