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|  | **All District Health Boards** |
| ADULT MENTAL HEALTH SERVICES -ADULT PLANNED RESPITEMENTAL HEALTH AND ADDICTION SERVICES –Tier THREEService Specification |
| **STATUS: These service specifications may be amended to meet local agreement needs.** | **NON-MANDATORY** |
| Review History | Date |
| First Published on NSFL | June 2009 |
| **Amended:** clarified reporting requirements | February 2013 |
| **Amended**: added MHA17S purchase unit code, removed standard provider monitoring reporting tables. Minor editing. | April 2017 |
| Consideration for next Service Specification Review | Within five years |

**Note:** Contact the Service Specification Programme Manager, Service Commissioning, Ministry of Health to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications.

Nationwide Service Framework Library web site <http://www.nsfl.health.govt.nz>

**ADULT MENTAL HEALTH SERVICES - ADULT PLANNED RESPITE**

**MENTAL HEALTH AND ADDICTION SERVICES**

**TIER THREE**

**SERVICE SPECIFICATION**

**MHA17, MHA17C, MHA17D, MHA17E, MHA17S**

This tier three service specification for Adult Planned Respite (the Service) is linked to tier one Mental Health and Addiction Services and tier two Adult Mental Health service specifications.

This service specification may be used in conjunction with carer subsidy.

**1. Service Definition**

The Service will develop and maintain a range of options that will be implemented in accordance with the particular requirements of the Service User and their carers.

Options will include, but may not be limited to at least one of the following:

* provision of staff with skills appropriate to the circumstances, to monitor and support the person in respite care, whether in their own home or elsewhere
* short-term care in supervised accommodation
* short-term care in a specifically dedicated respite facility.

Respite usage will be for a defined period according to the needs of the Service User and/or their carers.

Treatment, therapy and support will be provided as required during the period of respite care.

The Service will create an environment of self-determination while also supporting the service user and their family/whānau.

This Service includes the supply of accommodation when required.

**2. Service Objectives**

**2.1 General**

To provide planned access to a service with an accommodation component to minimise the likelihood of admission to inpatient mental health services for people under the care of community mental health teams.

Planned respite services may also serve the function of providing carers with relief from the role of providing care for a defined period.

**2.2 Māori Health**

Refer to the tier one Mental Health and Addiction Services and tier two Adult Mental Health service specifications.

**3. Service Users**

The Service Users are eligible adults as detailed in the tier two Adult Mental Health service specification.

**4. Access**

**4.1 Entry and Exit Criteria**

The use of respite services will be included as part of the recovery plan for people where it is anticipated that, from time to time, there will be a need to relieve other carers of the sole burden of care.

**5. Service Components**

**5.1 Processes**

The following processes apply but are not limited to: assessment, treatment, intervention and support, review process and discharge.

**5.2 Settings**

The Service is provided in community based settings.

**5.3 Key Inputs**

The Service is provided by:

* people regulated by a health or social service professional body
* people who interact with Service Users and who are not subjected to regulatory requirements under legislation or by any other means.

They will have appropriate qualifications, competencies, skills and experience in meeting the support needs of people with serious mental health problems/disorders.

**6. Service Linkages**

Linkages include, but are not limited to the following described in tier one Mental Health and Addiction and tier two Services Adult Mental Health service specifications.

**7. Purchase Units and Reporting Requirements**

**7.1** Purchase Unit (PU) Codes are defined in the DHB and Ministry’s Nationwide Service Framework Purchase Unit Data Dictionary. The following codes apply to this Service.

| **PU Code** | **PU Description** | **PU Definitions** | **Unit of Measure** |
| --- | --- | --- | --- |
| MHA17 | Planned adult respite | A service to provide planned access to a service with an accommodation component to minimise the likelihood of admission to inpatient mental health services for people under the care of community mental health teams. | Occupied bed day |
| MHA17C | Planned adult respite – Nursing and/or allied health staff | A service by nurses and/or allied health staff to provide planned access to a service with an accommodation component to minimise the likelihood of admission to inpatient mental health services for people under the care of community mental health teams. | FTE |
| MHA17D | Planned adult respite – Non-clinical staff | A service by non-clinical support staff to provide planned access to a service with an accommodation component to minimise the likelihood of admission to inpatient mental health services for people under the care of community mental health teams. | FTE |
| MHA17E | Planned adult respite – Cultural staff | A service by cultural support staff to provide planned access to a service with an accommodation component to minimise the likelihood of admission to inpatient mental health services for people under the care of community mental health teams. | FTE |
| MHA17S | Planned adult respite | A service to provide planned access to a service with an accommodation component to minimise the likelihood of admission to inpatient mental health services for people under the care of community mental health teams. | Service |

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| --- | --- |
| **Unit of Measure** | **Unit of Measure Definition** |
| Occupied bed day | Total number of beds that are occupied each day over a designated period. For reporting purposes, count beds occupied as at 12 midnight of each day. Leave days, when the bed is not occupied at midnight are not counted. Counting formula is discharge date less admission date less leave days |
| FTE | Full-time equivalent staff member (clinical or non-clinical) involved in direct delivery of services to consumers. Exclude time that is formally devoted to administrative or management functions e.g. half-time coordination of a community team. |
| Service | Service purchased in a block arrangement uniquely agreed between the parties to the agreement |

**7.2 Reporting**

The Provider must comply with the requirements of national data collections: PRIMHD.

Additional information to be reported and the frequency of collection are specified by the Funder in the Provider Specific Terms and Conditions as agreed with the Service Provider.

The information required by the Funder will be sent to:

Performance Reporting

Sector Operations

Ministry of Health

Private Bag 1942

Dunedin 9054

Email performance\_reporting@moh.govt.nz

The Performance Monitoring Reporting tables for the Mental Health and Addiction Service Specifications[[1]](#footnote-1) may be used for performance monitoring if specified as agreed with the Funder.

1. Performance Monitoring Reporting cluster tables for Mental Health and Addiction Services are published on the Nationwide Service Framework Library, Mental Health and Addiction Service specifications page, Downloads section www.nsfl.health.govt.nz/service-specifications/current-service-specifications/mental-health-and-addiction-services [↑](#footnote-ref-1)