Evaluation team

Alison Griffiths, Programme Manager (Mental Health), Wessex Academic Health Science Network

Katherine Gale, Programme Assistant (Mental Health), Wessex Academic Health Science Network

Correspondence

Wessex Academic Health Science Network Limited, Innovation Centre, 2 Venture Road, Chilworth, Southampton, SO16 7NP

Disclaimer

This report presents the findings of an independent evaluation comprising of quantitative and qualitative data analysis for the Safe Haven service in Aldershot. The findings and interpretations in this report are those of the author and do not necessarily represent the views of the Safe Haven service.

Acknowledgements

We would like to thank the Safe Haven Service Manager, Commissioner and Service Lead for their engagement and input during the period of evaluation.

We would also like to thank NHS South, Central and West Commissioning Support Unit for their data analysis and insight.

Finally, we would like to thank Hampshire Constabulary for their provision of the police call handling and deployment data and the Mental Health Administration Team at Surrey And Borders Partnership (SABP) for providing the Section 136 data and context.
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Executive Summary

The evaluation of the Safe Haven service in Aldershot, Hampshire forms part of the independent evaluation of the Happy, Healthy, at Home Vanguard in North East Hampshire and Farnham, being undertaken by the Wessex Academic Health Science Network. The aim of this evaluation is to provide robust evidence of the impact of the Safe Haven service on service user experience, healthcare utilisation, mental health related calls to the police, police deployments, and section 136 suite detentions.

The Safe Haven model launched in early 2014. It operates as an evening drop-in service to provide people with a safe place to turn to when requiring mental health support out of hours. NHS staff, with voluntary sector partners, are on site to provide mental health crisis support, with the aim of helping people avoid the need for emergency NHS care. This new model of care offers mental health support in a welcoming environment provided by trained psychiatric nurses and other mental health professionals, as well as peer support.

This report builds on the work of previous evaluations of the service\textsuperscript{1,2,3} by providing a more in-depth exploration of service user healthcare utilisation and service user experience. The Safe Haven does not routinely hold NHS numbers; consequently, it is not possible to look at the impact of the Safe Haven on all service users. This evaluation has therefore used other available data sources in an attempt to understand the wider impact of the service. The following table outlines the data sources used for each impact measure.

<table>
<thead>
<tr>
<th>Impact Measure</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare utilization, including Emergency Department (ED) attendances and psychiatric hospital admissions</td>
<td>Surrey and Borders Partnership NHS Foundation Trust (SABP) data supplied via the NHS South, Central and West Commissioning Support Unit (CSU) following data processing in line with Information Governance Data Sharing Agreements.</td>
</tr>
<tr>
<td>Mental Health related calls to the police &amp; police deployments</td>
<td>Data provided by Inspector Huw Griffiths - Hampshire Constabulary Mental Health Lead and Inspector Olga Venner from the Hampshire Constabulary</td>
</tr>
<tr>
<td>Section 136 suite detentions</td>
<td>Data provided by the Mental Health Administration team at SABP</td>
</tr>
</tbody>
</table>
| Service user experience                       | iPad Survey administered by the service (1st July 2016 - 27th July 2017)  
Service User Questionnaire administered by the service (1\textsuperscript{st} April 2014 – 30\textsuperscript{th} June 2016) |

Key Findings

- Feedback demonstrates how much service users value the service. Their responses highlight that the Safe Haven is an established part of the local mental health pathway.
- Data collected by the service, between August 2016 and July 2017, recorded that 13% of people attended in crisis, while 56% attended the service to prevent themselves from escalating into crisis (prevention). 23% were recorded as presenting at the service for social reasons (the remaining attendances were either not recorded or simply listed as ‘other’).
- Where hospital numbers were available, analysis of service user Emergency Department usage showed an overall downward trend following attendance at the Safe Haven service.
- Psychiatric admissions have reduced for the Safe Haven service catchment area; however, there are other factors that may have influenced this.
- If the service prevents 5% of those attending in crisis from being admitted to a psychiatric bed, it results in £439,088 of avoided costs (based on an average length of stay of 42.2 days). Alternatively,
to cover the Safe Haven’s annual running costs of £237,000 the service needs to prevent 15 admissions per year (or just over one admission per month).

