

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

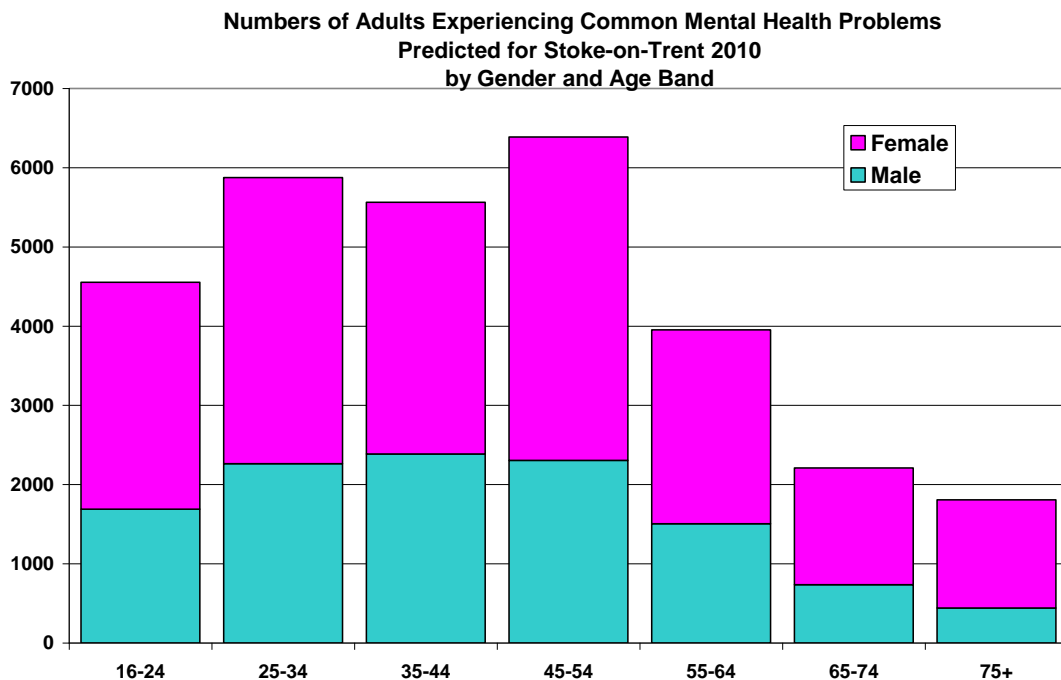
<b>Service Specification No.</b>	1
<b>Service</b>	Changes Health & Wellbeing – FOUNDATION RECOVERY WORKSHOPS
<b>Commissioner Lead</b>	Kevin Day, Portfolio Manager – Mental Health, Staffordshire and Stoke-on-Trent ICB
<b>Provider Lead</b>	Dave Wheat, CEO Changes Health & Wellbeing
<b>Period</b>	1 April 2023 – 30 <sup>th</sup> June 2024
<b>Date of Review</b>	September 2023

#### 1. Population Needs

##### 1.1 National/local context and evidence base

The 2007 adult psychiatric morbidity survey found that the proportion of the English population aged between 16 and 64 meeting the criteria for one common mental disorder increased from 15.5 per cent in 1993 to 17.6 per cent in 2007.

The current economic downturn and in particular the reductions in public spending will affect the mental health of people living in the city to a greater extent than other localities. The city is particularly vulnerable because of its deprivation levels and many of the factors described in the Determinants section have a direct impact on both positive mental wellbeing and mental ill-health. The table below shows the number of adult's experience common mental health problems predicted for Stoke-on-Trent 2010 by gender and age band.



Reducing the prevalence of common mental health disorders is a major public health concern. In 2007, the annual cost to treat depression and anxiety disorders in England

was nearly £3 billion, with an additional economic impact of around £13 billion in lost earnings among people of working age.

There is strong evidence that appropriate and inclusive services and pathways for people with common mental health problems, specifically depression and anxiety reduce an individual's usage of NHS services whilst contributing to overall mental well-being and economic productivity.

Review of current IAPT services have shown, through routine collection of outcome measures, the following benefits for people receiving services<sup>1</sup>:

- Better health and wellbeing
- High levels of satisfaction with the service received
- More choice and better accessibility to clinically effective evidence-based services
- Helping people stay employed and able to participate in the activities of daily living

The Commissioning Guide for Common Mental Health Disorders<sup>2</sup> suggests that 17.7% of the adult population (18+) will have a mental or emotional condition, which would benefit from an intervention at primary care level. While "Talking Therapies; A four year action plan"<sup>3</sup> considers that it will have been achieved when an estimated 15% (of the 17.7% adults 18+) can access interventions locally.

Emerging mental health policy is driving significant changes with an emphasis on wellbeing for the whole population and building care around individual needs though choice and flexibility.

Nationally the Department of Health's (DH) mental health strategy, *No health without mental health* (February 2011) sets six overarching objectives, aimed at improving the mental health and wellbeing of the whole population and improving outcomes for Service Users. This strategy also highlights the needs for patient choice and expanding the role for psychological therapies as well as ensuring that services are commissioned that understand and can meet the needs of local people.

The DH document, *Talking Therapies: A four-year plan of action* (November 2011), supports *No health without mental health* and again reinforces the need for equitable access to high quality talking therapies ensuring improved mental health and wellbeing for the whole population.

