

**These are actual quotes from people attending the project*

Introduction

The Safe Haven Project is a pilot project funded by the North East Hampshire and Farnham Clinical Commissioning Group, Surrey and Borders Partnership Foundation NHS Trust (SABPF), Maidstone Community Care Housing (MCCH) and Surrey Alcohol and Drug Advisory Service (SAdAS) have been commissioned to work in partnership, to provide a service that will act as an alternative to A&E and provide support for people who are or could be developing a mental health crisis. The Wellbeing Centre in Aldershot was chosen as an ideal venue for the project as it is situated in the centre of Aldershot and is accessible by public transport. The service started on the 31 March 2014. It operates from 1800-2300hrs Monday to Friday and 12:30-2300hrs at weekends and bank holidays. Due to the success of the project, a business case is being submitted to try to secure permanent funding.

The planning and day to day operational functioning of the “Safe Haven” project is overseen by an Operational Steering Group, which consists of People who Use Services representatives, a carer, a commissioner, and representatives from the three organisations delivering the project

Background Information

There have been a number of drivers, both on a national and a local level that support the rationale for the design of this new project. A summary is provided below:

In 2011, Mind commissioned an independent inquiry into acute and Crisis mental health services. People said they wanted:

- to be treated in a warm, caring and respectful way.
- a reduction in the medical emphasis in acute care and recognition of the benefits of peer support and other third sector providers, in helping manage a crisis.
- Services to respond quickly to prevent further escalation of the crisis.
- a place to go for safety and respite. (Listening to Experience, 2011).

During 2012, a consultation was conducted in N E Hants by an independent organisation, Uscreates, involving service users, carers, statutory, primary care and third sector providers as to why people use A&E for their mental health needs. It concluded people wanted a physical place to go, out of hours, where they could get support and advice. They wanted a safe environment for people to have access to mental health support when they need it.

In 2011, SABPF conducted a comprehensive project to review the pathway for urgent assessments. There were a range of recommendations arising from this work. One specifically stated an ‘*Introduction of alternative support models which*

align with the Social Inclusion strategy to prevent and manage crisis e.g. Peer Support networks, 'Safe Haven's' (Jan 2012).

More recently, in February 2014, the Mental Health Crisis Care Concordat was published outlining principles and good practice that should be followed multi-agencies by health staff, police officers and approved mental health professionals when working together to help people in a mental health crisis.

Mental Health Crisis Care Concordat: the joint statement

'We commit to work together to improve the system of care and support so people in crisis because of their mental health condition are kept safe and helped to find the support they need – whatever the circumstances in which they first need help – and from whichever service they turn to first.

We will work together and with local organisations to provident crises happening whenever possible through prevention and early intervention. We will make sure we meet the needs of vulnerable people in urgent situations. We will strive to make sure that all relevant public services support someone who appears to have a mental health problem to move towards recovery.

Jointly we hold ourselves accountable for enabling this commitment to be delivered across England'.

Page 3: Mental health Crisis Care Concordat: Improving outcomes for people experiencing Mental Health Crisis, Feb 14.

Who works in the Safe Haven project?

The team consists of staff from all three services who bring a wide range of skills and qualifications to the mix. Something of a one stop shop.

The staff at the Safe Haven listen without judgement; they respect without conditions, and support those in crisis. People do not need an appointment to attend. Everyone is welcome.

People have access to a range of community information on mental health and wellbeing as well as invaluable peer support which promotes integration into the community.

People have benefited from information on job seeking, harm reduction, socialising, activity and diversionary work as well as having a calm and friendly environment for secondary mental health interventions.

Service Reviews:

This report summarises service reviews that were undertaken in July 2014 (Part 1 page 5) and February 2015 (Part 2 page 12).

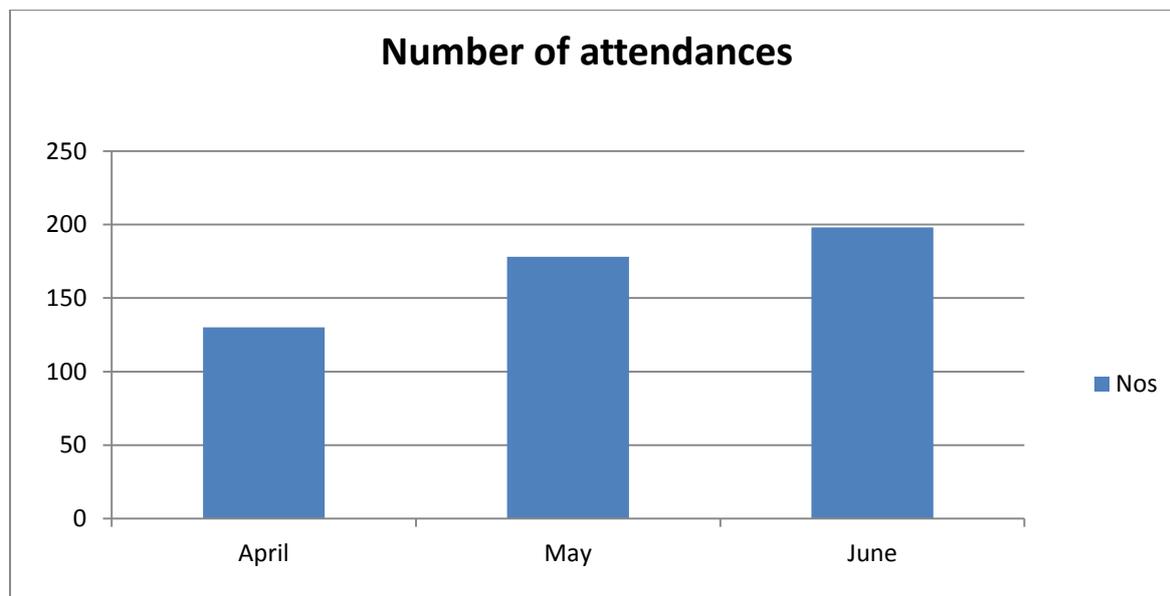
Qualitative and quantitative tools have been used to evaluate the project.