- Mental Health related police deployments have reduced within the Safe Haven catchment area.
- Section 136 suite detentions have declined for North East Hampshire, which goes against the national trend and the trend seen across the wider Surrey and Borders Partnership NHS Foundation Trust.
1. Background and Service Overview

The Aldershot Safe Haven service was launched as a pilot project on the 1st April 2014 and was funded by North East Hampshire and Farnham (NEHF) Clinical Commissioning Group (CCG). NEHF CCG plans and funds healthcare for the 225,000 people living in Rushmoor, Farnham and parts of east Hart council areas.

The Safe Haven service was established as an alternative to Frimley Health NHS Foundation Trust Emergency Department (ED) for people aged 18 years and over, who are, or could be, developing a mental health crisis. Three organisations were commissioned to work in partnership to provide the service:

- Surrey and Borders Partnership NHS Foundation Trust (SABP), (the mental health provider trust for NEHF CCG)
- Andover Mind (previously Maidstone Community Care Housing (MCCH))
- Catalyst (previously known as the Surrey Alcohol and Drug Advisory Service)

The Wellbeing Centre in Aldershot was chosen as a suitable location for the Safe Haven service as it is situated in the centre of Aldershot and is accessible by public transport. The service, which allows individuals to drop in without an appointment, operates from 18:00-23:00 Monday to Friday and 12:30-23:00 at weekends and bank holidays, 365 days a year. The service’s catchment is the area covered by North East Hampshire and Farnham CCG, however the service would not discriminate against people attending from outside of this area. The cost of the service is £237,000 per annum.

The Safe Haven is staffed by three mental health professionals from each of the three partnership organisations; two support workers; one from Andover Mind and one from Catalyst, and a clinician from SABP. During operation, the door of the Safe Haven remains locked, and someone arriving at the service is required to ring the bell. This means a member of staff meets each person as they arrive; this enables them to make an initial assessment to understand the level of support the person requires. Once inside the Safe Haven there are several ways in which support is offered. People are able to chat with others in a similar situation to their own, providing peer to peer support; they can sit by themselves, in the knowledge that support is available and that they are in a place of safety; or they can talk to a member of staff. Support workers are on hand to assist with developing a crisis plan and can contact a person’s GP or Mental Health Team (if they are already in contact with services). It is also determined whether a formal assessment of the person’s mental health is required, which can be carried out by the onsite clinician. The clinician will then refer on to other mental health services if appropriate.

In addition to helping people at the point of crisis, the service also reduces social isolation for vulnerable people and helps them to maintain their mental health on an ongoing basis, as demonstrated by the service user feedback presented in section 8 of this report. Furthermore, the Safe Haven provides support for carers of people experiencing mental ill-health.

The Safe Haven approach aims to encourage self-management and independence by preventing crisis escalation, improving access to other services, accelerating treatment provision, and providing effective care planning. It was designed and developed in line with the express wishes of mental health service users. The service provides a relaxed, informal and supportive service structured around a clinical support framework. Figure 1 shows the total number of attendances and total number of people that have used the service during each month since its launch (up until April 2017). The data for this graph was provided by the NHS South, Central and West Commissioning Support Unit (CSU) in May 2017.
The graph shows that people attend the service on average more than once. A person may attend the service several times until their crisis has abated. On average 13 people per shift attend the service (April 2016 - March 2017).

2. Service User Attendances

2.1. Approach
- The service collects data on each service user as they present. A member of staff records the person’s reason for attendance. Three categories are used, recording whether the person is attending in crisis, to prevent themselves escalating into crisis (prevention) or presenting for a social reason.

