Collaborative Working

Crisis Care Pathway – Crisis Cafes and Mental Health Sanctuaries

Thursday 28th November 2019, 2.00 – 4.30pm,
Conference Room, Duncan Macmillan House

Welcome and Introduction:

Chris Ashwell, Associate Director for Mental Health opened the session. Chris reminded the group of the context for this work and the opportunity provided by the transformation funding. Chris showed us a slide which illustrated the declining use of out of area inpatient beds, which is really positive. There is still some way to go before out of area placements are completely eradicated, and the development of the alternatives to Crisis along this pathway will be an integral part of helping us to achieve this.

Collaborative Change:

Jonathan Wright, Involvement and Experience Lead, Notts Healthcare, reminded the group of the Collaborative Service Change model that was shared at the last session and one of the tools that can help us to work collaboratively - Debate and Dialogue. David Kantor's Structural Dynamics was introduced and the four player model.

A copy of the collaborative change presentation from the 14th October session is available on the website along with the presentation this session.

Listening to Experiences:

At the last session it was identified that lived experience is essential to developing the sanctuary model. Jonathan Wright and Jen Burton (Nottingham City Council) shared a draft questionnaire which under development, and participants were asked to give feedback on the draft during the meeting. The questionnaire will be shared with patients and through community forums to gather views from as many different people as possible, which will also inform the development of the service.

Jonathan invited Amy and Imran to the stage with him, who had very kindly agreed to talk to the group about their experiences with mental health services.

It was clear in the group that others also wanted the opportunity to share their lived experience with the group, this will be put on the agenda for the next meeting.

Meeting 14 October

Jonathan gave a quick recap on the session held on the 14th October. The notes and all the outputs from that meeting are available on both Nottingham Insight and Nottinghamshire Insight websites.

The NHS Long Term Plan sets clear directive that patients recovery is based on multiple factors and a system wide response needs to be developed. The third sector is a key partner in achieving the ambitions of the Long Term Plan and new service developments will be achieved by working collaboratively with patients and stakeholders.

The table discussions at that session discussed what we thought a crisis café or Sanctuary is – there were a number of similarities from the different discussions but also a number of differences which we looked at again:

What is it:

- A safe space
- In the community
- Peers are essential
- Has a preventative role
- Should cater for individual need
- Have a single point of contact
- Service has to be clearly understood – whatever the offer
- Non-judgemental
- Works for the whole social system
- Alternative to ED
- Skilled professional available

Similarities:

- Must have measure outcomes
- Use of environment to support therapeutic benefit
- Home like rather than clinical
- Cover all the times crisis can occur
- Must be determined by individual need -= a personal sanctuary may be different to what is commissioned
- Grow existing community assets
- Avoid ‘not ill enough’ – ‘too ill’ barriers to accessing

Differences:

- The meaning of the word ‘crisis’
- Is it just for mental health problems?
- Virtual versus real/network versus physical
- What is the criteria to access?
- Any exclusions
- Name – stigma and what the words might mean ‘ ‘crisis’ ‘sanctuary’ ‘café’
- Wellbeing – prevention versus crisis

These were the headlines from all the table discussions and the more detailed conversations were captured in the notes. It was raised in the meeting that the importance of linking in with local plans and substance misuse not being an exclusion factor were also strong themes at the last meeting.

Different Sanctuary Models – Service Model Bingo

Kazia Foster, Service Improvement Manager at Nottinghamshire Healthcare Trust, ran though some different examples of Sanctuary models from around the Country. There were four different models shared all of which are provided by third sector organisations either in partnership with or with in-reach from the local Mental Health Trust. The differences between the models were:

- Hours of operation
- Access – either open access/gate kept by telephone triage
- Some offered peer support drop in sessions
- One was run for two set locations every day of the week, whilst others were available in different locations across the area on different days.

Kazia then introduced the 'service model bingo' exercise! Bingo-style cards had been drawn up listing different aspects of Crisis café/Sanctuary provision which were drawn from the discussions at the first collaborative session. Tables were asked to rate the different aspects in order of priority. The objective of the exercise is to start to get a consensus of some of the aspects of the service model, to inform the development of the service specification. Tables were also asked to make notes of their conversations, and in particular make a note of anything which they felt had been missed and needed to be considered.

