



SCHEDULE 1

**SERVICE SPECIFICATION
PROVISION OF A SERVICE USER INVOLVEMENT &
PARTICIPATION SERVICE**

April 2007- March 2009

**CAMDEN MENTAL HEALTH CONSORTIUM-
SERVICE USER GROUP**

LONDON BOROUGH OF CAMDEN (LBC)

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1. INTRODUCTION

- 1.1 The development and implementation of an outcome framework across all commissioned services to demonstrate the benefit of service interventions is one of the key priorities of commissioners this year. This service specification outlines the key aims and objectives of the service setting out the strategic and local context to inform service delivery.

2. STRATEGIC CONTEXT

- 2.1 Our Health, Our Care, Our Say (White Paper, January 2006) – supports a commitment to ensure that people who need health and social care services have access to information and prevention services, are able to make choices about their care and that there is equality in accessing these services. The paper also marks a shift from acute or residential settings for the provision of care to providing more services in the community and nearer to service users. Commissioning staff are leading on promoting these shifts.

National Service Framework for Mental Health (1999) - positions the promotion of mental health squarely within social inclusion activity and discusses the role for health and social services 'to promote mental health and reduce the discrimination and social exclusion associated with mental health problems'. The MHNSF expressed the case for reform in 11 principles, stating that people with mental health problems should expect that services will:

- Involve service users and their carers in planning and delivery of care.
- Deliver high quality treatment and care which is known to be effective and acceptable.
- Be well suited to those who use them and non-discriminatory.
- Be accessible so that help can be obtained when and where it is needed.
- Promote their safety and that of their carers, staff and the wider public.
- Offer choices which promote independence.
- Be well co-ordinated between all staff and agencies.
- Deliver continuity of care for as long as this is needed.
- Empower and support their staff.
- Be properly accountable to the public, service users and carers.
- Reduce suicides.

Social Exclusion Report¹ (The Social Exclusion Unit, 2004) – highlights the risks of segregated services to the chances of recovery from mental illness. The report set out the Government's action plan to improve the health and wellbeing of people with mental health problems through improving access to mainstream community activities and enabling people with mental health problems to gain and retain employment.

A variety of documents provide practical advice and guidance on tackling social exclusion. These include:

NIMHE Guiding Statement on Recovery (January 2005) – highlights recovery within the mental health community as offering 'both the possibility of improvement in a person's condition and/or experience and the importance of the person assuming an active and responsible life within their cultural and

¹ Office of the Deputy Prime Minister (2004) *Mental Health and Social Exclusion – Social Exclusion Report*. London: ODPM

familial context'. This has led to the implementation of "Support, Time and Recovery" services in Camden to ensure that our day centre service users are able to access mainstream community services.

The report sees a recovery-oriented care system as one that:

- Focuses on people rather than services.
- Monitors outcomes rather than performance.
- Emphasises strengths rather than deficits or dysfunction.
- Educates people who provide services, schools, employers, the media and the public to combat stigma.
- Fosters collaboration between those who need support and those who support them as an alternative to coercion.
- Through enabling and supporting self-management, promote autonomy and, as a result, decrease the need for people to rely on formal service and professional supports.

Delivering Race Equality in Mental Health Care (2005) - is an action plan for achieving equality and tackling discrimination in mental health services in England for all people of Black and minority ethnic (BME) status, including those of Irish or Mediterranean origin and east European migrants. The vision for DRE is that by 2010 there will be a service characterised by:

- Less fear of mental health services among BME communities and service users.
- Increased satisfaction with services.
- A reduction in the rate of admission of people from BME communities to psychiatric in-patient units.
- A reduction in the disproportionate rates of compulsory detention of BME service users in in-patient units.
- Fewer violent incidents that are secondary to inadequate treatment of mental illness.
- A reduction in the use of seclusion in BME groups.
- The prevention of deaths in mental health services following physical intervention.
- More BME service users reaching self-reported states of recovery.
- A reduction in the ethnic disparities found in prison populations.
- A more balanced range of effective therapies, such as peer support services and psychotherapeutic and counselling treatments, as well as pharmacological interventions that are culturally appropriate and effective.
- A more active role for BME communities and BME service users in the training of professionals, in the development of mental health policy, and in the planning and provision of services; and a workforce and organisation capable of delivering appropriate and responsive mental health services to BME communities.