2.2. Key Findings
- The following data relates to August 2016 to July 2017.
- During this time period there were 4275 attendances at the Safe Haven Service, by approximately 670 unique service users.
### 2.3. Limitations

- Prior to July 2016 the data was self-reported by service users which meant a much larger percentage of attendances were either not recorded or recorded inconsistently (with some people selecting multiple options, i.e. ‘crisis and prevention’ or ‘social and prevention’). Therefore, this earlier data was excluded.

### 3. Impact of the Service on Emergency Department Attendances for a Specific Cohort of Service Users

#### 3.1. Approach

- As the service does not routinely record NHS numbers, data analysis could only be undertaken for a specific group of people who required an onward referral from the Safe Haven to SABP.
- High level analysis on health care utilisation was undertaken. It is important to note that this group were likely to have a higher level of need as they required an onward referral.
- SABP provided NHS numbers for service users who had been referred from the Safe Haven service. These were then matched to Safe Haven first attendance date and ED attendance dates.
- A total number of 92 service users were included in the final cohort analysis.
- Frimley Health NHS Foundation Trust Emergency Department activity for the cohort was analysed for a year before and for a year after the person’s first attendance at the Safe Haven service.

#### 3.2. Key Findings

- The data showed that 67% of the cohort (62 out of 92) visited Frimley ED on at least one occasion in the year prior to their first visit to the Safe Haven service. 24% of the cohort visited ED on 3 or more occasions. The cohort’s ED activity increased significantly in the 3 months prior to visiting the Safe Haven.
- Figure 3 shows that patients in the cohort visited ED on 93 occasions during the 3 months before their first visit to the service.
Figure 3: Graph showing the number of times the cohort of patients attended Frimley Health Trust Emergency Department each quarter

- The data presented in Figure 3, which has been grouped into quarters to smooth the natural variation between months, shows that the cohort’s overall number of attendances at Frimley Health NHS Foundation Trust Emergency Department decreased after first attendance at the Safe Haven service.
- Although the data shows a slight increase in the final quarter, the total number of attendances recorded over this three month period represents a 48% decrease in attendances relative to the 3 months before the cohort first attended the Safe Haven.
- Of the 62 people from the cohort who attended ED before they first visited the Safe Haven, 53% showed a decrease in ED attendance following their introduction to the service. 19% showed no change in their level of ED activity, while 28% increased their number of ED attendances.
- 18 people who had previously visited ED in the year prior to attending the Safe Haven, did not visit ED again in the year following their introduction to the service.

3.3. Limitations

- Data analysis was limited to Safe Haven service users who first attended the service over a year ago, as one year of follow up data was required for inclusion.
- The small sample size means that there was the potential for a small number of patients to skew results.
- Overall ED activity for the cohort was analysed. Due to variations in the way that ED attendances are coded, it was not possible to separate reasons for attendances by mental and physical health.
- The cohort analysed may not be representative of all service users; as described above, this analysis is only on people who required an onward referral to SABP from the Safe Haven.
- Without a control group, reductions in ED utilisation cannot definitively be attributed to the Safe Haven service; an appropriate control group would allow comparative analysis to understand what would happen to ED activity if the Safe Haven service had not been available.
4. Impact of the Service on Acute Psychiatric Admissions

4.1. Approach

- Aggregate data was used to examine the impact of the Safe Haven service on psychiatric admissions. It was not possible to analyse psychiatric admissions for the cohort described in the previous section as the number of acute psychiatric inpatient admissions needed to be bigger for valid analysis.
- Acute psychiatric admission data between 1\textsuperscript{st} April 2013 and 31\textsuperscript{st} May 2017 was analysed using psychiatric inpatient admissions to SABP from the NEHF CCG catchment area.
- Patients from NEHF CCG were identified by whether their registered GP Practice was located within the catchment area for the service. Service Level Agreement Monitoring (SLAM) data was analysed on a ward/episode basis.
- Data for the year (April 2013 - March 2014) before the Safe Haven Service launched was included as a comparator. Data prior to April 2013 is not available for comparison as this predates the formation of the CCG.

