

**'The Safe Haven'
Aldershot
Evaluation Report
July 2014**

If the Safe Haven wasn't here I wouldn't have recovered as well as I have

I would have had more crises

It is somewhere where I can come and feel safe

I feel cared about, that I matter, that I am worth it

It has prevented two crises from escalating

On several occasions I have narrowly avoided going into crisis by going to the Safe Haven

I can come here and sit quietly if I want to but I'm not on my own

The Safe Haven has provided me with somewhere to get away from all the pressure and anxieties of my everyday life.

It's good that its open in the evenings because evenings are a difficult time for me and a lot of others

The Safe Haven is somewhere I can come and be myself, feel accepted and listened to

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

1. 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, mcch and 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 31st March 2014 and is due to finish on the 17th August 2014. It operates from 1800-2300hrs Monday to Friday and 12:30-2300hrs at weekends and bank holidays.

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 a 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 prevent 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.

2. 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.

Breakdown of Costs

NE Hants and Farnham CCG supported the joint bid of 70k made by mcch, SAdAS and SABPF. Originally the project was expected to run for 12 weeks however due to not needing to spend as much as anticipated on start up and running costs, there has been a significant reduction in non-pay costs. This has meant the project has been able to be extended by a further 8 weeks, giving a total of 20 weeks.

A summary of the expenditure forecast is as follows:

SABPF Nursing Cost	£22,683*
Mcch staff costs	£22,774.86*
SAdAS	£25,455.14*
Non pay:	
Promotion and publicity	168
Furniture and Fittings	565
Total	71,646

The Service costs approximately £3,500 per week, equating to £500 per day.

** Caution should be applied if considering these costs to support any long term funding for the project as the costs noted above are likely to be more expensive due to having to pay the higher rates for temporary staff costs. The costs noted above are a forecast based on estimated accruals for months June, June and August and not actual pay. There would be a need to include the necessary overhead costs to support the running of the project. A recommendation is to be made that this is costed more accurately on this basis.*

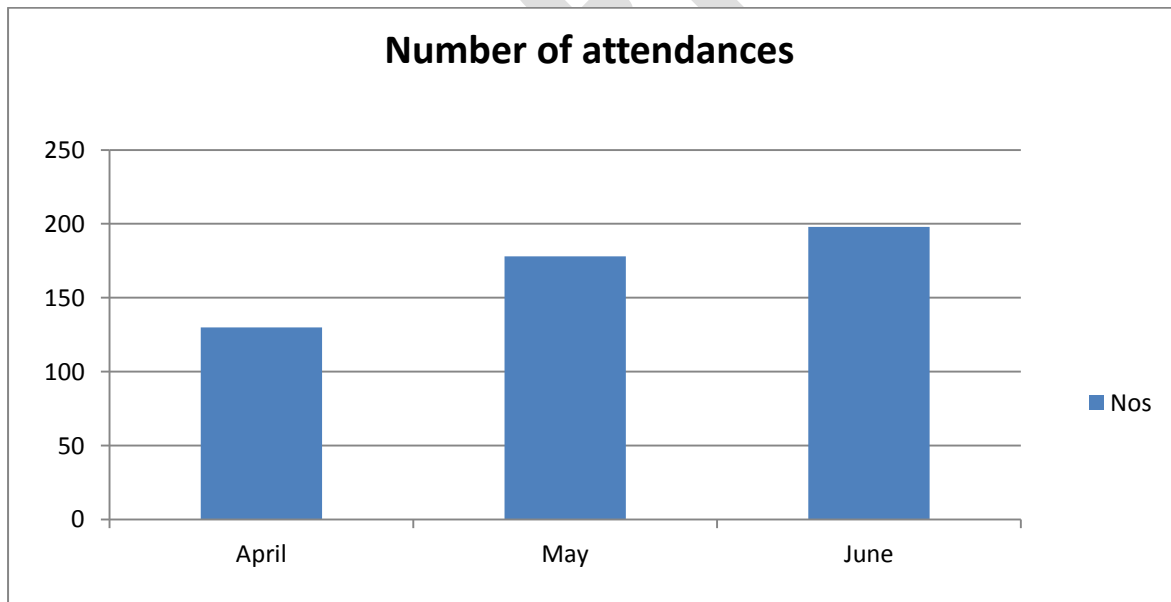
3. Evaluation

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.

4. Attendance

The charts show that there has 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.

Further Analysis of project March 31st – 30th June 2014

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 section 136, Mental health Act assessment, ambulance, referral to secondary care, and assessments at A & E.

5. 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 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.

6. 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 extremely promising. It is recommended that further analysis of this takes place over a longer period of time.

Cost Analysis:

At the time of writing this report it has not been possible to obtain the local costs for attending Frimley A& E so the cost analysis is based on National Average Costs (ref costs guidance 2013-2014 Gov.uk)

- A & E attendance : average cost is £117
- A & E and Psych Liaison: £321.

During the time of the period of March 31st to the end of June, there were 63 confirmed reports of using the Save Haven as an alternative to A & E so assumes a savings of £20,223.

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.

7. Multi- Agency Feedback.

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

9. Recommendations

Recommendations that follow are based on what has been successful about the project and what should be maintained or expanded and where changes to practice and policies seem necessary.

1. It is recommended that the project timescale be extended to at least another 8 months to embed diversion from A & E to Safe Haven and further the evaluation of the project during the winter 2014.
2. Detailed costing of the project is undertaken to determine actual costs for each organisation if the service was commissioned on a longer term basis.
3. The Operational Steering group to continue to meet on a minimum monthly basis to oversee the project, including, furthering the development of standards, policies and monitor the effectiveness of the service and recommending training for the staff.
4. Ongoing recovery work on crisis and contingency plans with service users and carers can include the Safe Haven as an alternate source of support out of hours and at weekends.
5. Staff to be encouraged to harness the roles played by service users' peers and volunteers to create more capacity within the service.
6. Peer support should be further encouraged as way of extending social network and improving mental wellbeing.
7. Progress the targeting of specific groups of people who frequent the local casualty department.

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.

July 2014.