Modernising Mental Health Services² Amongst other issues this highlights the need for:

- *Patients, service users and their carers playing an active role in the process of treatment and care.*
- *Support to be provided where necessary to help people with mental health problems gain access to employment, education and housing services.*

² Department of Health (1998) *Modernising Mental Health Services: Safe, sound & supportive*. London: DoH.

2.2 Local Context

The latest estimate of the resident population suggests that 217,100 people live in the borough of Camden. The population is comparatively young: only 10% of the population is aged over 65, while 23% is aged 20-29 years. This compares with national rates of 16% and 12% respectively [

Camden's population is culturally and ethnically diverse. Culture and ethnicity may affect health beliefs and behaviours, and can therefore be important influences on health and wellbeing. The 2001 Census indicates that 40% of the population is from black and minority ethnic (BME) groups, including 'other white' and 'white Irish'. The largest BME groups in Camden are Bangladeshi (6.4%), Black African (6%) and Irish (4.6%).

The **Index of Multiple Deprivation (IMD)** 2004 provides an overall deprivation score for local authorities and smaller areas known as lower layer **super output areas (SOAs)**. The IMD incorporates the following seven elements: income; employment; health and disability; education, skills and training; barriers to housing and services; living environment; and crime. Camden is the 19th most deprived local authority of the 354 in England. Within Camden, 92% of the 133 SOAs are more deprived than the national average though none of Camden's SOAs is among the 20% of SOAs that are the least deprived in England.

Camden also has a high level of mental health need. For the period 2003-05, the **suicide rate** for Camden was **14.4 per 100,000** of the population, compared to a 2002-04 rate of 8.7 for England and Wales and 8.3 for London.

Camden has a **Mental Illness Needs Index (MINI)** score of **2.09**, which is the highest in London. This can be interpreted as Camden having just over twice the predicted admission rate for severe mental health problems when compared to England as a whole. The MINI indicates the relative degree of need for mental health care in an area. It is based on a number of socio-economic variables that have been shown to be predictive of mental health admissions.

The Mental Health and Social Care Trust found an overrepresentation of patients from Black African or Black Caribbean backgrounds admitted to psychiatric hospital; 50% compared to the expected 8% based on the prevalence in the Camden population. Black patients are more likely to be cared for in the most intensive parts of the service. This suggests that these groups may often not access services until they are more severely unwell. Promoting access by service users from BME communities to a range of community based services will help reduce the current level of over-representation in intensive parts of mental health services

The **Psychiatric Morbidity Survey** estimated the prevalence of common mental health disorders in those aged 16 to 74 to be 182 per 1000 population for London. This equates to **37,000** adults in Camden, of whom approximately 60% are likely to be women.

To meet the high level of mental health need amongst Camden's population, services need to be configured to deliver a more appropriate range of interventions. In light of the foregoing, Camden's key local priorities are:

- Reducing mortality rates from suicide and undetermined injury by at least 20% by 2010.

- Improving access to mental health services, including access to psychological therapies – particularly for black and minority ethnic (BME) groups, older people, young men, and children.
- Improving patient and service user involvement and increasing access to information and choice.
- Improving mental and emotional well-being through mental health promotion and prevention, reducing stigma, and supporting self-help.
- Supporting people with mental health problems to get back to work by encouraging independence and tackling social exclusion.

3. VISION

- 3.1 We aim to commission a high quality, flexible service that will maximise the individual's recovery from and minimise the disabling effects of mental illness.

Our services need to prevent or avoid the risks of institutionalisation associated with using mental health services as the sole means of support. Camden has therefore adopted the 'Recovery' model across commissioned services.

4. THE SERVICE

4.1 General

The Service is for the benefit of people who use or have used the Mental Health services and live or work in the London Borough of Camden and/or people or organisations that for some reason have an interest in the Mental Health Services provided in the Borough and support the objectives of CMHC. The service shall:

- 4.1.1 Promote service user participation in the development of policy and practice in mental health at operational and strategic levels.
- 4.1.2 Provide mutual support with people who experience mental distress.
- 4.1.3 Represent the views of people with experience of mental distress that are members of the Consortium and people from the wider community in Camden.
- 4.1.4 Enhance the quality of life of its members by promoting social contact and support and enabling them to take control of their own lives.
- 4.1.5 Promoting service users' views including the specific needs of users from the Black and the other minority ethnic (BME) communities by establishing regular and consistent lines of communication with representatives of statutory and voluntary mental health services.
- 4.1.6 To enable wider representation of Mental Health Service Users in the planning, provision and monitoring of mental health services in the statutory and voluntary sectors.
- 4.1.7 To support a targeted group of mental health service users through training and provision of a fair and equitable reward system in involvement activity.