- A count of the number of people who attended the Café and the reason for their attendances.
- Feedback about the service from those that attended the Café.
- Feedback from external agencies.

Part 1: July 2014 Service Review

- **Attendance**

The charts show there had been a steady increase in the numbers of people attending the project since it started, during the end of March.



| | Total Attendances | Reported use as an Alternative to A & E | To help maintain wellbeing during difficult time * | For social reasons * | Total Numbers of people attended the project |
|-------|-------------------|---|--|----------------------|--|
| April | 130 | 24 (includes 2 regular attenders) | 37 | 69 | 33 |
| May | 178 | 19 (includes 2 regular attenders | 121 | 38 | 42 |
| June | 195 | 20 (includes 3 regular attenders | 160 | 15 | 51 |

The Operational Group acknowledge that it has been difficult to accurately capture the feedback focused on the reasons for attending being: *'help to maintain wellbeing during a difficult time and for social reasons'* as the questions are brief and very open to differing interpretations.

- **Your Views Matter Survey Feedback:**

49 surveys have been completed since the project started and has achieved an overall score of 95 %. The results of the feedback are significant because there is a preventative element to the feedback and this supports what people have said they need.

| | |
|--|------------------------------------|
| What was the main reason for visiting? | 20% to seek a Safe Haven during my |
|--|------------------------------------|

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| | crisis 14 % to talk someone about my mental health 13% Get advice about my mental health care and treatment 38% socialising |
| What did you get out of the Safe Haven? | 31 % talked about how I am feeling and my mental health 8% Provided a Safe Haven for me during my crisis 43 % Spent time socialising 7% got advice about my mental health |
| If the Safe Haven was not open – where would you have looked for, for support | 35 % would not have asked for help 38% said may have escalated their crisis. 2% stated that they would have attended casualty 12% phoned the crisis line 13% contacted friends or family. |
| Expectations | The score of 95.35 % for meeting expectations the highest ranking service in the Mental Health Division (SABPF) |
| Respect and Dignity | 99.49% reported that they were always treated with dignity and respect. |
| Environment: | Overall score of 91.33% was achieved |
| Friends and Family Test | 93.88 % stated they would recommend the service to friends and family. |

- **Analysis of Frimley A & E Attendances:**

To determine whether the project has had an overall impact on A & E attendances, mental health reports were obtained from Frimley A & E.

This data below is for the 3 months of the project and the same period last year for comparison.

- April 13 – 211 attendances, April 14 - 286 attendances – Increase by 26.22%
- May 13 - 211 attendances, May14 - 241 attendances – Increase by 12.45 %
- June 13 – 252 attendances, June 14 – 250 attendances – Decrease by 0.8%

There is an overall increase in attendances at A&E for this year compared to last year. Looking at these figures the increase is falling and in June it actually went down. It is probably too early to tell whether this project has had an impact but looks promising. It is recommended that further analysis of this takes place over a longer period of time.

Alongside this there would be additional costs that are not possible to identify due to the outcomes being unknown: Police time, AMHP time, Acute Hospital interventions & admissions, HTT/CMHRS etc.

A large number of people claimed that they attended to help manage a difficult period of mental ill-health. It is not known what support would have been required if they had not used the Safe Haven.

Multi- agency Feedback:

During the three months of the project there have been three occasions when the police brought a person to the Safe Haven for the following reasons

- Following a domestic violence situation. Person required support with depressive phase of illness.
- Police supported a vulnerable individual who was in the street stating they wanted to die.
- Police supported a person who was vulnerable and homeless and was distressed. The person is now well linked in with services.

During the three months of the project there have been 2 occasions when the ambulance service has brought a person to the Safe Haven. The paramedics did not feel that the person needed medical attention but required mental health support.

The Safe Haven is showing that it provides an alternative, more appropriate pathway for people to access support when vulnerable and in crisis. It provides a focus on early intervention and prevention. Being able to access the Safe Haven at an early stage has shown to provide vulnerable people with a sense of control, de-escalation of the crisis and avoidance of needing to enter into mainstream services such as section136, Mental health Act assessment, ambulance, referral to secondary care, and assessments at A & E.

