

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	The Haven Community Crisis/Recovery Cafe
Commissioner Lead	Chorley, South Ribble and Greater Preston Clinical Commissioning Groups
Provider Lead	
Period	
Date of Review	

1. Population Needs
<p style="color: #008000;">1.1 National/local context and evidence base</p> <p>Policy Drivers</p> <p>National guidance highlights the necessity of developing an effective local system that anticipates, and where possible prevents, crisis and which ensures timely and supportive crisis care. The commissioning rationale for the development of additional support for people pre crisis also reflects on how this can reduce impact on the current mental health support pathway, Emergency Department and the Mental Health Liaison service and acute service. The Crisis Care Concordat¹ is a national agreement between local services and agencies involved in the care and support of people in mental health crisis. It supports that experiences of people with mental health problems who need acute and crisis care should be central to the whole of the mental health community and should include easy access to support and a quick response from service providers.</p> <p>The Crisis Care Concordat also recommends that people are supported in non-stigmatised non-clinical environments and a community Crisis Cafe provision would aim to develop this support in a central non-clinical location. The Crisis Concordat sets out four stages of the crisis care pathway: (1) access to support before crisis point; (2) urgent and emergency access to crisis care; (3) quality treatment and care in crisis; (4) promoting recovery. This project would support stages 1, 2, 3 and 4 of those recommendations as part of a wider crisis strategic vision.</p> <p>Changes in the Law in relation to Section 136 and 135 of The Mental Health Act 1983 came into effect 11 December 2017, previous maximum detention period was up to 72 hours this is now reduced to 24 hours (unless a doctor certifies that an</p>

¹ DOH - Crisis Care Concordat: Improving outcomes for people experiencing mental health crisis (2014)

extension of up to 12 hours is necessary); NHSE due to the significance of the changes have requested that CCGs and providers will need to be fully prepared, working in partnership with local authorities and local police forces to support the changes. Development of The Crisis Recovery Café to be known as “The Haven” will provide reassurance that the CCGs are working to address the change in legislation.

Local Drivers for Change

Population size

The Haven will cover 2 CCG areas - Greater Preston and Chorley and South Ribble - which have a total registered population of approximately 355,769 individuals. These areas are split into 8 Locality Care Teams, with each team having different demographics/prevalence rates. In central Preston 43% of the registered population live within areas considered to be 40% most deprived, nationally.

Evidence indicates that people living in the most deprived areas have worse health and health indicators than those in the less deprived areas. People in the most deprived areas tend to have higher levels of mental illness, hearing and visual impairment, and long-term health problems, particularly chronic respiratory conditions, cardiovascular disease and arthritis. Premature death (under the age of 75) and higher mortality rates are more common in deprived communities.

The national policy drivers outline the importance of developing provision that is available much earlier in the mental health pathway, which reduces the need for intensive crisis or acute support. In Greater Preston CCG and Chorley South Ribble CCG areas, the impact of people who are experiencing a crisis in their mental health on frontline services such as Emergency department, ambulance, police, mental health and acute services is significant.

Preston’s suicide rate has been the highest in the UK since 2015/16. The Haven will be an important resource in addressing the suicide rate, with early intervention to mental health crisis combined with outreach being undertaken in high risk suicide areas on a regular basis as part of the service offer. By 2020/21, the Five Year Forward View for Mental Health set the ambition that the number of people taking their own lives will be reduced by 10% nationally compared to 2016/17 levels. To support this, by 2018 all CCGs will fully contribute to the development and delivery of local multi-agency suicide prevention plans, together with their local partners.

Rightcare shows us that locally there is over dependence of intervention in hospital and significant variations in outcomes and cost. The new service model will come from a change of commissioning philosophy and practice from one which is reactive treatment based services to one which is more individual/community based, and population focused with personalized health/social interventions as the part of the service offer.