4.2 **The objectives of the Service are:**

- Increasing the number of users taking part in all areas of user involvement.
- Extending the age, ethnic, gender and cultural representation of user involvement.
- Providing information and offering focus to maximise the effect of service user involvement.

4.3 **Provision of the Service**

4.3.1 The opening times are:

Monday	10.00 – 3.00
Tuesday	10.00 – 3.00
Wednesday	10.00 – 3.00
Thursday	10.00 – 3.00
Friday	10.00 – 3.00

4.3.2 The service shall be based at:

Hampstead Town Hall
213 Haverstock Hill
LONDON
NW3 4QP

4.4 **Referral source and process**

Self-referrals will be encouraged. Referrals from professionals and others will be accepted with the service users' consent

4.5 **Eligibility Criteria for the Service**

Residents of Camden who are over the age of 18 and use at least one other service in Camden.

5. **PRINCIPLES OF CARE**

5.1 At all times the Organisation shall provide the Service detailed in this specification and incorporate the following general principles:

- 5.1.1 People are individuals and have the right to dignity, privacy and independence.
- 5.1.2 All those involved in providing the Service should acknowledge and respect Service Users gender, sexual orientation, age, race, religion, culture, lifestyle and values.
- 5.1.3 Service Users should be encouraged and enabled to exercise control over the Service they receive.
- 5.1.4 Services should be supportive of Service Users and their Carers
- 5.1.5 Ensure that Services are able to respond sensitively and flexibly to the Service User's changing needs.

6. QUALITY STATEMENT

6.1 In providing Services, the Organisation and its staff shall maintain high standards of professional behaviour and job performance.

6.2 The Organisation shall ensure:

6.2.1 That it understands the nature and purpose of the Service it is providing, in particular the needs of the Service User group and that this is fully understood by its employees;

6.2.2 That the Organisation and its employees are providing the Service in a manner consistent with COUNCIL policy as communicated to the Organisation by the Authorised Officer and that in any communication relating to the contract the Organisation clearly indicates that it is providing a service on behalf of COUNCIL;

6.2.3 That the Organisation is operating working practices that comply with relevant employment legislation and Health and Safety at Work legislation, which is designed to regulate the Organisation's conduct. Employees shall be provided with appropriate training in order to carry out the Service;

6.2.4 That employees are competent and qualified to carry out the Service. Employees shall be competent both as regards standards of work and the manner in which it is performed;

6.2.5 That the Organisation has employees with appropriate cultural backgrounds to ensure that an ethnically and culturally specific Service is provided.

6.2.6 That the Organisation has its own quality systems agreed with the COUNCIL, for the monitoring of Organisation performance against this specification.

6.3 The Organisation shall allow for the periodic inspection of its operations of the Service by COUNCIL Authorised Officer(s).

7. SERVICE USER INVOLVEMENT

7.1 The provider shall ensure that all service users have the opportunity to participate in all consultations with respect to the service.

7.2 The views of the service users shall be demonstrably be taken into account when planning and proposing future services.

8. REQUIRED OUTPUTS/OUTCOMES AND KEY SERVICE PERFORMANCE INDICATORS

8.1 Contract Outputs required per quarter:

8.1.1 Consortium Services

- Number of members 120
- Minimum % of members from BME communities 10
- Number of meetings 3

8.1.2 The Camden Bugle

- Number of issues 3

8.1.3 Camden Borough Use Group

- Number of members 12
- Number of meetings 3
- Average attending meetings 10
- Annual Conference 1 (each year)
- Projects (1 Project shall be specific to BME issues) 2

8.2 Outcomes sought:

8.2.1 Service user satisfaction (*this shall be done through a survey of service users through a questionnaire once every year*) 80%

8.2.2 The Organisation shall provide a written report annually on Impact of Service User Involvement on the commissioning, delivery and commissioning of services. This report shall be presented to the Camden Local Implementation Team as agreed

8.2.3 Camden Mental Health Consortium will provide quarterly summary information on:

- Progress towards work programme goals
- Achievements in the development of consultation with Service Users
- Specific products produced by CBUG (e.g. publications, polices, briefings etc)
- Issues for further action and/or development identified
- The number of meetings and/or the membership of the forum

8.4 It is the intention of commissioners to review the inputs, outputs and outcomes as well as implement an outcome based framework to monitor the service outcomes in consultation with CMHC in 2007.