Police Feedback:

The Operational project group is really pleased with how the relationships are developing with the police, both in terms of how they are actively supporting the project and the appropriate use of the project. Feedback is as follows:

'I am the Safer Neighbourhoods Sergeant for Aldershot and I am very much in support of the Safe Haven Project and believe this facility is exactly what Aldershot needs.

Our involvement has been very much a two way process, we have directed individuals with issues to the project which is conveniently place in the centre of town and open well into the evening. From a policing perspective gives individuals the appropriate place to go when feeling unwell and prevents us from being involved in

something that ultimately is not a police matter. Your team have also alerted us to issues in the town particularly with some of our more challenging characters whose behaviour is criminal or antisocial.

I am aware that Custody Sergeants have also been directing released prisoners to the project as a place to get help when it's needed. This has been especially useful when someone clearly is unwell but not sufficiently so that they would be sectioned'

A case example is described below:

A young adult, 18 years old had locked herself in the bathroom with medication and scissors saying she is going to kill herself. Her stepfather broke the door down whilst her 10 year old sister called for the police. The Police took the young adult and her mother to the Safe Haven whereby they accessed immediate support from Safe Haven staff. Staff took the time to listen and helped to de-escalate the crisis by providing listening time, advice, and information. Later the Stepfather arrived at the Safe Haven along with the other daughter. Safe Haven staff and family sat down and discussed the way forward. The situation settled and there was no need for the young adult to be in contact/referred onto any other mainstream service however information was provided on what to do if this was required in the future.

Primary Care Feedback

There has been some encouraging enquiries and feedback from General practitioners and on a few occasions they used the Safe Haven project to refer an individual.

Specific feedback from a GP.

'As a GP one of the greatest problems we have when seeing vulnerable patients with mental health issues is what to do when they leave the surgery. Most are not actively suicidal but still need the support of the mental health services. Up until now there was very little on offer other than A & E, a crisis number or the Out of Hours service.

At XX we regularly give out business cards for the Safe Haven Café and the crisis help line. Patients respond very favourably to the news that there is a place they can go to in a supportive environment. It is good they can go at a time suitable to them when there are in most need.

I feel the pilot project needs to be extended, so that more patients are aware of it and more GP's come to know the benefits.

Frimley A & E Feedback:

Frimley Park Hospital (FPH) NHS Foundation Trust Emergency Department (ED) has been developing links with Judi Page (MCCH and Safe Haven) to try and enhance support for our patients with mental health illness.

Our goal is to prevent patients that suffer from Mental Health Illnesses that do not need medical attention but need mental health support, to seek help out of office hours via the Safe Haven.

FPH ED is a fast noisy place and this environment , although the staff all try their best, is not the best environment to help and support patients mental illnesses. From The Ed perspective we just want to enable to the best for all our patients

From FPH ED we have started to promote the Safe Haven by giving our patients that suffer from mental illness the Safe Haven cards. We are displaying the service via our information screen that is displayed in ED main waiting area to enable the community we serve to be aware of this service.

We are a large department with many Doctors and Nursing staff and things take time for us to cascade down to all the staff. The ED Matron is supporting promoting this service.

As the Mental Health Link Nurse I have only just noticed Doctors looking for the Safe Haven cards to promote this service to enable support for our mental health patients.

The FPH ED considers this service is valuable to the local community we serve'

Summary

The project has over succeeded the expected outcomes. This is considered to be a truly effective and innovative project which has demonstrated to meet nearly all of the intended outcomes. A summary is below:

| Outcome | Achieved or not Achieved | Evidence. |
|---|--------------------------|--|
| When in crisis, to be treated in a warm and caring and respectful way | Achieved | Your views matter survey: 99.49% reported that they were always treated with dignity and respect. |
| A reduction in the medical emphasis in acute care | Achieved | Self-reporting suggests that there have been 63 reports of people using the Safe Haven as alternative to A&E. The numbers of people who value the way that a Safe Haven meets their social needs, thus |

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| | | maintaining a recovery focus has steadily grown – from 33 people in April to 51 people in June 14. |
| A recognition of peer support and third sector providers in managing crisis | Achieved | This is a partnership project and utilises peer support. People who use services and Carers sit on the Steering Committee. |
| Services to respond quickly to prevent further escalation of crisis | Achieved | Feedback from the Your Views Matter survey and Self reports confirmed this. |
| A place to go for safety and respite | Achieved | There have been a large number of self- reports some of which are quoted on the front page of this report. |
| Multi-agency partnership working to improve system of care and support for people in crisis | Achieved | This is a partnership project and partnerships have been developed with primary care, police, ambulance and A & E as per feedback in the report Section 7. |
| Multi-agencies working together to prevent crisis happening through prevention and early intervention | Achieved | As above |
| Specific Bid outcomes | | |
| To provide an alternative to A & E | Achieved | Self-reporting suggests that there have been 63 reports of people using the Safe Haven as alternative to A&E. |
| A reduction in A & E attendances | Early reports suggest that the project is having an impact on reducing A & E attendances that do not require medical interventions – however requires | The attached A & E reports and the summary in section 6 suggests that the Safe Haven is starting to have a positive impact however it is too early to be able to track any definite trend. |

