Safe Havens in Surrey

- The co-location of professionals and a shared approach to service user care has enabled statutory and independent professionals to develop an understanding of each other’s roles and build confidence to share information to support people across Surrey in mental health crisis.

What are Safe Havens?
Surrey is transforming how it responds to people in mental health crisis. It is working with local providers to put in place a number of Safe Havens to provide a place of safety and access to multi-agency support for those at risk of, experiencing or recovering from mental health crisis. This approach has been developed by North East Hampshire Clinical Commissioning Group (CCG), with a Safe Haven operating in Aldershot since April 2014.

The challenge
Surrey’s mental health services are dispersed across the County. People in crisis have therefore not received joined-up support, impacting on the quality of outcomes, generating significant costs and creating the situation of a ‘revolving door’ where some individuals present frequently to the same services.

Alongside the current challenging fiscal environment, there is also a projected future increase in demand for mental health services across Surrey. The national picture is that one in four people will experience a mental health issue in their lifetime and this, coupled with a growing elderly population will generate further pressure on the whole system including Accident and Emergency (A&E).

It is estimated that Surrey Police spend approximately 20 percent of its time responding to people experiencing mental health issues, which reinforces the national concern about individuals being held in police cells because of a lack of appropriate ‘places of safety’. A recent report published by the Care Quality Commission highlighted that people in or entering mental health crisis want a physical space that they can go to out of hours, where they can receive mental health support and advice.

The approach
The North East Hampshire and Farnham CCGs commissioned Safe Havens following research undertaken with service users who identified a gap in service delivery for people experiencing crisis, and commissioned a pilot, which has been successful and mainstreamed.

The Safe Haven opened its doors in the spring of 2014 and is located in the new Well-Being Centre in Aldershot, which is a multi-disciplinary centre offering a wide range of mental health interventions. The Safe Haven operates seven days a week including evenings, weekends and bank holidays. It provides an alternative to A&E and supports those in or at risk of mental health crisis. The service runs on a drop in basis and a multi-agency team of three mental health professionals provide support through a mix of professional skills, which includes community psychiatric nurses, to deliver tailored mental health support. The Safe Haven offers an opportunity for people to talk, feel safe and be referred to other support services.

To support people accessing the Safe Haven, information sharing is both informal and formal. Relevant information is shared between professionals through live caseworking and includes using information from the remotely accessed electronic client patient records system.
Frimley Park Hospital NHS Foundation Trust Emergency Department (FPHED) has started working with the service to support patient management through information sharing. Relevant information is shared between A&E and the Safe Haven to ensure people presenting with mental health issues receive follow-up support.

Who is involved?
The Safe Haven is delivered by Surrey and Borders Partnership (SABP) NHS Foundation Trust, mcch (a voluntary sector organisation working locally with people who have a learning disability or mental health issues) and Surrey Alcohol and Drugs Advisory Service (SAdAS). The operation is managed by a project manager from mcch and there is oversight by a steering group with wide representation including from service users and carers, a commissioner and representatives from the three delivery organisations.

Impact
The Safe Haven offers space where clients can come, interact with peers and receive a range of support from the multi-agency professional team. This support can be in the form of simple social interaction, advice and guidance on drugs and alcohol, counselling and therapeutic intervention, or a full mental health assessment and emergency referral into treatment. Professionals including GPs, A&E staff and Police sign post individuals to the Safe Haven. The Police also bring individuals directly to the service to avoid unnecessary detention.

At the end of each shift the Psychiatric Liaison Service (PLS) provides the Safe Haven with the contact details of individuals who have presented at FPHED A&E in mental health crisis and who have been seen by the PLS. The Safe Haven practitioners then contact individuals the next day by telephone to offer follow up support and make them aware of the continued service on offer.

The service is providing the intended alternative to A&E and a more appropriate pathway for people to access support when vulnerable or in mental health crisis. Initial service user feedback is that early intervention is de-escalating and preventing crisis so avoiding the need to present to mainstream services and in particular, A&E. And demand on acute in-patient psychiatric beds has decreased.

Information sharing approaches
Prior to the establishment of the Safe Haven there was limited information sharing between agencies supporting people in mental health crisis. People experiencing crisis had to tell their story many times, agencies were not able to access relevant information to help those in crisis and this often led to unsatisfactory interventions and use of services that were not suitable for those in crisis and did not stop the revolving door situation.

Through working together, establishing relationships and tackling barriers to information sharing providers have:

- Enabled information sharing between Safe Haven partners through a formal information sharing agreement developed and signed off by the Steering Group.
- Developed the statutory and independent sector co-working approach to supporting clients at the Safe Haven which enables ‘live’ information sharing between clients and professionals.
- Established clients’ consent to share information via a form used at the Safe Haven to capture their contact details and feedback. Consent is also secured at the point of being seen in A&E by SABP PLS.
Enabled SABP mental health professionals to remotely access SABP’s electronic patient record system from the Safe Haven and view client information. This can then be shared with co-workers as appropriate.

**Information sharing learning**

*Relationships*
The depth of the relationship between SABP, mcch, SAdAS and FPHED, developed through previous partnership working including mcch’s delivery of mental health training to FPH ED staff has been a significant factor in working through information sharing challenges. The solid foundation of understanding and trust between the agencies has enabled the swift establishment of the Safe Haven and continued development of information sharing with new partners.

*Professional understanding*
The co-location of professionals and the shared approach to service user care has enabled statutory and independent professionals to develop their understanding of each other’s roles and build confidence to share information.

*Timely access*
SABP on-site access to the statutory sector’s electronic patient record system means information sharing is timely and supports decision making by professionals. The provision of client contacts by the PLS at the end of each shift means follow up support is offered to clients within 24 hours of presenting at A&E.

**Challenges and next steps**

*Establishing impact*
Partners working on the project are developing a robust evaluation process to understand the impact of the Safe Havens. It has been highlighted that by using a client’s electronic patient record number there is potential to pseudo-anonymise data and this may support data matching with other agencies to identify which other services individuals are presenting to.

*Identifying potential clients*
Improvements which ensure that all the target cohort of individuals who present at A&E and who could benefit from the Safe Haven service are being identified are being considered. Currently only the details of those clients who FPHEH refers through to and who are seen by the SABP PLS are passed on to the service. This means that individuals, who are in mental health crisis but for whatever reason are not seen by PLS, will not be identified to the Safe Haven. Suggestions to address this include the service having outreach staff to provide an on-site presence at A&E.

*Delivery*
The Safe Haven model is to be rolled-out across Surrey and discussions with partners in the defined areas of benefit are now being initiated to consider key issues for implementation in other areas.

The Centre of Excellence for Information Sharing is supporting this process to ensure information sharing barriers are identified and addressed.

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**Service Impact**
Judi Page, Service Manager at mcch said:
“Because SABP and mcch have worked together for over seven years before the Safe Haven was set up, we already had a good working relationship and depth of understanding and trust. Our relationship with A&E has also developed through joint working including the mental health training we have delivered to A&E staff”