9. GENERAL RESPONSIBILITIES OF THE COUNCIL

9.1 The Organisation shall be advised of the Authorised Officer prior to the contract commencing.

9.2 The Authorised Officer shall:

- 9.2.1 Notify the Organisation of any variation to the Service, giving 3 months notice;
- 9.2.2 Be available during office hours, for contact by the Organisation;
- 9.2.3 Carry out monitoring (as specified in Section 16);
- 9.2.4 Authorise and pay invoices;
- 9.2.5 From time to time advise appropriate COUNCIL bodies on the progress of the contract, performance standards of the Organisation and any non-compliance in respect of the Contract Conditions or Specification of the Service.

10. GENERAL RESPONSIBILITIES OF THE ORGANISATION

- 10.1 The Organisation shall nominate an Authorised Representative to manage the contract.
- 10.2 The Authorised Representative shall be advised of such a named person prior to the contract commencing. The Organisation shall give the Authorised Officer two weeks notice prior to any change to the designated Authorised Representative.
- 10.3 The Authorised Representative shall -
 - 10.3.1 Ensure that a system of recording and investigating complaints is put in place and maintained throughout the duration of the contract (see Section 10);
 - 10.3.2 Establish a system of supervision, appraisal and feedback for the Organisation's staff, to ensure that specified standards are met and problems arising from their day to day work are resolved, including concerns by workers about gender and racial discrimination towards Service Users and/or their representatives;
 - 10.3.3 Develop and maintain appropriate record keeping systems to ensure the requirements of the Specification are met;
 - 10.3.4 Ensure that the Organisation is readily accessible by telephone, facsimile or mobile, by the Authorised Officer during the business hours of the contract and to have a contingency plan where accessibility of the Organisation is compromised, e.g. a mobile phone;
 - 10.3.5 Attend relevant multi-disciplinary meetings on a regular basis (if applicable) and provide information on the performance of the Service through monitoring reports.

11. GENERAL CONDUCT

- 11.1 The Organisation shall have in force a written policy on confidentiality that will address the needs of the Service User group. This shall ensure that personal information disclosed to the Organisation in the course of its work is treated by its employees (including volunteers) as confidential. Such information shall only be disclosed with the consent of the person concerned (except where the

person is at risk). The Organisation shall further ensure that all employees are aware of and understand the importance of confidentiality.

- 11.2 The Organisation shall ensure that identified Service Users are treated with courtesy and respect at all times and in a way that promotes dignity and self – respect.
- 11.3 Services shall be delivered in a non-discriminatory and professional manner by experienced, well-trained and courteous staff.
- 11.4 In the event of an allegation of misconduct of an inappropriate nature, the Authorised Officer shall be informed immediately of such allegations, and shall advise on the action to be taken.
- 11.5 Any employee of the Organisation whose behaviour or actions are in the opinion of the Authorised Officer in breach of the Contract Conditions or Service Specification may upon the request of the Authorised Officer, be removed from contact with any Service User.

12. STAFF RECRUITMENT AND QUALITY

- 12.1 The COUNCIL has responsibilities as a commissioner of services and a duty of care to its Service Users. The Authorised Officer must be informed of any offences which may give rise to concerns about the Organisations employee(s) working with vulnerable adults.
- 12.2 The Organisation is required to obtain CRB checks, two satisfactory written references, one which should be from the most recent employer, and a satisfactory medical clearance for each employee. All checks must be in place prior to allocating work. These shall be available upon the Authorised Officer's request, for monitoring purposes.
- 12.3 The Organisation shall maintain up to date written details for each individual Named Worker employed, having due regard to that person's experience, relevant work history and general suitability in the context of the tasks they will be expected to carry out. This shall be available to the Authorised Officer for inspection. The COUNCIL places particular emphasis on a sensitive and appropriate approach to vulnerable individuals and expects this to be reflected in the quality of the Organisation's employees.
- 12.4 The Organisation shall ensure that all employees are of appropriate personal quality to work with service users with mental health problems. This means that they shall have sufficient awareness of mental health and associated issues and social effects, and possess the necessary sensitivity, integrity and commitment to work with this user group.
- 12.5 Employees shall be able to communicate sensitively and effectively with Service Users.
- 12.6 The Organisation shall have written Health and Safety procedures which specifically cover the Service, personal safety, with evidence that staff are familiar with such procedures.
- 12.7 The Organisation shall ensure that employees receive regular supervision by an appropriate and qualified senior worker.