4.2. Key Findings

- Figure 4 shows the monthly psychiatric admissions to Surrey and Borders Partnership NHS Foundation Trust from NEHF CCG.
- The number of monthly admissions fluctuates over time, which is particularly prominent due to the small numbers involved; monthly admissions vary between a low of 10 and a high of 32. The data shows a negative association over time, as highlighted by the downward trend line.

\begin{figure}
\centering
\includegraphics[width=\textwidth]{Month_Psychiatric_Admittances.png}
\caption{Graph showing monthly Psychiatric Admissions to Surrey And Borders Partnership NHS Foundation Trust. The vertical dashed line (shown in orange) represents the introduction of the Safe Haven Service.}
\end{figure}

- Monthly admissions for the 12 months prior to the Safe Haven opening averaged at 21.9, whereas the average fell to 18.5 admissions per month for the 38 months that followed the service’s launch. This represents an average reduction of 16\% in admissions to acute in-patient psychiatric beds in the Safe Haven service catchment area.
• It is important to note that this downward trend is apparent before establishment of the Safe Haven service. Without being able to analyse data prior to April 2013 it is impossible to understand when this trend commenced.
• The service commissioner also reports that during this period there has been a reduction in the mental health bed base which may impact on these findings.
• Without access to NHS numbers for all service users, it is not possible to establish overall whether the Safe Haven service is directly responsible for a decrease in admissions. However, the Service cites specific individuals who are no longer being admitted to psychiatric beds at SABP since utilising the service.

4.3. Limitations
• It was not possible to compare this data to national admission trends as there are inconsistencies in the way the data is reported across the country.
• It would be useful to compare this trend to other local CCGs; however, it has not been possible at this time due to IG data sharing agreements not being in place and data being unavailable for some CCG areas.

5. Impact of the Service on Mental Health Related Calls & Police Deployment Data

5.1. Approach
• Data was provided by Inspector Huw Griffiths - Hampshire Constabulary Mental Health Lead and Inspector Olga Venner from the Hampshire Constabulary. The data analysis can be grouped into two categories:
  1. Number of phone calls that are marked as ‘mental health related’ on the Hampshire Constabulary command and control system.
  2. Number of police deployments.
• The data used in this section covers the year prior to the Safe Haven service opening and two years after for comparison. Data prior to 2013 was excluded as the Hampshire Constabulary introduced extensive mental health training in 2013, which changed the way mental health calls were handled and recorded.

5.2. Number of Calls to the Police Recorded as Mental Health Related
• The data displayed in Figure 5 as a bar graph shows the total number of calls to the police recorded as ‘mental health related’ for Aldershot, Farnborough, Fleet, Yateley and the surrounding rural areas within Hampshire (this area was identified by Inspector Huw Griffiths as the area most likely to have been impacted by the introduction of the Safe Haven service in Aldershot).
The graph shows that the number of calls to the police recorded as 'mental health related' for Aldershot, Farnborough, Fleet, Yateley and the surrounding rural areas within Hampshire, have declined; dropping by 42% between 2013 and 2016.

By comparison, we can see from the line plotted in black, that calls to the police recorded as mental health related for the wider Hampshire and Isle of Wight area have remained relatively consistent over this time frame.

### 5.3. Number of Police Deployments

- This data shows the number of calls to the police recorded as mental health related that resulted in the deployment of a police officer.
- According Inspector Huw Griffiths the average mental health related deployment takes just over 2 hours from taking the call, travelling, responding to the incident and then completing paperwork.
- Figure 6 presents annual data for the wider district of Rushmoor, which encompasses the towns of Aldershot and Farnborough, while Figure 7 shows the data for the town of Aldershot.
- The data in sections 5.2 and 5.3 have not been analysed by the same demographic areas as they have been obtained from different sources.
Evaluation of the Safe Haven Service

Figure 6: The graph shows the number of police deployments relative to the total number of calls to the Police that are recorded as ‘mental health related’, for the Rushmoor District.