While many of the Improving Access to Psychological Therapies (IAPT) services predominantly have had a cognitive behaviour approach to treatment, other complementary talking therapies, such as peer support and counselling, have long been shown to help people experiencing mental distress to find ways to improve their lives and mental wellbeing.

### 1.1.1 Local context

Stoke-on-Trent has historically experienced, and continues to experience, significantly higher levels of poverty and deprivation than the rest of England, with over half of the population living in the most deprived areas of the country. Overall, Stoke is the 16th most deprived area, according to the Index of Multiple Deprivation 2007.<sup>4</sup> This, coupled with the current economic downturn, makes it likely that there will be a larger adverse consequential impact on mental health and wellbeing for the people of Stoke-on-Trent than in other localities. Therefore the Service is a crucial contributor to plans to improve and then maintain levels of mental health and wellbeing in the City, since these are significant factors that need

<sup>1</sup> <http://www.nmhd.org.uk/news/improving-access-to-psychological-therapies/>. Accessed 13<sup>th</sup> June 2012 at 4pm.

<sup>2</sup> NICE commissioning guide 41. Commissioning stepped care for people with common mental health disorders. November 2011

<sup>3</sup> The Department of Health. *Talking Therapies; A four-year action plan*. February 2011.

<sup>4</sup> Stoke-on-Trent Joint Strategic Needs Assessment. JSNA 2010-2015. Version 4.4 February 2011

to be addressed to enable wider improvements in both health and wellbeing and in economic sustainability.

The city has very high levels of deprivation, which brings with it high levels of health inequalities and much lower life expectancy. These impact significantly on key factors that affect mental health and wellbeing – risks such as low income, poor education, poor housing, unemployment and family breakdown - and also on resilience, someone’s ability to respond to all the negative factors that are risks to mental health and still retain good mental wellbeing. The longer and more severe the risk factors, the more impact it has on resilience both for individuals, their families and the communities they live in.

The Stoke-on-Trent Joint Strategic Needs Assessment (JSAN) <sup>3</sup> indicates that due to the level of deprivation in the City is likely that the prevalence rates of mental ill health will be greater than the rest of England but there is no data available to verify or contradict this view. The Stoke-on-Trent JSNA also states that the need for talking therapies services is likely to become an even greater priority as the numbers of people experiencing mental health problems in the city will almost certainly increase.

With regard to common mental health problems, using the Commissioning Guide for Common Mental Health Disorders<sup>5</sup> there are 36,053 people with a common mental health problem in Stoke-on-Trent of which 14,421 are likely to access services.

**2. Outcomes**

**2.1 NHS Outcomes Framework Domains & Indicators**

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	<b>x</b>
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	<b>x</b>
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	<b>x</b>

**2.2 Local defined outcomes**

The key service outcomes for the Service are:

- Improved accesses to services supporting those experiencing mental distress
- Improved speed of access and response to recovery based treatment
- Increased proportion of people who make clinically significant improvements or recovery
- Improved emotional wellbeing of Service Users with common mental health problems preventing escalation to more serious mental health issues
- Empowered Service Users achieving:
  - Increased awareness of recovery principles
  - Increased awareness and use of Wellness and Recovery Action Plan or WAP
  - Increased recovery, mental wellbeing and social inclusion
  - Improved physical wellbeing and health practices
  - Increased effective engagement with health and social care services
  - ‘Smart’ use of medication

<sup>5</sup> NICE commissioning guide 41. Commissioning stepped care for people with common mental health disorders. November 2011

The mental wellbeing of Service Users accessing the Service has improved as demonstrated by improved scores in one or more assessment tool:

- PHQ9 & GAD7
- Personal WRAP or WAP

### 3. Scope

#### 3.1 Aims and objectives of service

The Service shall provide a range of accessible and open-ended recovery and wellness services for the people in Stoke-on-Trent who are in or at risk of experiencing moderate to severe mental distress.

The Service shall be integral and complementary to the wider range of secondary care, primary care and community based mental health services that are available across Stoke-on-Trent, for mental health disorders.

The overall aim of the Service is to provide a timely, appropriate and responsive service to people in Stoke-on-Trent who are in or at risk of experiencing moderate to severe mental distress.

The Service shall deliver a high quality, patient centred service that enables people experiencing mental health problems to improve their well-being and functionality, thereby reducing the need for specialist services.

This Service shall help deliver health outcomes in a number of priority areas for Staffordshire and Stoke-on-Trent ICB. In general, these range from prevention and ensuring that there are appropriate early interventions; through to helping Service Users self-care and ensuring that crisis can be supported in the community. With specific regard to this Service, it is anticipated that the outcomes shall be focused on ensuring that there are appropriate early interventions available to Service Users as well as promoting self-care and mental wellbeing:

- To provide an accessible and responsive Recovery and Wellness service
- Improve the proportion of people who make clinically significant improvements or recovery
- Improve the emotional wellbeing of Service Users with mental health problems preventing escalation to more serious mental health issues.
- Empower Service Users helping them to achieve:
  - Increased awareness of recovery principles
  - Increased awareness and use of Wellness and Recovery Action Plan
  - Increased recovery, mental wellbeing and social inclusion
  - Improved physical wellbeing and health practices
  - Increased effective engagement with health and social care services
  - 'Smart' use of medication

#### 3.2 Service description/care pathway

The Service shall be a community-based service that provides 7 x 3 hour training sessions for people aged 18 and over who are experiencing mental health issues.

