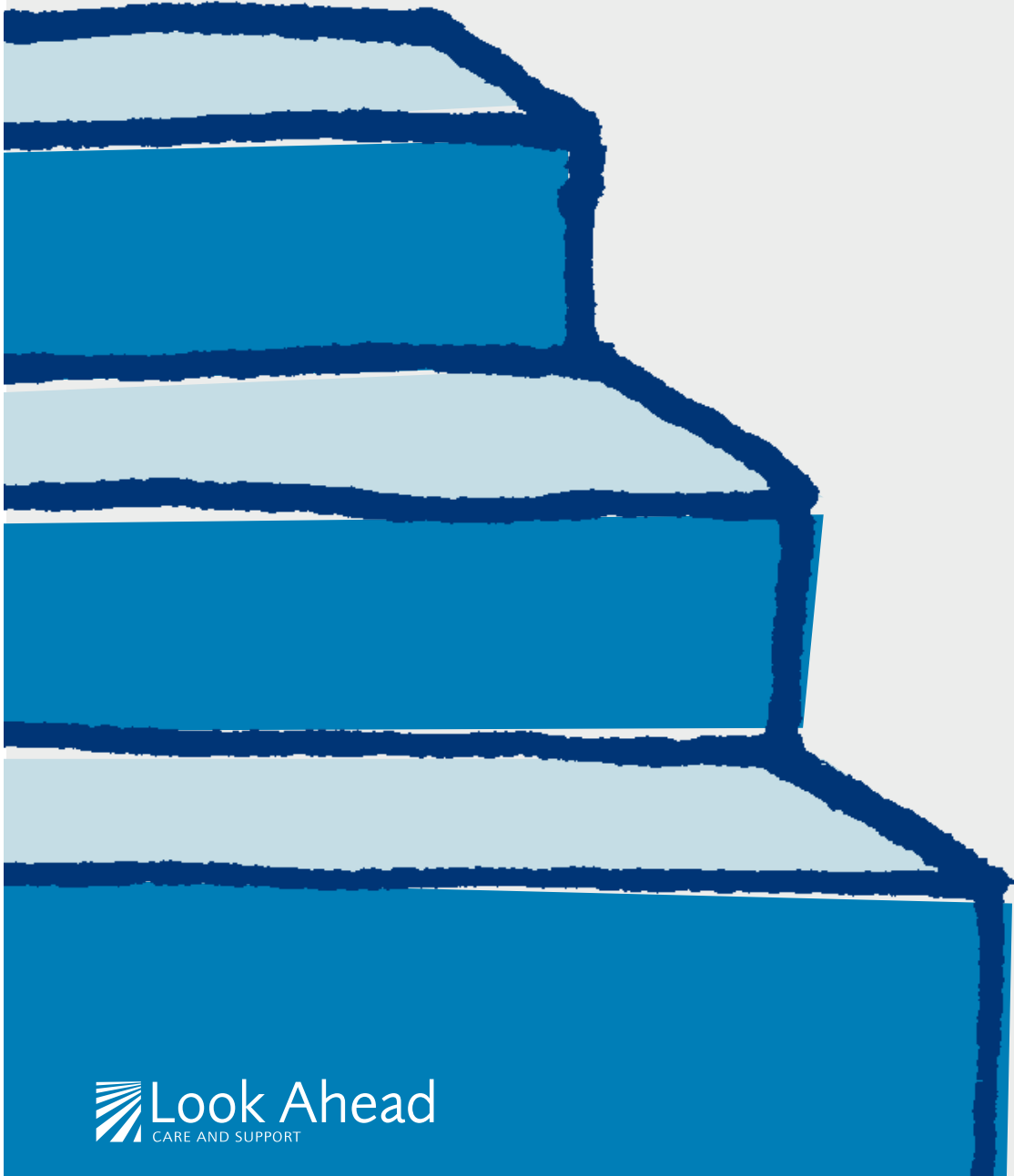


Mental Health **Service Tiers**



Introduction to the mental health service tiers

This document describes the mental health services Look Ahead delivers using a tier-based approach. It is intended to act as guidance for internal staff as well as providing information to and supporting conversations with external partners, funders and commissioners. The tiers are defined primarily on the basis of customer risk and need.