Resources/Evidence Base

Please see all health profiles for each collaborative



greater-preston-ccg-mini-summary-profile-



Leyland Health profile_LCC.pdf



South Ribble East Health Profile_LCC.pc



South Ribble West Health Profile_LCC.pc



Map and Collaboratives.docx



Mental Health
Guidance (3).docx

<https://www.nice.org.uk/guidance/ph50>

<https://www.nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behavioural-conditions/personality-disorders>

- **CG78 Borderline Personality Disorder**
- **CG90 Depression in Adults**

<https://www.gov.uk/government/publications/mental-health-act-1983-implementing-changes-to-police-powers>

<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

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	

2.2 Local defined outcomes

- Reduction of admissions to the Emergency Department requiring input from Mental Health Liaison – measured by reduction in Mental Health Liaison contact by 10%.
- Improved access to primary care mental health services – measured through patient survey on where patients would have attended if this service wasn't available.
- To provide intervention at the earliest opportunity to prevent crisis – measured through reduction in mental health liaison contacts (see above) and patient survey question on improvements in resilience and coping skills.
- To reduce the amount of individuals that require detainment on 136 of the MHA, which will potentially reduce police response around this activity – measured by reduction in detainments under 136 of MHA by 20%.
- To reduce demand on Crisis Home Treatment Team – measured through patient survey question on improvements in resilience and coping skills.
- Activity and demand, including demographic information, will be monitored throughout the year, which will form the basis of an end of year report. This will be used to develop a small set of extra KPIs for year 2. The purpose of this is to understand demand and whether the service is addressing that demand, e.g.

hard to reach communities, and also addressing the complex needs of the individual.

- Provide drop in health sessions which promote improved health outcomes covering multiple areas of health, for example smoking cessation clinics – measured as per year end analysis outlined above.
- Evidence-based, person-centred care, which is focused on recovery and integrated with primary and social care and other sectors – measured as per year end analysis outlined above.
- Access to mental health assessment/interventions in accordance to service users presenting mental health needs – measured as per year end analysis outlined above.

Note: This is not an alternative for crisis response and current arrangements remain the same if urgent mental health assessment/review is required.

Locally, there is a strong opportunity to innovate and develop different approaches, changing the way care is delivered. The CCGs along with partner organisations wants to offer improved support to people who find themselves in a mental health crisis in community settings, and offer constructive/effective alternatives to presenting at the Emergency Department or admission to hospital.

3. Scope

3.1 Vision

The vision for this service has been co-produced with people who use mental health services, families, and communities, statutory services including the police, social services, the fire service and mental health clinicians, over a number of events.

The specification for the café was produced in response to local demographics which that demonstrate the mental health and wellbeing within Greater Preston, Chorley and South Ribble would be improved by access to early intervention services. National guidance illustrates where provision and early intervention is available earlier within the mental health pathway, it is likely that this will reduce the need for intensive crisis or acute support.

It is envisaged that this service will become an asset to the community it serves supporting people who use its services to become active citizens, to enable this to happen we would expect that the service becomes a social enterprise. We define a social enterprise as:

*By selling goods and services in the open market, **social enterprises** reinvest the money they make back into their **business** or the local community. This allows them to tackle **social** problems, improve people's life chances, support communities and help the environment²*

It is expected that within year two of the contract the social enterprise will be operational in a shadow form, and within year three fully operational.

The café should be situated within the community it serves, and to ensure it becomes a community asset should not be situated within a statutory building.

²<https://www.socialenterprise.org.uk/Pages/FAQs/Category/FAQs>

To support the running and further development of the service we would expect the provider to actively source other funding streams.

The service should be developed and evaluated by people who use its services and the local community, to ensure it becomes a valuable asset that enables people to recover from their episode of mental ill health and encourages resilience in the local population.