The training sessions shall be based on peer support and shall introduce and discuss a range of issues relevant to personal recovery:

- Understanding recovery and the recovery ethos
- Devising a Wellness Recovery Action Plan (WRAP) or Wellness Action Plan
- Identifying and challenging unhealthy attitudes

- Managing unhealthy feelings
- Increasing social inclusion
- Changes 12 steps as a condition management programme:
  1. Admit you've got a problem
  2. Take action
  3. Trust and cooperate
  4. Get the power
  5. Use and develop Wellness Tools
  6. Begin personal evaluation
  7. Cultivate healthy thinking
  8. Cultivate healthy behaviour
  9. Realise that feelings are not always facts
  10. Get on with your life
  11. Give it time
  12. Pass it on

The Service shall be accessible, flexible and innovative in addressing the needs of the individuals accessing the Service and shall offer resources and interventions in line with relevant mental health legislation, NICE guidance and current evidence based best practice.

The Service shall be integral and complementary to the wider range of secondary care, primary care and community based mental health services that are available across Stoke-on-Trent, for mental health disorders.

The Service Provider shall work in a collaborative way with all other mental health services ensuring the Service User experiences seamless and timely access to services through efficient referral and supported signposting pathways.

The Service shall:

- Ensure that there is appropriate referral and signposting support to access community based and voluntary sector mental health services.
- Ensure that the best outcome is achieved for Service Users accessing the Service, collating and demonstrating outcomes as required.

### 3.2.1 Service Model

The Provider's peer-support groups and training sessions are based on their innovative peer support mechanisms, the unique Changes 12 Step Recovery Programme, and Wellness Action Plans developed from Service User experience, established cognitive behavioural techniques, and a holistic approach to mental wellbeing.

Changes Recovery Service Pathway:



Appendix\_1\_SS1\_Changes\_Recovery\_Ser

See Appendix 1.

### 3.2.2 Referral and assessment

Referral into the Service is either by self-referral or signposting from GPs, IAPT Services, Access team, Secondary Care, Social Care, or other Voluntary Sector providers.

Referrals shall be accepted by telephone, fax, email or face to face and all referrals shall be processed at the Providers head office and there shall be a response within 72 hours. The Service Provider shall be expected to provide referral guidance to ensure that referrals are appropriate and managed in a timely manner and in accordance with national and local maximum waiting time targets.

Service User consent shall be obtained from all 18+ year olds (rising to 25+ years olds for those with learning disabilities).

The Service shall validate the referral to determine whether the Service is appropriate for the person referred and inform the Service User of other possible services The Provider itself and other Providers offer.

Priority shall be given to those identified as actively suicidal or posing a risk of harm to self or others. Immediate contact shall be made following the Provider's policies and an assessment of the appropriateness of the Service shall be established. An immediate referral to the mental health Access team or Police shall be made for at risk cases. Where the immediate risk is addressed peer support shall be offered in the usual way.

### 3.2.3 Waiting List Management

The service shall provide referrers and the referred alternatives of where to get additional support if the waiting time is longer than the recommended 4-6 weeks from initial referral.

#### **Self-Help Resources**

Below is an outline of some of the self-help services available and list of mental health services is attached below.

This list and attachment is not exhaustive and the links are correct at the time of writing.



Appendix\_2\_SS\_Mental\_Health\_Services

Please see Appendix 2.

#### **Library**

As well as operating a Book on Prescription service, all Stoke-on-Trent libraries have a Self-Help Collection within their Health Zones. These books are available for any library member to borrow and include a copy of all Books on Prescription titles, Living Life to the Full titles and a variety of other books on topics such as anxiety, stress and depression. For information on library Health Zones please visit:

<http://www.stoke.gov.uk/ccm/navigation/leisure/libraries-and-archives/health-zones/>

#### **Online Resources**

Free online CBT resources listed on The Royal College of Psychiatrists website.

MoodGYM: Information, quizzes, games and skills training to help prevent depression

<https://moodgym.anu.edu.au/welcome>

Living Life to the Full: Free online life skills course for people feeling distressed and their carers. Helps you understand why you feel as you do and make changes in your thinking, activities, sleep and relationships.

<http://www.lttf.com/>

### 3.2.4 Treatment and discharge

The Provider's ongoing provision of peer support groups and rolling delivery of training programmes ensures rapid access to support, typically between 24 and 72 hours.

Access to the Service is open ended with Service Users attending until they feel sufficiently well and with the option to re-engage at any time.

The Service shall ensure that appropriate assessments are conducted throughout the course of the treatment and as a minimum; this shall be done at the start, middle and end of the course. The assessments to be used are GAD7, PHQ9 and the Personal Wellness Action Plan. In the event that GAD7 & PHQ9 scores have significantly worsened, the Service shall make an appropriate referral to the local Mental Health Access team.

Service User feedback is sought via a feedback form given on the penultimate session. In addition the NHS Friends and Family Test will be administered.

### **3.2.5 Hours and Location(s) of service delivery**

Due to the ongoing COVID-19 pandemic, service delivery shall take a blended approach and include both face to face options as well as remote provision such as online and telephone support. This blended approach should flex according to patients' needs and demands on services as well as taking into account the current national COVID guidelines. For face to face provision, the Service shall be available at Changes head office and additional outreach shall be available in a variety of non-stigmatising venues across the city and North Staffordshire.