- 12.8 The Organisation shall have a thorough mechanism for the investigation of an individual where there are allegations of unsatisfactory working practices or inappropriate conduct. The Organisation shall have in place an agreed procedure for monitoring the work/conduct of an employee.

13. TRAINING

- 13.1 In relation to the Service being provided, the Organisation shall ensure that its employees have adequate knowledge and skills in the following areas:
- Awareness of the ethnic and cultural diversity of the Service group and its implications for the delivery of the service;
 - Management of complaints
 - Confidentiality;
 - Boundary setting;
 - Health and Safety;
 - Service planning that maximises the support and encouragement of Service Users.
- 13.2 Any other specialist training relevant to the service user group

14. COMPLAINTS

- 14.1 The Organisation shall make available to the Service Users a copy of its complaints procedure at the commencement of the Service. The complaints procedure should be available in the main Camden community languages.
- 14.2 The Service Users have the right to make a complaint directly to the Authorised Officer or to the COUNCIL, independent of the Organisation, and this shall be made clear to Service Users. The Authorised Officer and/or the COUNCIL have the right to investigate a complaint at any stage.
- 14.3 The Organisation shall maintain a written record of all complaints and their outcome in an agreed format with the COUNCIL. These shall be made available upon request from the Authorised Officer, for monitoring purposes.
- 14.4 The Authorised Officer shall be made aware of any serious complaint immediately, and the Authorised Officer will decide on the appropriate action to be taken.

15. CHANGES TO THE SERVICE

- 15.1 The Organisation shall not terminate, suspend or change any part of the Service without the agreement of the COUNCIL. Any proposed change in the Service must be in consultation with and agreement by the COUNCIL.
- 15.2 The Organisation shall ensure written records are kept and these must be made available to the Authorised Officer for monitoring purposes.

16. SERVICE STANDARDS, PERFORMANCE AND MONITORING

- 16.1 The Organisation shall ensure that it has adequate systems for documenting and monitoring this compliance. It is the responsibility of the Organisation to notify the Authorised Officer promptly, in writing, of any failure to apply the

terms and conditions contained within this contract and specification, together with the action being taken to rectify the situation.

16.2 Performance monitoring will be undertaken to assess the performance of the Provider against an agreed set of key performance indicators/service standards/outcomes.

16.3 The process for contract and performance monitoring will include, but not necessarily be exclusive to:

A regular formal meeting between the Authorised Officer(s) and the Organisation's Authorised Representative to assess performance against these service standards. The meetings will require statistical information and consider the following matters:

- Service User satisfaction;
- Invoicing and payments;
- Volumes of Service;
- Operational issues and information flow;
- Quality systems, including data regarding complaints;
- Staff turnover and staffing arrangements (including reference checks);
- Contractual, legal and financial concerns;
- Any other issues arising from operational monitoring or any other source.

16.3.2 Completion and submission of a contract monitoring form which will be agreed with and provided by the Authorised Officer(s). This form will be submitted representative on a regular basis as agreed by the Parties; and include performance and statistical information such as the following:

- Performance outputs and outcomes
- Contract Compliance outputs
- Contract Development
- Service User Experience
- Council data requirements

Contract monitoring forms must be provided 10 working days before the formal meeting (as above) to enable analysis of the information provided.

16.4 The Organisation shall therefore have in place a system for:

- Assessing Service User satisfaction and report the results.
- Monitoring Service quality and report the results to regular formal meetings.
- Demonstrating the effectiveness of its Equal Opportunities policy.
- Keeping a record of its staff complement, and any changes therein, for monitoring purposes.

16.5 The Organisation must allow the periodic inspection of the Service by COUNCIL Officers.

16.6 The COUNCIL shall be entitled to introduce, or change, any systems of contract monitoring and quality control as the Council shall see fit, with prior notification to the Organisation and Authorised Representative.