

## ADULT PLANNED RESPITE TIER LEVEL THREE SERVICE SPECIFICATION

### STATUS:

Approved for recommended use for nationwide non-mandatory description of services to be provided.

**RECOMMENDED**

Review History	Date
Approved by Nationwide Service Framework Coordinating Group (NCG)	June 2009
Published on NSFL	June 2009
Working Party Review	April 2009
Consideration for next Service Specification Review	Within three years

**Note:** Contact the Service Specification Programme Manager, Sector Accountability and Funding, Ministry of Health to discuss the process and guidance available in developing new or updating and revising existing service specifications. Web site address Nationwide Service Framework Library: <http://www.nsfl.health.govt.nz/>

**ADULT PLANNED RESPITE  
TIER THREE  
SERVICE SPECIFICATION  
MHA17, MHA17C, MHA17D, MHA17E**

This tier three service specification for Adult Planned Respite (the Service) is linked to tier one Mental Health and Addiction Specialist 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**

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.

### **2.1 Māori Health**

An overarching aim of the health and disability sector is the improvement of health outcomes and reduction of health inequalities for Māori. Health providers are expected to provide health services that will contribute to realising this aim. This may be achieved through mechanisms that facilitate Māori access to services, provision of appropriate pathways of care which might include, but are not limited to, matters such as referrals and discharge planning, ensuring that the services are culturally competent and that services are provided that meet the health needs of Māori. It is expected that, where appropriate, there will be Māori participation in the decision making around, and delivery of, the Service.

### **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 community based.

#### **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 Specialist Services Adult Mental Health service specifications.

### **7. Quality Requirements**

The Service must comply with the Provider Quality Standards (PQS) described in the Operational Policy Framework (OPF) or, as applicable, Crown Funding Agreement Variations, contracts or service level agreements.

## 8. Purchase Units and Reporting Requirements

Purchase Units are defined in the joint DHB and Ministry's Nationwide Service Framework Purchase Unit Data Dictionary. The following Purchase Units apply to this Service.

PU Code	PU Description	Unit of Measure	Reporting Requirements
MHA17	Planned adult respite	Occupied bed day	PRIMHD
MHA17C	Planned adult respite – Nursing and/or allied health staff	FTE	PRIMHD
MHA17D	Planned adult respite – Non-clinical staff	FTE	PRIMHD
MHA17E	Planned adult respite – Cultural staff	FTE	PRIMHD

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

### After PRIMHD Reporting to Information Directorate, Ministry of Health:

Frequency	Data
Monthly	Occupied bed days
Monthly	Expenditure with a breakdown of service utilisation (to be agreed in each locality)
Quarterly	Available beds
Quarterly	Available bed days
Quarterly	Number of suicides of current clients
Quarterly	Nursing and allied FTEs
Quarterly	Non clinical FTEs
Quarterly	Cultural FTE
Quarterly	Peer support FTE
Quarterly	Staff turnover ratio
Quarterly	Available budget
Quarterly	Number of suicides of current clients
Six monthly	Number of NGO Board member changes (NGOs only)
Six monthly	Number of NGO Governance meetings held (NGOs only)
Annually	Number of FTEs in each of these groups: <ul style="list-style-type: none"> <li>• Medical</li> <li>• Nursing</li> <li>• Psychology</li> <li>• Occupational Therapy</li> <li>• Social Work</li> <li>• Maori Mental Health</li> <li>• Other</li> </ul>

**Prior to PRIMHD Reporting to Information Directorate, Ministry of Health:**

<b>Frequency</b>	<b>Data</b>
Monthly	Occupied bed days
Monthly	Number of people supported by services at end of period (by NZ Maori, Pacific Island, Other)
Monthly	Number of people supported by services during month (by NZ Maori, Pacific Island, Other)
Monthly	Number of "admissions"
Monthly	Expenditure with a breakdown of Service Utilisation (to be agreed in each locality)
Monthly	Number of people supported by services at end of period (by NZ Maori, Pacific Island, Other)
Monthly	Number of people supported by services during month (by NZ Maori, Pacific Island, Other)
Quarterly	Available beds
Quarterly	Available bed days
Quarterly	Average length of stay
Quarterly	Number of suicides of current clients
Quarterly	Number of transfers to an inpatient unit/off site respite
Quarterly	Nursing and allied FTE
Quarterly	Non clinical FTEs
Quarterly	Cultural FTE
Quarterly	Peer support FTE
Quarterly	Staff turnover ratio
Quarterly	Available budget
Quarterly	Average length of Stay
Six monthly	Number of NGO Board member changes (NGOs only)
Six monthly	Number of NGO Governance meetings held (NGOs only)
Annually	Number of FTEs in each of these groups: <ul style="list-style-type: none"> <li>• Medical</li> <li>• Nursing</li> <li>• Psychology</li> <li>• Occupational Therapy</li> <li>• Social Work</li> <li>• Maori Mental Health</li> <li>• Other</li> </ul>

\* This set of information requirements is to be used for contracts for flexible types of respite options. For contracts for respite services which are the equivalent of other types of service, for example, housing and accommodation type services the reporting requirements should be the same as those for that type of service, that is, "C" for community based housing and accommodation services. Such variation could be negotiated between the service provider and the funder.