Services are operational Monday to Friday, both in the daytime and evening.

Service Users and referrers shall be able to contact the Service by telephone, e-mail or in person during those hours. Outside office hours, an answer phone message should provide information including the contact number for Out of Hours support.

The Service is not intended to be a crisis response service, therefore 24-hour cover, 7 days per week, is not required. The Service should, however, provide information to Service Users using the Service and their carer(s) where appropriate (including contact details and telephone numbers) on what to do and how to access support in the event of a crisis.

### **3.2.6 Workforce**

The Provider shall have sufficient and skilled staffing to provide care safely and to deliver the outcomes required by Service Users who access the Service as outlined in this specification. The staff shall undertake appropriate training to ensure that they are kept up to date with best practice and training shall be developed in line with new policy, guidance and best practice.

The Service Provider shall appoint a clear and identifiable Service Lead who shall have highly developed and respected skills to ensure the success of the Service and who shall be accountable for the delivery of the identified outcomes.

All staff working in the Service shall demonstrate a thorough knowledge and understanding of local resources and pathway relevant to the needs of the people who are accessing the Service.

There shall be adequate arrangements to provide appropriate levels of supervision and support to staff involved in delivering counselling. This shall cover issues related to case management as well as other relevant issues. These arrangements shall be consistent with identified good practice.

### **3.3.7 Performance Monitoring**

The Provider will be required to submit the Quarterly monitoring report to the Commissioners by the 10<sup>th</sup> day following the end of the quarter. The Provider will then be required to meet with the Commissioner within 4 weeks of submitting the report to discuss performance against the Service Specification.

### **3.3 Population covered**

The Service is provided to individuals who are experiencing moderate to severe mental distress.

The Service shall be provided to individuals aged 18 years and over.

The Service shall be provided to any patient registered with a Stoke-on-Trent GP or a resident in Stoke-on-Trent that is not registered with any GP.

The Service shall be accessible to all members of the community in line with the Equality Act 2010 and the Public Sector Equality Duty derived from that legislation. The Service shall demonstrate equality of access for all groups of people identified in legislation as having protected characteristics.

#### **3.3.1 Equality and Diversity**

Services provided must be accessible to all members of the community in line with the Equality Act 2010 and the Public Sector Equality Duty derived from that legislation. The service must demonstrate equality of access for all groups of people identified as having protected characteristics.

The service will be accessible to people with learning and physical disabilities who meet the access criteria. The service will be expected to develop links with other services to ensure that there are sufficient skills and knowledge within the workforce to enable people to engage with the service.

The service will be providing support to meet the needs of all adults, including Older Adults and those with Long-term physical health needs. It will therefore need to ensure that those groups of people have equitable access to the service through pro-actively developing arrangements to facilitate this.

The service must also ensure that it is accessible to and capable of meeting the need of people from black and minority ethnic communities. People from their communities will have their needs met by the service in ways which are culturally appropriate and which enable and encourage them to access mainstream services.

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

The Service is not aimed to support people at a high level of risk of suicide, self-harm or harm to others. However the service does provide support to those with severe to enduring mental health problems. A risk assessment shall be carried out as part of the initial assessment process. Where the Service considers that the person has either a level of risk or mental health needs that cannot safely be managed within the Service they shall signpost and support the individual to access more specialist mental health services through the local mental health Access service.

The Service does not provide support for young people under the age of 18.

### **3.5 Interdependence with other services/providers**

The Service forms part of a spectrum of services commissioned by Staffordshire and Stoke-on-Trent ICB to address the mental health needs of its population. It is specifically responsible for responding to people with mental health problems, and in doing so, to work in partnership with other services responding to the needs of this group of people.

The Provider shall also develop relationships with non-health care related services, such as social care and educational services.

A sequential interdependency exists both within the Provider’s various services and externally with other statutory and voluntary sector provider services.

The Service shall be integral and complementary to the wider range of secondary care, primary care and community based mental health services that are available across Stoke-on-Trent, for mental health disorders. Service Users are supported to move between services into either lower or high intensity therapies in order to comprehensively promote their recovery, wellness and social inclusion. It is imperative that the Service forms collaborative relationships with organisations that provide mental health support to maximise efficiency and improve integrated working. The Service shall facilitate referring / supported signposting of Service Users to other providers, if appropriate, ensuring they receive seamless and timely support.

The Service shall build strong working relationships with key service providers such as mental health and substance misuse services as well as GPs, primary care services, support agencies and the voluntary sector.

**4. Applicable Service Standards**

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

The Service shall comply with relevant national standards of best practice in mental health provisions and make onward referrals as appropriate to assess need.

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

**4.3 Applicable local standards**

The Provider shall ensure appropriate policy is in place in line with current health and safety and risk management guidance together with appropriate mechanisms to record, audit and monitor feedback on service provision and actions taken to resolve issues.

The Provider shall work in accordance with the local Staffordshire and Stoke-on-Trent Adult Safeguarding Policy and procedures. The Provider shall ensure that they have an adult protection policy that has been checked and approved by the local Staffordshire and Stoke-on-Trent Adult Safeguarding Board.

The Provider shall ensure that all staff receive training relating Adult Protection, safeguarding and vulnerable people.