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| | further time to evaluate this. | |
| Improved access to crisis interventions | Achieved | Feedback from the Your Views Matter survey and Self reports confirmed this July 2014. |

Part Two

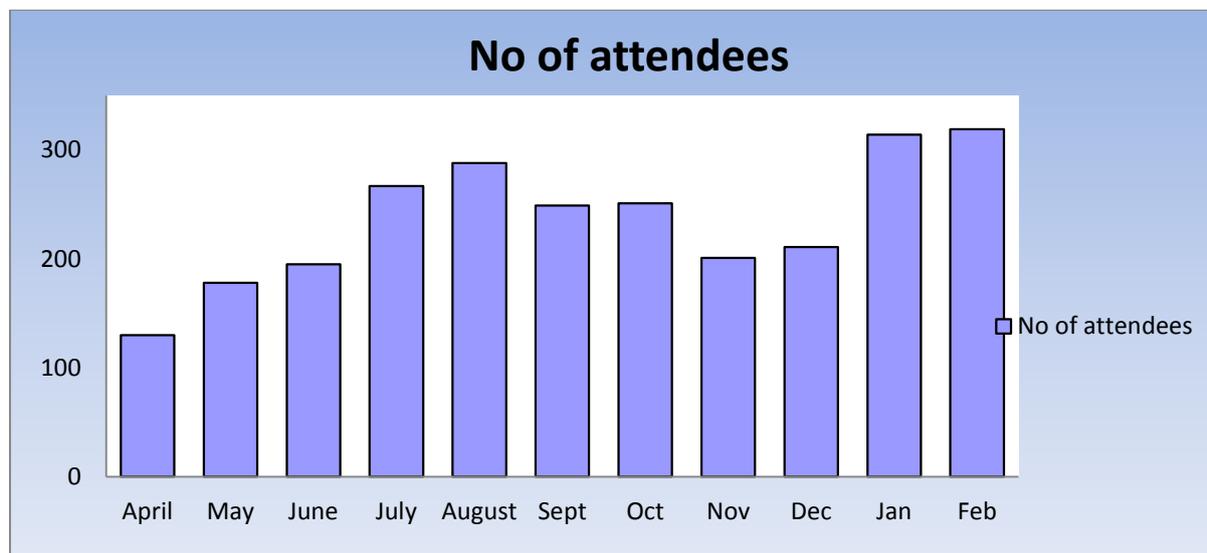
Safe Haven Service Review; February 2015.

This section provides a summary of a further review undertaken in February 2015. Information includes:

1. Attendances.
2. Case File Reviews
3. A follow-up survey to capture the experiences of people who use the Safe Haven.
4. Mental Health Strategies Service Modelling data: Analysing the impact of the Safe Haven on In-patient beds.

1. Summary of Attendances

Table 1



The attendances for January and February 2015 have reached the highest level, reaching over 300 attendances per month, by 102 people in February 2015. It is of note that the service was widely promoted during early January as part of the A & E Winter Pressures Communication strategy.

The below Table 2 provides information about the numbers of people attending and the reasons for attending.

Table 2

| | Total Attendances | Reported use as an alternative to A & E | To help maintain wellbeing during difficult time | For social reasons | Total Numbers of people attended the project |
|---------------|-------------------|---|--|--------------------|--|
| October | 252 | 48 (includes 2 regular attenders) | 172 | 32 | 81 |
| November | 201 | 41 | 138 | 22 | 57 |
| December | 211 | 45 | 148 | 18 | 59 |
| January 2015 | 314 | 51 | 235 | 28 | 92 |
| February 2015 | 319 | 58 | 235 | 26 | 102 |

2. Case File Review February 2015.

A qualitative evaluation of case file data from SABPF's electronic patient Information system RIO was undertaken in February 2015.

The review examined the case files of a number of people who were opened to secondary care mental health services (CMHRS'S) and attended the Safe Haven project in keeping with their care plans and Crisis Contingency plans.

In total seven case files were reviewed of people who had significant problems in managing their mental health difficulties.

In 5 cases the Crisis and Contingency plan outlined the Safe Haven project as a resource providing an alternative choice in the event of relapsing mental health or as an alternative to accident and emergency attendance.

In the remaining two cases progress notes on RIO identified the use of the Safe Haven project as a supportive environment in managing and sustaining recovery of mental health.

Examples of how people use the safe Haven.