3.1.2 Aims and objectives of service

- To provide a safe, welcoming and comfortable away from a clinical environment for people in crisis, and those seeking to prevent the onset of a crisis.
- To meet the needs of individuals experiencing acute emotional distress associated with a mental health problem (**which may or may not have been given a formal diagnosis**) with the aim of drawing on strengths, resilience and coping mechanisms to reduce the need to use crisis services in the future.
- To support individual to reduce their immediate crisis and anxiety, and to formulate a safety plan, drawing on strengths, resilience and coping mechanisms to reduce the need to use crisis services in the future.
- To offer a multi-agency MDT approach to individual need, to ensure needs are responded to by appropriate services to further help the individual to build resilience. It is expected that there will be a full range of services provided at The Haven by a full range of organisations.
- To improve mental health and ability to cope with adversity, increase individuals sense of control and independence and so reduce demand on services.
- To improve community resilience and strengthen partnership working.
- Higher levels of social interaction and participation.
- Reducing the stigma and discrimination associated with mental illness.
- We would expect the service to have an impact on the following outcomes, with a recognition that many other factors will also have an impact on whether these areas improve:
 - Reduce demand on ambulance service 999/111 for mental health crisis;
 - Reduced admissions to Acute Mental Health wards and subsequently out of area treatments;
 - Reduction of suicide
 - Reduction of self-harm and subsequent admissions to the Emergency Department and Acute inpatients wards.

3.2 Service description/care pathway

Evidence suggests in other parts of the country have shown that the development of an out-of-hours crisis provision that is staffed by clinical and non-clinical support can reduce frontline impact by over 33%.

An additional outcome of this approach would bring a more formal collaboration of partnership with statutory and third sector provision, strengthening the mental health care pathway, expanding support hours available dedicated to de-escalating potential crisis situations.

The Haven will be managed, operated and staffed by the provider and would offer a multi-agency approach to the needs of the service user. This part of the service will be developed prior to opening The Haven and will consist of other agencies providing dedicated sessions.

The Service will be staffed to support up to 15-20 service users at any one time and this will be continually reviewed by the provider and the CCG in response to service user's needs.

3.2.1 Service offer

- A welcoming environment
- Emotional support and resilience building;
- Development of peer-led support;
- Access to a range of recreational and leisure activities.
- Access to a range of non-alcoholic hot and cold drinks, hot and cold snacks and/or hot food.
- Risk assessment/management and active liaison with statutory services, particularly Home Treatment Teams, when clinical risk present.
- Opportunities for Service users who use the Haven to graduate into volunteer and paid roles within the service;
- Advice and information to people, families and carers;
- Advice about employment;
- Practical help with benefits and housing, relationships support and companionship in a non-judgemental but safe environment;
- Health promotion activities, including smoking cessation and Living well sessions.
- Crisis intervention and action planning and support planning (in partnership with clinical partners) and support protocols with other agencies
- Text support arrangements for members during operational hours.
- The Haven will offer a digital service/support.
- For the service in years two and three to develop into a social enterprise which will continue in the community after 2021.

3.2.2 Mental health input /Clinical Care Pathway

The mental health crisis care pathway will remain as present; responsibility for case management of people will continue to be the responsibility of the CRHT and secondary care team where there are case management arrangements in place. Out of hours clinical and social care support will continue as before, although it is expected that there would be close links to The Haven.

Community Restart Team will work in active liaison with The Haven ranging from daily visits to responding to direct referrals. This will include the funding of a Band 6 Mental Health Practitioner (MHP) and Band 4 Support time and Recovery Worker.(STR)The role of the MHP will be as follows:

- To provide detailed mental health/risk assessments/care planning when deemed necessary at the Haven.
- Provide ongoing interventions when necessary.
- Provide advise/support/training to the staff.
- It would also be expected there will a strong working relationship with The Home Treatment Team and Mental Health Liaison
- Accept appropriate referrals from other agencies
- With the STR worker to formulate Recovery care-plans based on the strength and resilience of the individual

Lancashire Care NHS Trust with the Provider will develop an operational policy/memorandum of understanding between the Provider and the locally relevant

mental health service to clarify the support/guidance which will be available.

3.2.3 Other Services Available

Regular planned sessions will be held at the Haven which would include input from a range of services which will include and not be limited to the following services:

- Support around benefits
- Citizen Advice Bureau sessions
- Health and Wellbeing sessions incorporating mental and physical health wellbeing.
- Dedicated IAPT sessions
- Smoking cessation sessions
- Dedicated sessions from Alcohol/Drug services (Discovery)

The above is an example of services offering dedicated sessions to the Haven. It should be noted that this will possibly increase as The Haven develops.

