Mental Health and Addiction Services

Sub-Acute / Extended Care Inpatient Beds

Tier 3 Service Specification

September 2024

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## 1. Status

# Approved to be used for mandatory nationwide description of services to be provided.

#### MANDATORY ☑ RECOMMENDED ☑

Recommended – these are centralized and recommended specifications to be used by Districts for purchasing services, they may be used to enable providers to transition to meeting a Mandatory specification over time. Districts are expected to move to a mandatory specification when renewing or varying an agreement].

## 2. Review History

Review History	Date	
First Published on NSFL	June 2009	
Amended: clarified reporting requirements	February 2013	
Amendments: removed standard provider monitoring reporting tables. Minor editing.	April 2017	
Moved to Health NZ template. Updated links for PUDD and NSFL only. Amended DHB to become District/Region where appropriate. No other changes to content made.	September 2024	
Consideration for next Service Specification Review	Within five years	

**Note:** In September 2024 a small programme of work moved all Service Specifications to Health New Zealand branded templates. No amendments were made to the body text or content of the Service Specification, so references to DHB, Ministry of Health or other pre-2022 reforms vocabulary will still exist. A larger programme of work to review and revise all Service Specifications is planned for late 2024 to early 2025.

**Note:** Contact the NSF Team, Te Whatu Ora | Health New Zealand to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications. NSF@tewhatuora.govt.nz

Nationwide Service Framework Library web site <a href="here">here</a>

### 3. Introduction

This tier three service specification for Sub-Acute/Extended Care Inpatient Beds (the Service) is linked to tier one Mental Health and Addiction Services and tier two Adult Mental Health service specifications.

## 4. Service Definition

The Service includes a goal-oriented, recovery-focused, skill development inpatient programme that increases the Service User's ability to:

- manage their own illness
- achieve life goals
- develop positive relationships
- develop problem-solving skills.

Plans will be developed in accordance with formally assessed needs. Progress against plans and identified goals will be reviewed at specified intervals with modification of plans accordingly. Plans will aim to:

- meet individual needs
- manage clinical risk
- assist reintegration into the community
- maintain cultural links
- regain and maintain family/whānau links
- educate the Service User and their carers about illness, symptoms and the management of symptoms.

The emphasis will be on the implementation of the treatment plan and reintegration into the community. A comprehensive range of community- and hospital-based treatment and therapy options will be available including:

- pharmacotherapy and bio-medical investigations and interventions
- psychological treatments
- social treatments
- occupational therapy
- recreational activities
- social skills training
- budgeting
- domestic skills training
- assertiveness and self-esteem building
- development of cultural links.

# 5. Service objectives

#### 5.1 General

To provide a recovery-oriented service that enhances the skills and functional independence of Service Users. The Service is for people who are assessed as requiring care in a more structured environment because of diagnostic and treatment complexity, or insufficient response to treatment, and have a continuing need for a high level of ongoing supervision and support.

#### 5.2 Māori Health

Refer to the tier one Mental Health and Addiction Services service specification.

#### 6. Service Users

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

#### 7. Access

Referral to the Service is from community mental health service or inpatient mental health service.

## 8. Service Components

#### 8.1 Processes

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

## 8.2 Settings

This Service is provided in a hospital or community setting.

## 8.3 Key Inputs

The Service is provided by:

a multi-disciplinary team of people with skills and experience in mental health intervention, treatment and support, made up of:

- health professionals regulated by the Health Practitioners Competence Assurance Act 2003
- people regulated by a health or social service professional body

• people who interact with the Service Users and who are not subjected to regulatory requirements under legislation or by any other means.

# 9. Service Linkages

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

# 10. Exclusions

Refer to the tier one Mental Health and Addiction Services service specification.

# 11. Quality Requirements

Refer to the tier one Mental Health and Addiction Services service specification.

## 12. Purchase Units

Purchase Unit Codes are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary. The following codes apply to this Service.

PU	PU	PU Definition	Unit of
Code	Description		Measure
MHA07	Sub-acute extended care - Inpatient beds	An inpatient recovery-oriented service that enhances the skills and functional independence of service users. The service is for people who are assessed as requiring care in a more structured environment because of diagnostic and treatment complexity, or insufficient response to treatment, and have a continuing need for a high level of ongoing supervision and support	Available bed day

Explanations of the units of measure (UOM) from the purchase unit table.

Unit of Me	easure	Unit of Measure Definition
Available I	oed day	Total number of inpatient beds that are available to be occupied during the period multiplied by the number of days they are available during that period. To be counted as available the bed must be resourced, and either empty or occupied by a user of this service.

# 13. Reporting Requirements

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.

Unless otherwise specified in the agreement, the following reporting information will be emailed to The Performance Reporting Team at: <a href="mailto:performance\_reporting@health.govt.nz">performance\_reporting@health.govt.nz</a>

The Performance Monitoring Reporting tables for the Mental Health and Addiction Service Specifications<sup>1</sup> may be used for performance monitoring if specified as agreed with the Funder.

# 14. Glossary

Not required

# 15. Appendices

Not required

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<sup>&</sup>lt;sup>1</sup> 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