Case Study 1:

(A) Is a 23 year old lady who first came into contact with the community mental health service in September 2012, (A) had previously been diagnosed with Schizophrenia in 2010. In 2012 (A) was admitted to A&E after taking a rather substantial overdose. This has been triggered when her cat died, and she began to feel very low. She described hearing chattering voices in the background which grew louder when she was confronted or stressed. This was not her first overdose, however, as she had previously taken an overdose the year before. On assessment with the mental health team there was no identifiable care plan in place to manage her increasing feelings of agitation which gradually crept up over several weeks, leading to what she described as "a switch in mood" which caused her to behave in high risk behaviour which had required intervention from the police and ambulance service. During February 2013 (A) had two admissions to A&E. In one instance, on 27 February 2013, she was admitted to A&E by ambulance following an argument with her boyfriend, threatening suicide and wanting to jump off a bridge. She had been experiencing gradually increasing agitation associated with a feeling of needing to be restrained in order to stay safe. For a very long time she had frequent and familiar episodes of feeling different.

This familiar experience was also associated with agitation and (A) stated she felt "more dangerous" to self and others.

More recently (A) has been reported to be more stable in mood. She states she is not currently suicidal and attends the weekly STEPPS group. She is a regular attendee of Safe Haven and previously volunteered in the Crisis Café. STEPPS group contact appears to report she is feeling calm in most sessions, but can become withdrawn at times. During one session (A) was cheered by the rest of the group for her achievements, but she began to fear this would lead the group

to have high expectations for her in future session. (A) last visited Safe Haven on the 16 February 2015 feeling very tearful after a STEPPS session on relationships. The staff at Safe Haven noted she “stated that she felt much better and more positive after talking” and therefore will continue to use Safe Haven. She has also identified Safe Haven as her place of safety and has been encouraged to attend when feeling distressed.

Case Study 2:

B is a 26 year old lady who got back in contact with mental health services in May 2013 after a referral was made when she was experiencing severe depression. B has a history of depression from a very early age, in the past (B) has been admitted to special units to help manage her challenging behaviour. She continually stated a fear of ‘relapse’ and would often describe events where she had been ‘tempted’ (e.g. to buy alcohol in a shop). The mental health team often note periods of B feeling over-whelmed and anxious, mostly due to having to care for her son. She also stated having lots of random thoughts going around in her mind leaving her no room to accommodate simple thoughts during the day.

The Safe Haven project was first mentioned to (B) in April 2014. Instantly she is reported to have been keen on the idea and stated she would “definitely be attending”. B began to regularly attend the Safe Haven cafe and also participated in day community groups. During her first few visits to Safe Haven the staff reported that she continued to experience emotional difficulties, with intense irritability at times leading to thoughts of self-harm. More recently it has been reported that B appears stable with her mental health, and remains committed to managing her mood and seeking help before she hits a crisis. Despite this, (B) still reports days of being ‘overwhelmed’ but knows she can visit the Safe Haven when needed, as stated in her Crisis Plan. In January 2015, B was discharged back to the care of her GP but was reminded to make good use of resources, especially the Safe Haven. Her last recorded visit to Safe Haven was on the 4th January where it was noted, “overall B was much calmer and more rational. She feels she gets adequate support from the WBC, the Church, the Safe Haven and her friends at the moment”.

3. Feedback from People who attend the Safe Haven

Colette Lane, People who use Services Representative, conducted a Satisfaction Survey for people attending the project.

Comments from February 2015 survey

- | |
|--|
| ✓ <i>I had made serious plans to end my life and talking to **** saved me. He understood and was supportive. Without him I wouldn't be here to write this.</i> |
| ✓ <i>I have felt safe coming to the safe haven and there is always someone to talk</i> |

| |
|--|
| <i>to if I have a problem</i> |
| <i>✓ I would have taken an overdose if I didn't have the support of the safe haven.</i> |
| <i>✓ If I hadn't come in tonight I would have self-harmed but talking to someone has relieved my crisis ad helped me understand my situation and what I need to do</i> |
| <i>✓ Please keep it open. It's a fantastic service and really does help during a crisis</i> |
| <i>✓ Actually feel progress in my recovery. I no longer feel alone.</i> |
| <i>✓ I don't know what I would do without this place</i> |
| <i>✓ Changed my life. I don't have to sit in A&E for 4 hours. Don't know what I would do without it</i> |
| <i>✓ Thanks for making my life transformed into a more stable person</i> |
| <i>✓ It has given me the chance to tackle the fear of being alone in my flat late at night</i> |
| <i>✓ I know if the safe haven had not been here I may have been dead as I have thought about killing myself</i> |
| <i>✓ This place has given me so much confidence and reminds me that I am not alone</i> |
| <i>✓ I don't know where I would be without this place</i> |
| <i>✓ Coming here keeps me well and helps me to deal with my problems rather than staying as I am becoming unwell</i> |
| <i>✓ The safe haven has given me somewhere to go where I can feel accepted and not judged. It's given me an alternative to being on my own and dwelling on negative things</i> |
| <i>✓ Sunday afternoons not all places are open normally. Someone I know is in the building or meeting someone new is always a good thing</i> |
| <i>✓ The staff at safe haven have helped me so much to understand my BPD and helped me realise that I am actually stronger than I think I am. When I am at my lowest (in mood) the staff at both MCCH and CMHRS have encouraged me to have hope and see the potential with me to go far in life. As I said earlier I wouldn't be who or where I am today if safe haven wasn't here. I have a sense of acceptance whether I'm feeling down or happy and I've never had that in my life. I would definitely recommend safe haven to others. Thank you for the support and please keep it open!!!</i> |

The following tables capture feedback from the survey:

Table 3: Reasons for attending.