- Rushmoor has seen a decline in both mental health related calls and police deployments since April 2014 when compared to April 2013 – March 2014.
- In 2016/2017 there were 155 fewer mental health related deployments across Rushmoor, when compared to 2013/2014 data. This equates to an estimated saving of 310 hours of police time.
- In comparison to the wider area of Rushmoor, the number of calls recorded as mental health related in Aldershot (below) have shown a slight increase between April 2013 and March 2017 (Figure 7). Nonetheless, like Rushmoor, the number of police deployments have dropped.

Figure 7: The graph shows the number of police deployments relative to the total number of calls to the Police that are recorded as ‘mental health related’, for Aldershot.

Evaluation of the Safe Haven Service
• In the year prior to the Safe Haven’s launch, 66% of calls recorded as mental health related for Aldershot resulted in a police deployment; since April 2014 this figure has steadily declined. Based on the data for April 2016 – March 2017, the relative number of deployments in Aldershot has dropped to 43%. Inspector Huw Griffith is confident that the Safe Haven has had an important role to play in this reduction:

“We are getting much better at ensuring the appropriate response comes from the most appropriate agency. In the Hart / Rushmoor area, that would include referrals to the Safe Haven.”

• Increased emphasis on Mental Health awareness within the force since 2013 means the Hampshire Constabulary control room are now more likely to take advice at an earlier stage and refer people to other agencies, such as the Safe Haven service, rather than deploying a police officer or Police Community Support Officer.

6. Mental Health Detentions
This section looks at detentions under Section 136 of the Mental Health Act. Section 136 gives the police the power to remove a person from a public place and take them to a place of safety, if they believe that person to be “suffering from mental disorder and to be in immediate need of care or control” (Mental Health Act, 1983). When the person arrives at the designated place of safety they should receive a Mental Health Act Assessment, where they are assessed by a team of health professionals. This team would normally include an approved mental health professional, a registered medical practitioner, and a section 12 approved doctor (usually a psychiatrist). This team can keep a person on this section for up to 72 hours.

6.1. Approach
• Data was provided by Surrey and Borders Partnership (SABP) NHS Foundation Trust. SABP preferred places of safety are: The Assessment Suite, Farnham Road Hospital, Guildford or Blake Ward, Abraham Cowley Unit, Holloway Hill, Lyne, Chertsey. These named units have the required facilities to detain a person in a manner which promotes safety and dignity. SABP suites serve people picked up in North East Hampshire and Surrey.
• Data was provided for the number of 136 suite detentions from North East Hampshire where the Safe Haven is based.
• Data was also provided for the total number of section 136 suite detentions across the whole SABP Trust for comparison.
6.2. Key Findings

**Figure 8**: The graph shows both the number of 136 suite detentions by the Hampshire Police which were assessed within SABP preferred places of safety and the total number of 136 detentions across the whole SABP Trust

- The number of section 136 suite detentions brought to SABP preferred places of safety from North East Hampshire has fallen as shown in Figure 8. Despite an increase in 2015/2016, numbers have remained consistently lower than 2013/2014.

- By comparison the number of 136 suite assessments have steadily risen year on year across SABP, from 597 in 2013/2014 to 810 in 2016/2017. Similarly, in 2016 NHS England reported that use of section 136 of the Mental Health Act increased across England during 2015/2016 by 18 per cent to 22,965, when compared to the previous year.

- Comparing the results for North East Hampshire to trust wide and national data shows they go against the wider trend (this evaluation has not explored if there could be other reasons for this reduction).