Look Ahead's mental health care and support services are underpinned by the principles of recovery, personalisation and social inclusion. We are committed to delivering safe, high quality, flexible, professional and personalised services. We work in a coordinated way with our customers, their family/carers, statutory and other partners to support people in reaching their goals and aspirations. Our wide range of mental health services contribute to delivering a comprehensive and supportive care pathway including:

- Crisis/Recovery House to prevent hospital admissions and facilitate earlier discharge
- 24-hour residential care and a range of supported accommodation models in the community to support individuals on their journey towards recovery and independence
- Floating and visiting support to support people in sustaining their tenancy, maintaining their mental and physical health and wellbeing and accessing appropriate training and work opportunities.
- Step down from specialist, forensic inpatient services

In response to demands in the market place we are increasingly delivering services to those with more complex needs. This includes people with severe personality disorder and/or histories of offending behaviour, who may also be subject to Ministry of Justice (MoJ) restrictions.

Definition of the mental health service tiers

This section outlines the definitions of the three tiers based on levels of customer risk and needs as follows:

TIER 1 People with low support needs

TIER 2 People with medium support needs

TIER 3 People with high and complex support needs

These definitions are informed by:

Information held within current contracts/service specifications for Look Ahead mental health services, ranging from residential care through to step-down accommodation-based services and floating and visiting support, as well as national guidance.

TIER 1

Low support needs

Includes individuals with a history of serious and enduring mental health needs, and may include personality disorder who:

- Require low level monitoring and support or intervention of one agency or discipline
- Are likely to self-manage their mental health problems with minimal support and/or prompting
- Have an established informal support network
- On assessment, are deemed to pose reduced or little risk to themselves or others
- Are likely to maintain contact with their GP, mental health and other services with minimal support and/or prompting

Customers may have previously met the criteria for Tiers 2 and/or 3 but will have developed the skills and insight to enable them to manage their mental health and other needs in a more positive way. They will be able to recognise signs of relapse and crisis and manage these situations with minimal support.

Details of service/contracts

Service type

Mental health floating support or visiting support services. They are not general health or statutory personal care services, but rather services whose main aim is to support customers in maintaining independent living in the community. Some floating support services may be CQC registered for specific regulated activity, e.g. one of our floating support services is registered to deliver a medication service in the community.

Referrals sources

Most common sources are secondary care provider teams, e.g. Community Mental Health Teams, Home Treatment Teams, local private rented access schemes, general needs housing, floating support, primary care services (i.e. GPs can refer but in reality this is rare).

Dedicated support hours

Between 1 – 4 hours, delivered in the person's own home or in the community.

ALL TIERS

Funding/Commissioning

Tier 1 services are predominantly commissioned via direct local authority funding. As the complexity of need becomes greater the level of funding via health commissioning will increase. For Tier 2 services funding may be split between health commissioning and local authority funding. For Tier 3 services funding will come primarily via the health commissioning route.



TIER 2

Medium support needs

Includes individuals with a history of serious and enduring mental health needs, including personality disorder and/or a high degree of clinical complexity who:

- Require higher levels of support, intervention and monitoring services from more than one agency or discipline compared to Tier 1
- Require a stepping stone from residential care/ higher level supported accommodation or in-patient services to independent living in the community
- May only have a poor or partially established informal support network
- On assessment, poses identified risk(s) to self or others as a result of their mental health needs

Customers in Tier 2 will typically experience **one** or more of the following:

- Co-existing substance misuse needs (illicit drugs and/or alcohol and/or prescription drugs)
- Current and/or significant history of offending behaviour and/or being subject to restrictions or orders imposed by the MoJ/criminal justice system
- Be subject to Community Treatment Orders under the Mental Health Act
- Co-existing learning disabilities alongside their mental health needs
- Current and significant history of lack of insight and non-compliance with treatment plans
- Current and significant history of a range of social care and housing issues, for example, previous failed placements, repeated and/or lengthy hospital admissions, very limited family and social networks, which have had an adverse impact on their recovery journey
- Being accommodated in low secure forensic settings or prison

Details of service/contracts

Service type

24-hour accommodation-based care and support or floating support services. These services are typically a step down from higher level of support provided within tier 3 or from other services/agencies. Some services may hold CQC registration for regulated activities, e.g. medication administration and/or personal care.

Referrals sources

Most common sources are secondary care provider teams, e.g. Community Mental Health Teams, Community Recovery Teams, Home Treatment Teams.

Referrals may also come from local private rented access schemes.

Dedicated support hours²

Within Tier 2 services this element is typically between 4 to 9 hours per customer per week. There can be variation above 9 hours depending on the service being commissioned and the individual needs of the customer.