3.2.4 Opening Times

The Service is expected to be open from 11.00-23.00 (Monday-Friday) and 12.00-23.00 (weekends and bank holidays). The Service will be open every day of the year. The opening times may be subject to increase as the Haven develops further. It should be noted that opening at night may leave some individuals vulnerable when leaving the Haven. Every effort should be made by the provider to ensure that individuals are safe to make their way home. It may be necessary in some cases to enlist the support of the police or other services.

3.2.5 Flows into and out from the Service

The Haven will be expected to support service users through their individual situation which may have led to a mental health or social crisis or input which will avoid a crisis occurring. The support/interventions will have enabled service user to develop the resilience, coping strategies and access to networks such that they do not develop a long term dependence on the Service/ the Haven.

Whilst admission and discharge are not the appropriate terms to use, this does need to be demonstrated through a flow of service users through the Haven which maintains ongoing capacity to support new service users through their crisis, whilst evidencing positive follow-ons for service users who have used the service.

3.2.6 Referrals

Access to the Haven will normally be made by self-presentation. Referrals will also be made by a full range of statutory and voluntary agencies which would include referrals from Primary care Services/GP practice. There would also be an expectation that mental health services will be one of the main referrers into The Haven.

3.2.7 Role of the provider organisation

The Provider must be able to recognise and operate the Haven as part of a wider system (mental health system, community system, third sector system) and to

integrate the Haven within this.

The Service(Haven) must incorporate a staffing structure which includes the following:

- 1) A designated manager:
 - To provide overall leadership and responsibility for consistent service delivery and resource management;
 - To provide supervision of staff ensuring that service operates consistently to required standards;
 - To facilitate the operational management of the service and ensure that the service operates in a manner consistent with the recovery approach;
 - To manage shift arrangements to ensure appropriate staff cover;
 - To take the lead on risk or safeguarding issues.
- 2) Suitably experienced staff whom are responsible for the day to day provision of the Haven.
- 3) Volunteers supported by clear supervision and governance processes.

3.2.8 Service User Involvement

The Provider must be able to demonstrate how the service users of the Haven are actively involved in improving and influencing the development and quality of the Service with the ultimate aim of this service becoming a social enterprise. This will include:

- Clear processes for service users to record their experience of the Haven and how this could improve.
- The Provider collating this feedback and being able to demonstrate responses to it.
- Opportunities for service users to graduate into volunteers and ultimately as paid employees.
- Service management and governance structure which includes service user representatives.
- Regular Haven community meetings where issues can be raised and resolved. The Provider will maintain minutes of these meetings to evidence feedback and response.
- The service developments will be co-produced by service users with the provider. The provider will need to evidence this.
- The Haven should work towards becoming a community asset, by engaging with the local community.

3.3 Population covered

- Individuals 16 plus who are residents of Greater Preston and Chorley South Ribble.
- Individuals may be known or have never had previous contact with mental health services.
- Individuals who perceive themselves in mental health crisis, or at risk of moving into mental health crisis.
- Individuals in need of short term social support which is leading towards mental health crisis which could include help with housing, benefits. etc.

- Individuals experiencing social isolation which is impacting on their mental health wellbeing.
- Support/advice/signposting for Military Veterans.

16-18 years Individuals using The Haven

The Haven will accept individuals within this age range but the following guidance would be applicable

- Until April 2019 Adult Mental Health Services – (AMHS) are responsible for providing mental health services to service users in this age range. After this time it will be the responsibility of Child and Adolescent Mental Health Services (CAHMS)
- It should be noted due to vulnerabilities that where possible 16/18 year old individuals should receive interventions in a separate part of The Haven, for example in a lounge area which is kept separate and exclusively for the use of this age group.
- Young people in housing crisis should be referred onto social care in conjunction with Preston City Council's Housing department who will utilise Lancashire's homeless policy and procedures for 16 and 17 year olds as they are entitled to become looked after children at this age if they become homeless.
- The provider will need to adopt strong links with 'missing from home' team for 16 and 17 year olds. The provider will need to consider if the young person will be required to show ID and also confirmation of their identity and age.