**5. Applicable quality requirements and CQUIN goals**

**5.1 Applicable quality requirements (See Schedule 4 Parts A-D)**

**5.2 Applicable CQUIN goals (See Schedule 4 Part E)**

**6. Location of Provider Premises**

**The Provider’s Premises are located at:**

Head Quarters and main office:  
Changes Wellbeing Centre, Victoria Court, Booth Street, Stoke, Stoke-on-Trent, ST4 4AL.

The delivery of service takes place in a range of statutory and community venues across the City.

**7. Individual Service User Placement**

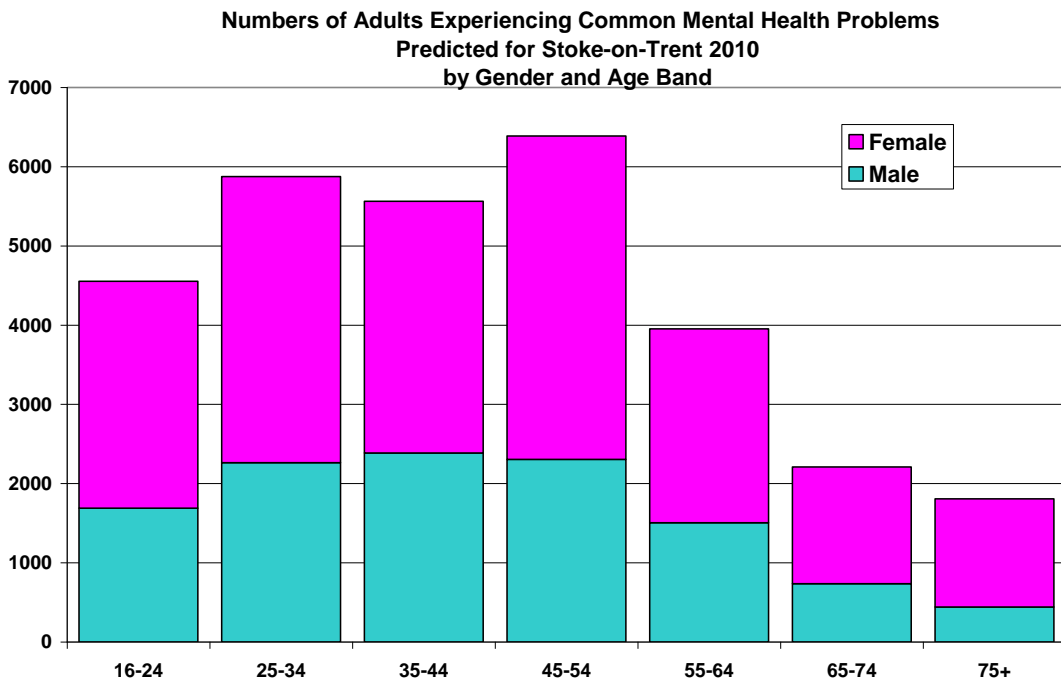
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<b>Service</b>	Changes Health & Wellbeing – CHANGES ADULT
<b>Commissioner Lead</b>	Kevin Day, Portfolio Manager – Mental Health, Staffordshire & Stoke-on-Trent ICB
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**1. Population Needs**

**1.2 National/local context and evidence base**

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The current economic downturn and in particular the reductions in public spending will affect the mental health of people living in the city to a greater extent than other localities. The city is particularly vulnerable because of its deprivation levels and many of the factors described in the Determinants section have a direct impact on both positive mental wellbeing and mental ill-health. The table below shows the number of adult's experience common mental health problems predicted for Stoke-on-Trent 2010 by gender and age band.



Reducing the prevalence of common metal health disorders is a major public health concern. In 2007, the annual cost to treat depression and anxiety disorders in England was nearly £3 billion, with an additional economic impact of around £13 billion in lost earnings among people of working age.

There is strong evidence that appropriate and inclusive services and pathways for people with common mental health problems, specifically depression and anxiety reduce an individual's usage of NHS services whilst contributing to overall mental well-being and economic productivity.

Review of current IAPT services have shown, through routine collection of outcome measures, the following benefits for people receiving services<sup>6</sup>:

- Better health and wellbeing
- High levels of satisfaction with the service received
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- Helping people stay employed and able to participate in the activities of daily living

The Commissioning Guide for Common Mental Health Disorders<sup>7</sup> suggests that 17.7% of the adult population (18+) will have a mental or emotional condition, which would benefit from an intervention at primary care level. While "Talking Therapies; A four year action plan"<sup>8</sup> considers that it will have been achieved when an estimated 15% (of the 17.7% adults 18+) can access interventions locally.

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While many of the Improving Access to Psychological Therapies (IAPT) services predominantly have had a cognitive behaviour approach to treatment, other complementary talking therapies, such as peer support and counselling, have long been shown to help people experiencing mental distress to find ways to improve their lives and mental wellbeing.

### Changes: Health & Wellbeing

Changes is nationally acknowledged as a model of good practice, and has over 20 years of experience delivering high quality, user-led, peer-based, recovery and wellness focused services.

Successive independent evaluations, several conducted by Staffordshire University, have confirmed high levels of user satisfaction and the efficacy of Changes services in promoting recovery, wellness and social inclusion.