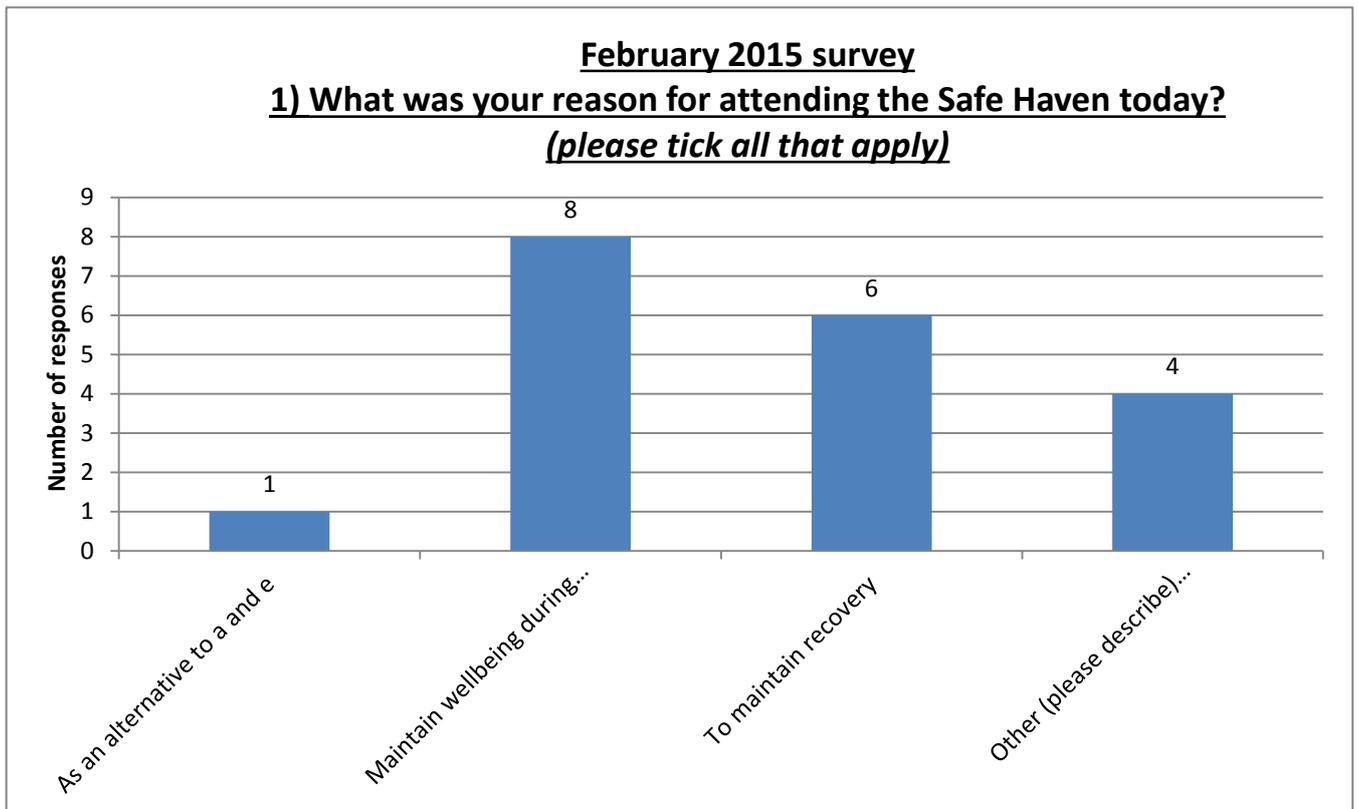


Table 4: What people did at the Safe Haven.