TIER 3

High & complex support needs

Includes individuals with a history of serious and enduring mental health needs, including severe personality disorder with a very high degree of clinical complexity who:

- Require active coordinated support from multiple agencies, including housing, physical health, substance misuse, employment training, criminal justice, voluntary sector and other agencies
- Require a 24-hour accommodation-based support service
- Will be receiving care coordination from a statutory provider, e.g. Community Mental Health Team (CMHT) or similar service depending on the statutory provider involved
- On assessment, poses significant risk to self or others as a result of mental health needs, forensic history or other reasons

Customers in Tier 3 will typically experience a number of the following:

- Co-existing substance misuse needs (illicit drugs and/or alcohol and/or prescription drugs)
- Current and/or significant history of offending behaviour and/or being subject to restrictions or orders imposed by the MoJ/criminal justice system
- Be subject to Community Treatment Orders under the Mental Health Act
- Co-existing learning disabilities alongside their mental health needs
- Current and significant history of lack of insight and non-compliance with treatment plans
- Current and significant history of a range of social care and housing issues, for example, previous failed placements, repeated and/or lengthy hospital admissions, very limited family and social networks, which have had an adverse impact on their recovery journey
- Being accommodated in medium or low secure forensic settings or prison

The main difference between Tiers 2 and 3 is the extent to which customers have been able to use the support available to gain the necessary knowledge and skills¹ required to move on to a service offering lower levels of support. This will be based on ongoing person-centered assessment between the customer and the key services/professionals involved in their treatment and care.

Details of service/contracts

Service type

24-hour accommodation-based care and support, including residential care and Care Quality Commission (CQC) registered service. This tier includes our crisis and recovery houses and specialist forensic step-down services.

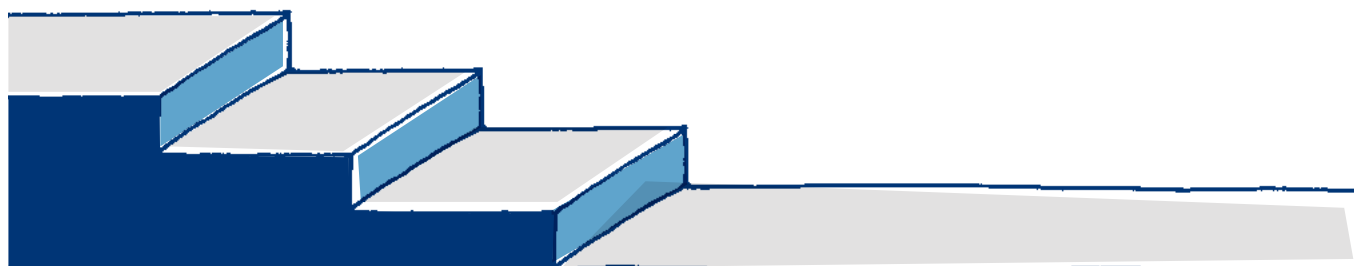
Specialist forensic inpatient providers

Main sources are secondary care provider teams, e.g. Community Mental Health Teams, Home Treatment Teams, Crisis Resolution Teams, Community Forensic

Teams; tertiary care providers, e.g. specialist forensic inpatient providers.

Dedicated support hours²

Within Tier 3 services this element is typically 9 hours per customer per week or more. The variation above 9 hours depends on the level of need and risk associated with individual customers. It can be as much as 20 hours per customer per week.



Footnotes

1 By "knowledge and skills" we refer to Activities of Daily Living (ADLs). There are two groups of daily living activities. These are referred to as the activities of daily living (ADL) and the instrumental activities of daily living (IADL). The activities of daily living are basic, routine tasks, such as bathing, dressing, eating and using the toilet that most people are able to perform on a daily basis without assistance. These may fluctuate at times of crisis/relapse.

The instrumental activities of daily living are more complex tasks that require a certain amount of physical dexterity, sound judgment and organisational skills, e.g. including using the telephone, shopping, preparing food, managing medication, maintaining the home, managing finances.

This also refers to other social inclusion and wellbeing outcomes that are important to our customers and commissioners, e.g. supporting individuals with complex mental health needs to overcome the barriers to participating in education, training and employment, meaningful relationships and leisure activities.

2 For each contract/service this is negotiated with commissioners. The above is a guide to typical hours of dedicated support expected within each tier and is indicated as a range, based on current contract information.

Further information

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