#### 1.1.1. Local context

Stoke-on-Trent has historically experienced, and continues to experience, significantly higher levels of poverty and deprivation than the rest of England, with over half of the population living in the most deprived areas of the country. Overall, Stoke is the 16th most

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deprived area, according to the Index of Multiple Deprivation 2007.<sup>9</sup> This, coupled with the current economic downturn, makes it likely that there will be a larger adverse consequential impact on mental health and wellbeing for the people of Stoke-on-Trent than in other localities. Therefore the Service is a crucial contributor to plans to improve and then maintain levels of mental health and wellbeing in the City, since these are significant factors that need to be addressed to enable wider improvements in both health and wellbeing and in economic sustainability.

The city has very high levels of deprivation, which brings with it high levels of health inequalities and much lower life expectancy. These impact significantly on key factors that affect mental health and wellbeing – risks such as low income, poor education, poor housing, unemployment and family breakdown - and also on resilience, someone’s ability to respond to all the negative factors that are risks to mental health and still retain good mental wellbeing. The longer and more severe the risk factors, the more impact it has on resilience both for individuals, their families and the communities they live in.

The Stoke-on-Trent Joint Strategic Needs Assessment (JSAN)<sup>3</sup> indicates that due to the level of deprivation in the City is likely that the prevalence rates of mental ill health will be greater than the rest of England but there is no data available to verify or contradict this view. The Stoke-on-Trent JSNA also states that the need for talking therapies services is likely to become an even greater priority as the numbers of people experiencing mental health problems in the city will almost certainly increase.

With regard to common mental health problems, using the Commissioning Guide for Common Mental Health Disorders<sup>10</sup> there are 36,053 people with a common mental health problem in Stoke-on-Trent of which 14,421 are likely to access services.

**2. Outcomes**

**2.1 NHS Outcomes Framework Domains & Indicators**

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	<b>x</b>
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	<b>x</b>
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	<b>x</b>

**2.2 Local defined outcomes**

The key service outcomes for the Service are:

- Improved accesses to services supporting those experiencing mental distress
- Improved speed of access and response to recovery based treatment
- Increased proportion of people who make clinically significant improvements or recovery
- Improved emotional wellbeing of Service Users with common mental health problems preventing escalation to more serious mental health issues
- Empowered Service Users achieving:
  - Improved mental wellbeing and recovery from mental distress
  - Increased life skills, personal autonomy and social inclusion
  - Improved engagement with health and social care services
  - Increased involvement in mental health service planning and development

<sup>9</sup> Stoke-on-Trent Joint Strategic Needs Assessment. JSNA 2010-2015. Version 4.4 February 2011

<sup>10</sup> NICE commissioning guide 41. Commissioning stepped care for people with common mental health disorders. November 2011

The mental wellbeing of Service Users accessing the Service has improved as demonstrated by improved scores in one or more assessment tool:

- PHQ9 & GAD7
- Wellness Action Plan, (WAP)

### 3. Scope

The Service shall provide a range of accessible and open-ended recovery and wellness services for the people in Stoke-on-Trent and North Staffordshire who are in or at risk of mental distress.

The Service shall be integral and complementary to the wider range of secondary care, primary care and community based mental health services that are available across Stoke-on-Trent, for common mental health disorders.

#### 3.1 Aims and objectives of service

The overall aim of the Service is to provide a timely, appropriate and responsive service to people in Stoke-on-Trent and North Staffordshire who are in or at risk of mental distress.

The Service shall deliver a high quality, patient centred service that enables people who are in or at risk of mental distress to improve their well-being and functionality, thereby reducing the need for specialist services.

This Service shall help deliver health outcomes in a number of priority areas for Staffordshire and Stoke-on-Trent ICB. In general, these range from prevention and ensuring that there are appropriate early interventions; through to helping Service Users self-care and ensuring that crisis can be supported in the community. With specific regard to this Service, it is anticipated that the outcomes shall be focused on ensuring that there are appropriate early interventions available to Service Users as well as promoting self-care and mental wellbeing:

- To provide an accessible and responsive Recovery and Wellness service
- Improve the proportion of people who make clinically significant improvements or recovery
- Improve the emotional wellbeing of Service Users with common mental health problems preventing escalation to more serious mental health issues.
- Increased access to support and information for carers
- Improved mental health awareness and reduction of stigma
- Empower Service Users helping them to achieve:
  - Increased life skills, personal autonomy and social inclusion
  - More effective engagement with health and social care services
  - Greater involvement in Changes management and service provision
  - Greater involvement in mental health service planning and development

#### 3.2 Service description/care pathway

The Service shall be a community-based service that provides weekly peer support groups for people aged 18 and over who are who are in or at risk of mental distress. The support groups shall be based on mutual help and Service Users shall follow the Changes 12 Step Recovery Programme:

- Admit you've got a problem
- Take action
- Trust and cooperate
- Get the power
- Use and develop Wellness Tools
- Begin personal evaluation
- Cultivate healthy thinking
- Cultivate healthy behaviour

- Realise that feelings are not always facts
- Get on with your life
- Give it time
- Pass it on

As part of a holistic approach, the service will also utilise Changes 10 point Wellness Action Plan, (WAP) enabling users to set and achieve a range of personalised goals related to their recovery and wellbeing.

The primary function of the Service is psycho-education and the development of the wellness tools to promote recovery and the self-management of mental distress.