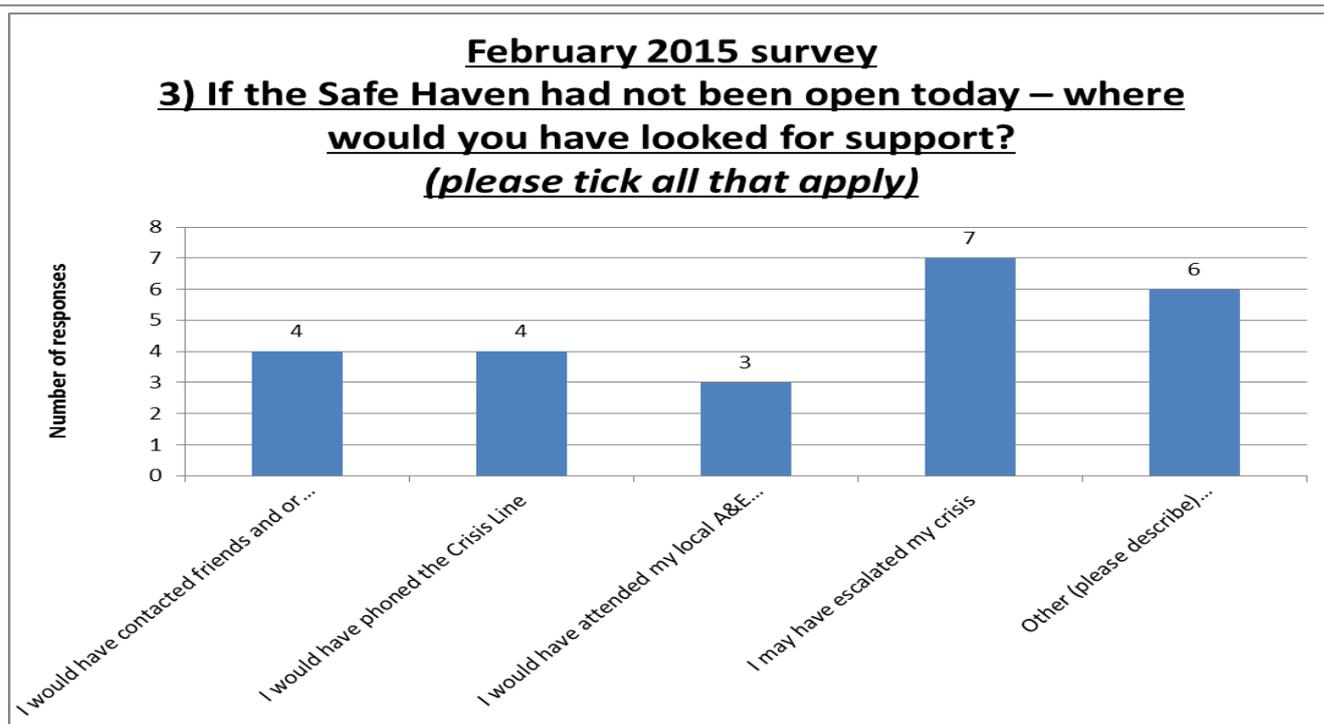
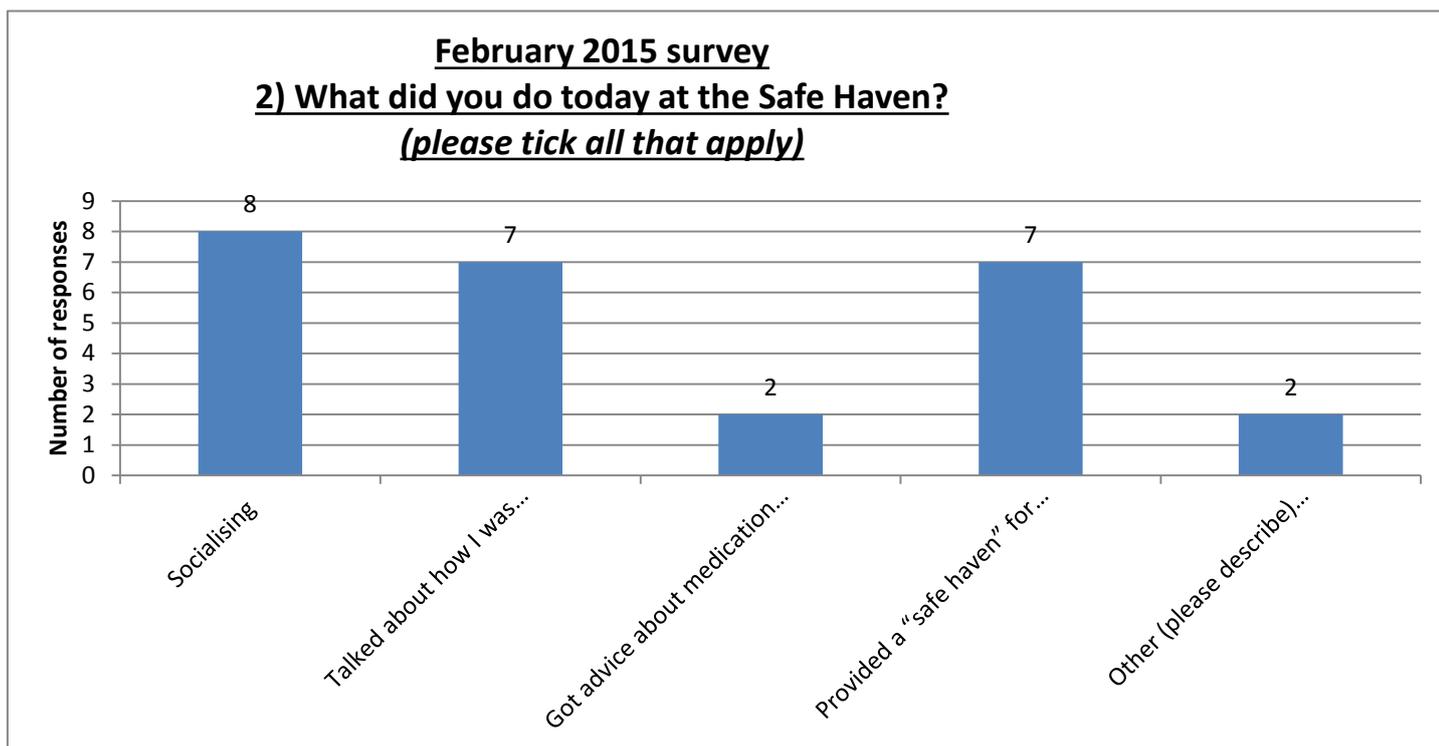


Table 5: Where would people have looked for support?