3.4 Any acceptance and exclusion criteria and thresholds

- Non-residents of Greater Preston and Chorley South Ribble and patients not registered with a GP practice in this area. Please note this will not mean a refusal of entry, but will be offered short term support and signposting back to appropriate local Services.
- Although individuals with dementia will not be initially excluded from the Haven the provider should signpost the individual to an appropriate service. This would include Third Sector providers which the CCG commission to specifically support this group of individuals, and consideration to referral to safeguarding/social care services.
- Children under 16 years. It is important that if a child initially attends The Haven that they are sign-posted to appropriate services and, if necessary, a referral should be made to Child and Family social services and any other services deemed necessary to support/protect the child.
- People exhibiting violent or aggressive behaviour at the time of attending the Haven.
- People under the influence of drugs/alcohol when they are attending the Haven which is leading to risky and unpredictable behaviour. Please note that having a problem around illicit drug/alcohol use would not exclude them from using the Haven, unless behaviour was exhibited as above and /or they were causing particular issue/risks with other service users using the Haven which may include dealing drugs/ negatively influencing other service users.

3.5 Interdependence with other services/providers

- | | |
|--|---|
| <ul style="list-style-type: none"> • Local 3rd sector wellbeing services • Child & Adolescent Mental Health | <ul style="list-style-type: none"> • Acute Hospital A&E & including mental health liaison services |
|--|---|

<p>Services (CAMHS)</p> <ul style="list-style-type: none"> • Community Nursing Services • Improving Access to Psychological Therapies (IAPT) Providers • Preston City Council- Housing Department • Chorley City Council • START - Assessment and Treatment Services • Local –Primary care and GP surgeries • Citizen’s Advice Bureau • Samaritans 	<ul style="list-style-type: none"> • Crisis Resolution and Home Treatment • Lancashire Police Service • Lancashire Fire Service. • NWAS • Lancashire County Council – Adult Social Care • (Mental Health) Restart and Recovery Teams • Clinical Decision Unit (Preston) • Acute Therapy Service (LCFT) • Foxtan Centre • Mental Health Decision Unit
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Safety

Provider must assess the risks to service user’s health and safety during any attendance and ensure their staff have the qualifications, competence, skills and experience to keep individuals safe. Staff are expected to be trained at a minimum in Mental Health First Aid.

Providers are expected to submit a risk management policy and the associated pathways for this Service.

Future

Demand/need for particular services at the Haven will remain under regular review. This may include future provision of crisis beds in which the stay would be from 1-10 nights and provision of a Clinical Treatment Room.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)



Mental Health
Guidance (3).docx

<https://www.nice.org.uk/guidance/ph50>

<https://www.nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behavioural-conditions/personality-disorders>

- **CG78 Borderline Personality Disorder**
- **CG90 Depression in Adults**

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg 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 and property requirements

The Provider's premises are required to be in the Greater Preston area in or near to the City Centre. If outside of the City Centre it must be on a direct bus route from the town Centre and a maximum of 1.5 miles distance.

The Provider's property is required to fulfil the below requirements:

- It must have a welcoming appearance
- It must have off street parking, a minimum capacity of 6 spaces
- It must be complicate with Equality legislation
- Preferably it will have outside space the service users can utilise
- It will need to have a secure entrance
- It must have a welcoming reception area
- It must have two separate lounge areas for adult and young people
- It preferably will have a Kitchen area to provide refreshments and snacks
- It will have a dining area which could be incorporated into the lounge areas or as a separate area
- It must have individual rooms for;
 1. Computers – for access to housing, employment, training
 2. Confidential room for mental health assessment reviews and one to ones
 3. Group/visitors room for benefit advice, group activities and workshops
 4. Clinical treatment room for practice nurse to undertake health screen, use for a range of health promote activities such as smoking cessation and drugs and alcohol intervention
 5. Office for Haven staff
- It must have separate male and female Toilets
- It must have access to shower and washing machine

7. Individual Service User Placement

Not applicable.