The Service shall be accessible, flexible and innovative in addressing the needs of the individuals accessing the Service and shall offer resources and interventions in line with relevant mental health legislation, NICE guidance and current evidence based best practice. The Service is a part of the Healthy Minds Network established in Stoke-on-Trent. This is a network of organisations that provide an integrated and complementary range of mental health services for common mental health disorders. The Service Provider shall work in a collaborative way with all members of the Network ensuring the Service User experiences seamless and timely access to services through efficient referral and supported signposting pathways within the Network.

The Service shall:

- Provide weekly peer support groups for people experiencing mental distress.
- Ensure that there is appropriate referral and signposting support to access community based and voluntary sector mental health services.
- Ensure that the best outcome is achieved for Service Users accessing the Service, collating and demonstrating outcomes as required.
- Provide opportunities for training and volunteering.
- Provide a comprehensive information service and a menu of supported social activities.
- Provide support and information for carers

### 3.2.1 Service Model

The Provider's peer-support groups and training sessions are based on their innovative peer support mechanisms, the unique Changes 12 Step Recovery Programme, and Wellness Action Plans developed from Service User experience, established cognitive behavioural techniques, and a holistic approach to mental wellbeing.

Changes Adult Service Pathway:



Appendix\_3\_SS2\_Changes\_Adult\_Service

See Appendix 3

### 3.2.2 Referral and assessment

Referral into the Service is either by self-referral or signposting from GPs, IAPT Services, Access team, Secondary Care, Social Care, Schools or other Voluntary Sector providers.

Referrals shall be accepted by telephone, fax, email or face to face and all referrals shall be processed at the Providers head office and there shall be a response within 72 hours.

The Service Provider shall be expected to provide referral guidance to ensure that referrals are appropriate and managed in a timely manner and in accordance with national and local maximum waiting time targets.

Service User consent shall be obtained from all 18+ year olds (rising to 25+ years olds for those with learning disabilities).

The Service shall validate the referral to determine whether the Service is appropriate for the person referred and inform the Service User of other possible services The Provider itself and other Providers offer.

Priority shall be given to those identified as actively suicidal or posing a risk of harm to self or others. Immediate contact shall be made following the Provider's policies and an assessment of the appropriateness of the Service shall be established. An immediate referral to the mental health Access team or Police shall be made for at risk cases. Where the immediate risk is addressed peer support shall be offered in the usual way.

### 3.2.3 Waiting List Management

Waiting List management may not be applicable to this service due to the service model of peer support and session offered throughout the week. However in the event a waiting list may occur the below should be followed.

The service shall provide referrers and the referred alternatives of where to get additional support if the waiting time is longer than the recommended 4-6 weeks from initial referral.

#### Self Help Resources

Below is an outline of some of the self-help services available and list of mental health services is attached below.

This list and attachment is not exhaustive and the links are correct at the time of writing.

#### Library

As well as operating a Book on Prescription service, all Stoke-on-Trent libraries have a Self-Help Collection within their Health Zones. These books are available for any library member to borrow and include a copy of all Books on Prescription titles, Living Life to the Full titles and a variety of other books on topics such as anxiety, stress and depression. For information on library Health Zones please visit:

<http://www.stoke.gov.uk/ccm/navigation/leisure/libraries-and-archives/health-zones/>

#### Online Resources

Free online CBT resources listed on the Royal College of Psychiatrists website.

MoodGYM: Information, quizzes, games and skills training to help prevent depression

<https://moodgym.anu.edu.au/welcome>

Living Life to the Full: Free online life skills course for people feeling distressed and their carers. Helps you understand why you feel as you do and make changes in your thinking, activities, sleep and relationships.

<http://www.lltf.com/>



Appendix\_2\_SS\_Mental\_Health\_Services

Please see Appendix 2.

### 3.2.4 Treatment and discharge

The Provider's ongoing provision of peer support groups and rolling delivery of training programmes ensures rapid access to support, typically between 24 and 72 hours.

Access to the Service is open ended with Service Users attending until they feel sufficiently well and with the option to re-engage at any time.

The Service shall ensure that appropriate assessments are conducted throughout the course of the treatment and as a minimum; this shall be done at the start, middle and end of the course. The assessments to be used are GAD7, PHQ9 and the Wellness Action Plan, (WAP). In the event that GAD7 & PHQ9 scores have significantly worsened, the Service shall make an appropriate referral to the Mental Health Access Team.

Service User feedback is sought via a regular feedback form given. e.g. four weekly. In addition the NHS friends and family Test will be administered during the last appointment.

### **3.2.5 Hours and Location(s) of service delivery**

Due to the ongoing COVID-19 pandemic, service delivery shall take a blended approach and include both face to face options as well as remote provision such as online and telephone support. This blended approach should flex according to patient's needs and demands on services as well as taking into account the current national COVID guidelines. For face to face provision, the Service shall be available at Changes head office and additional outreach shall be available in a variety of non-stigmatising venues across the city and North Staffordshire.

Services are operational Monday to Friday, both in the daytime and evening.

Service Users and referrers shall be able to contact the Service by telephone, e-mail or in person during those hours. Outside office hours, an answer phone message should provide information including the contact number for Out of Hours support.

The Service is not intended to be a crisis response service, therefore 24-hour cover, 7 days per week, is not required. The Service should, however, provide information to Service Users using the Service and their carer(s) where appropriate (including contact details and telephone numbers) on what to do and how to access support in the event of a crisis.