Some of the key discussion points from the service model bingo exercise are listed under the headings below:

Access:

Preferred option: Open access – able to turn up and self-refer

- Question of how open access could be managed – triage on arrival?
- Open access will open up to lots of different groups – may be risks that need to be managed
- Self-referral helps to capture people with their crisis no matter what it is
- Has consideration been given to gender specific spaces – 'safe space'
- Triage needs to be high quality
- Single point access helps consistency

Location

Preferred options: Homely environment – not clinical and Existing community venue

- One fixed location is prohibitive – big County!
- Align to/co-locate with existing services. A and E? Community venue?
- Where do people already go to feel safe, trusted locations?
- Does it have to be a building – could it be mobile? Some services use busses – could be a solution for rural areas
- Taxis to transport people to café
- Needs to be different to clinical/service environment
- Need a combination of options to meet individual need.
- Must be safe

Culture

Preferred option: No barriers to accessing – too ill/not ill enough

- Building resilience within communities
- Awareness programme for family and carers
- Therapeutic rather than clinical
- Peer led as well as clinical support
- No wrong door
- Person measures and rates their own level of distress
- Stop using the word ‘crisis’ – too restrictive and too stigmatising
- Racial, gender and ability accessible

Who?

Preferred option: Peer support workers

- Need to have a blend of support staff
- Clinicians don’t need to be present all the time
- All of the above but all wouldn’t need to be there at the same time eg housing support could be referred on
- May need wide skill set to address primary and secondary needs
- Peer staffed is crucial
- Effective gatekeeping if open access then volunteers must be skilled at triage and so know when/who to refer on to
- This says staff! Not client groups
- Therapeutic but have access to clinicians to safely refer in to secondary care/have access to local Crisis team.

Service Offer:

Preferred option: A preventative service – you can go there before you reach crisis point

- Awareness programme for family and carers
- Develop service to have input from money, debt, housing organisations

- Who defines Crisis – if someone else other than you defines when you are in crisis then the system fails
- People need to have their voice heard
- Prevention but not judgement
- Should not be an alternative to A and E or A and E thinking this is an option for people with mental health needs

Times:

Preferred option: 5pm to Midnight and 6pm to 1am

- Is there any data re trends from other areas to help to inform when it should open? Needs based and linked to demand.
- Ideally 24 hours
- Helplines for when the service isn't open – mix of 2 offers
- Needs to be flexible and widely available
- Could alternate if there were more sites available – people could travel

Safe Space

The idea of this being a 'safe space' came through very strongly from the last session, however this means different things in different contexts. For example does it mean a physically safe building or location? Or does it mean a space where you feel safe? Tables were also asked to try and define the different 'safe spaces' a bit more, and this will also be used to inform the service specification.

Location:

Physical security
Accessible
Parking/bus route
Brightly lit
Clear sign
Different part of hospital

Culture:

Personal feeling of safety
Balance of home and private spaces- confidentiality, drug and alcohol use
Entrusting yourself to the sanctuary – they will keep you safe
Somewhere you trust
Understanding/empathy and lived experience
Recognise vulnerability of client group – mindful of the potential for predation

The Results and Next Steps :

The results of the table exercise were collated and shared as graphs with the meeting following a short comfort break. There were some clear winners identified in each area, and these will be used to inform an outline specification. There were also a number of areas for further consideration identified.

The graphs and all the notes of the table discussions can be viewed online.

Next steps:

- NHT and CCG to draft an outline specification based on the results from today, this will be shared at the next meeting
- Questionnaire will be amended so that the questions are in line with the table exercise from today. This to be circulated asap through NHT Teams to patients and other community forums.
- Jonathan Wright to convene a meeting in early January for interested stakeholders to review the consultation data and draw conclusions
- Further session planned for the 22nd January. This session will look at the different needs across the ICS area and how the model will need to look in each locality.
- The data from the 22nd January, along with the consultation information will inform the development of the final specification. The timeline for going out to tender is February/March 2020, with mobilisation expected in quarter 2 2020/21.