4. Mental Health Strategies Service Modelling data: Analysing the Impact of the Safe Haven on In-patient beds.

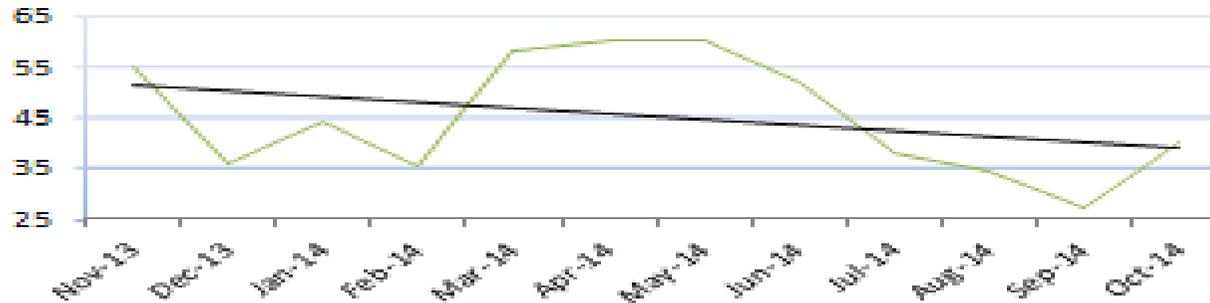
Mental Health Strategies recently conducted a service modelling exercise and as part of this an analysis was made on the impact the Safe Haven has had on the use

of in-patient beds in the Locality of NE Hants and Surrey Heath. Since April 2014, the number of admissions appeared to have reduced for the catchment area.

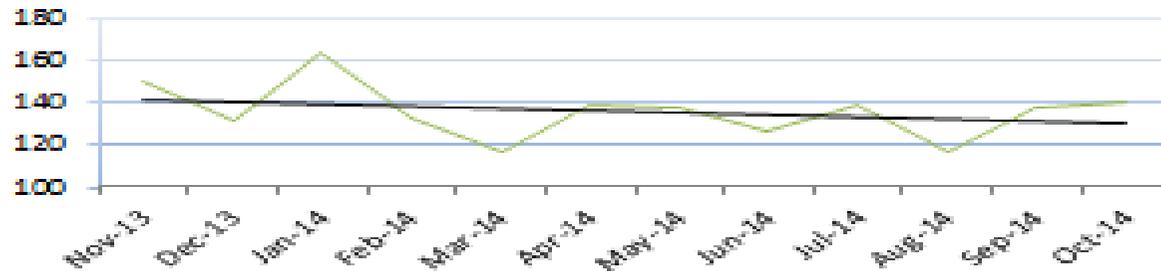
Below is a copy of the slide 12, presented by Mental Health Strategies – ref: presentation '*Surrey and Borders Partnership Foundation Trust*' *Modelling Senarios*.

Safe Haven Impact

Admissions to trust sites from Safe Haven catchment area - Nov 13-Oct 14



Admissions to trust sites from areas outside the Safe Haven catchment area - Nov 13-Oct 14



Both across the trust as a whole, and across the catchment area of the Safe Haven (Rushmoor, Hart, Surrey Heath and Waverley), the number of admissions per month has fallen slightly over the 12 months up to the census.

Since April however, admissions fell for the catchment area localities by 33%.

Without this decrease, the trust admission rate would have remained largely constant since April.

To correct for optimism bias, this reduction in admissions has been sensitivity tested in our scenario modelling.

This data clearly indicates a positive impact on the use of inpatient beds, since the Safe haven has been in operation. Whilst this is clearly very positive it will be important to continue to review the impact of the service with further scrutiny and testing of data over a longer period of time...

In Summary:

In this first year of operation, the Safe Haven project has developed significantly as a resource that offers an alternative care pathway to individuals when managing a mental health crisis.

People's words used to summarise the Safe Haven:



Next steps and recommendations

This has been a highly successful trail blazing project which has been recognised at a national level by the Department of Health as good practice. It is very highly regarded at a regional level as part of the Hampshire and Surrey Crisis concordat work. for its partnership working and as a model of thinking differently about Mental Health Crisis, and is a finalist in the Surrey and Borders NHS Foundation Trust STAR awards.

This paper is before the Clinical Executive today not only in recognition of the projects outstanding achievement but also to recommend that the service is now mainstreamed with recurrent funding and is embedded as part of the work we do with our partners in supporting our local population with their mental health needs

Acknowledgements

Nick Parkin CCG Commissioning Manager for his support in this project.

Colette Lane for her hard work in ensuring the voices of people who use services are heard.

All staff who have worked in partnership to provide this innovative and invaluable service.

February 2015.