### **3.2.6 Workforce**

The Provider shall have sufficient and skilled staffing to provide care safely and to deliver the outcomes required by Service Users who access the Service as outlined in this specification. The staff shall undertake appropriate training to ensure that they are kept up to date with best practice and training shall be developed in line with new policy, guidance and best practice.

The Service Provider shall appoint a clear and identifiable Service Lead who shall have highly developed and respected skills to ensure the success of the Service and who shall be accountable for the delivery of the identified outcomes.

All staff working in the Service shall demonstrate a thorough knowledge and understanding of local resources and pathway relevant to the needs of the people who are accessing the Service.

There shall be adequate arrangements to provide appropriate levels of supervision and support to staff involved in delivering counselling. This shall cover issues related to case management as well as other relevant issues. These arrangements shall be consistent with identified good practice.

### **3.2.7 Performance Monitoring**

The Provider will be required to submit the Quarterly monitoring report to the Commissioners by the 10<sup>th</sup> day following the end of the quarter. The provider will then be required to meet with the Commissioner within 3 weeks of submitting the report to discuss performance against the Service Specification.

## **3.3 Population covered**

The Service is provided to individuals who are in or at risk of mental distress and suffering from severe enduring conditions.

The Service shall be provided to individuals aged 18 years and over.

The Service shall be provided to any patient registered with a Stoke-on-Trent or North Staffordshire GP or a resident in Stoke-on-Trent or North Staffordshire that is not registered with any GP.

The Service shall be accessible to all members of the community in line with the Equality Act 2010 and the Public Sector Equality Duty derived from that legislation. The Service shall demonstrate equality of access for all groups of people identified in legislation as having protected characteristics.

### **3.3.1 Equality and Diversity**

Services provided must be accessible to all members of the community in line with the Equality Act 2010 and the Public Sector Equality Duty derived from that legislation. The service must demonstrate equality of access for all groups of people identified as having protected characteristics.

The service will be accessible to people with learning and physical disabilities who meet the access criteria. The service will be expected to develop links with other services to ensure that there are sufficient skills and knowledge within the workforce to enable people to engage with the service.

The service will be providing support to meet the needs of all adults, including Older Adults and those with Long-term physical health needs. It will therefore need to ensure that those groups of people have equitable access to the service through pro-actively developing arrangements to facilitate this.

The service must also ensure that it is accessible to and capable of meeting the need of people from black and minority ethnic communities. People from their communities will have their needs met by the service in ways which are culturally appropriate and which enable and encourage them to access mainstream services.

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

The Service does not generally provide support to people with during a psychotic episode or psychoses, or for those at a high level of risk of suicide, self-harm or harm to others. A risk assessment shall be carried out as part of the initial assessment process. Where the Service considers that the person has either a level of risk or mental health needs that cannot safely be managed within the Service they shall signpost and support the individual to access more specialist mental health services through the local mental health Access service.

The Service does not provide support for young people under the age of 18.

### **3.5 Interdependence with other services/providers**

The Service forms part of a spectrum of services commissioned by Staffordshire and Stoke-on-Trent ICB to address the mental health needs of its population. It is specifically responsible for responding to people with mental health problems, and in doing so, to work in partnership with other services responding to the needs of this group of people. The Provider shall also develop relationships with non-health care related services, such as social care and educational services.

A sequential interdependency exists both within the Provider's various services and externally with other statutory and voluntary sector provider services. Service Users are supported to move between services into either lower or high intensity therapies in order to comprehensively promote their recovery, wellness and social inclusion. It is imperative that the Service forms collaborative relationships with organisations that provide mental health support to maximise efficiency and improve integrated working. The Service shall facilitate

referring / supported signposting of Service Users to other providers, if appropriate, ensuring they receive seamless and timely support.

The Service shall build strong working relationships with key service providers such as mental health and substance misuse services as well as GPs, primary care services, support agencies and the voluntary sector.

**4. Applicable Service Standards**

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

The Service shall comply with relevant national standards of best practice in mental health provisions and make onward referrals as appropriate to assess need.

<http://www.nice.org.uk/guidance/qualitystandards/qualitystandards.jsp>

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

**4.3 Applicable local standards**

The Provider shall ensure appropriate policy is in place in line with current health and safety and risk management guidance together with appropriate mechanisms to record, audit and monitor feedback on service provision and actions taken to resolve issues.

The Provider shall work in accordance with the local Staffordshire and Stoke-on-Trent Adult Safeguarding Policy and procedures. The Provider shall ensure that they have an adult protection policy that has been checked and approved by the local Staffordshire and Stoke-on-Trent Adult Safeguarding Board.

The Provider shall ensure that all staff receive training relating Adult Protection, safeguarding and vulnerable people.

**5. Applicable quality requirements and CQUIN goals**

**5.3 Applicable quality requirements (See Schedule 4 Parts A-D)**

**5.4 Applicable CQUIN goals (See Schedule 4 Part E)**

**6. Location of Provider Premises**

**The Provider’s Premises are located at:**

Head Quarters and main office:

Changes Wellbeing Centre, Victoria Court, Booth Street, Stoke, Stoke-on-Trent, ST4 4AL.

The delivery of service takes place in a range of statutory and community venues across the City.

**7. Individual Service User Placement**