- According to Inspector Huw Griffiths, Hampshire Constabulary Mental Health Lead, demand for 136 emergency beds frequently outstrips supply. The Safe Haven is not a designated ‘place of safety’ for 136 detentions; however it does offer an alternative resource for supporting people in mental health crisis. It helps to reduce the numbers of people held in police cells, at the roadside, or taken to busy emergency departments.
7. Economic Analysis

7.1. Approach

It has been difficult to confidently attribute cost savings or determine costs avoided as a result of the service, as available data focuses on sub-groups of attendees (section 3) or aggregate data (section 4). However, the service data recorded by a member of staff on every person as they present (section 2) has consistently documented the reason for attendance. Therefore, this section of the report has been used as the basis for a high level economic analysis.

The scenarios below look to determine the economic impact of the Safe Haven on healthcare utilization for people attending the Safe Haven service in crisis. It is these service users who are known to have the greatest associated health care costs, for example, through an admission to a psychiatric bed, or through treatment in ED.

From the locally collected service data (for the 12-month period August 2016 to July 2017), 13% of people attending the Safe Haven did so because they were in crisis, as shown below:

<table>
<thead>
<tr>
<th>Reason for attendance</th>
<th>Total attendances</th>
<th>% of attendances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis</td>
<td>552</td>
<td>13%</td>
</tr>
<tr>
<td>Prevention</td>
<td>2411</td>
<td>56%</td>
</tr>
<tr>
<td>Social</td>
<td>999</td>
<td>23%</td>
</tr>
<tr>
<td>Other/Not Recorded</td>
<td>313</td>
<td>7%</td>
</tr>
<tr>
<td>Total</td>
<td>4275</td>
<td>100%</td>
</tr>
</tbody>
</table>

The costs of using health care services are as follows.

<table>
<thead>
<tr>
<th>Cost of 1 psychiatric bed day admission (per bed day)</th>
<th>£377</th>
<th>Using the lowest figure quoted by SABP, Contracts and Income Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Length of Stay (LoS)</td>
<td>42.2</td>
<td>2016-17 average LoS from CSU analysis of NEHF CCG psychiatric admissions data</td>
</tr>
<tr>
<td>Average cost for 1 psychiatric admission</td>
<td>£15,909</td>
<td>Bed day cost x average LoS</td>
</tr>
<tr>
<td>Average cost of an ED attendance</td>
<td>£132</td>
<td>From 2016/17 national tariffs, based on median value</td>
</tr>
</tbody>
</table>

7.2. Key Findings

- The following scenario models the costs avoided if those attending the Safe Haven in crisis would have otherwise presented at ED.

<table>
<thead>
<tr>
<th>Number of attendances at Safe Haven for crisis</th>
<th>Predicted ED attendance costs avoided between August 16 and July 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>552</td>
<td>£72,864</td>
</tr>
</tbody>
</table>

- If the Service provided all crisis attendances with an alternative to presenting at ED, then this would equate to £72,864 in costs avoided over the last year.
- The following scenario models costs avoided if 5% of Safe Haven crisis attendances resulted in an avoided psychiatric admission:
<table>
<thead>
<tr>
<th>Number of attendances at Safe Haven for crisis</th>
<th>5% of Safe Haven crisis attendances</th>
<th>Predicted admission costs avoided between August 16 and July 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>552</td>
<td>27.6</td>
<td>£439,088</td>
</tr>
</tbody>
</table>

- If the Service prevented 5% of crisis attendances from resulting in a psychiatric admission (with an average length of stay of 42.2 days), this would equate to £439,088 in costs avoided (Aug 16 – July 17).
- The 5% figure is provided as an example. To cover the Safe Haven’s annual cost of £237,000 the service would need to prevent 15 admissions per year (or just over one admission per month).
- There may also be avoided costs related to other health services, for example GP attendances or community mental health resources. However, these are impossible to quantify within this report.
- There will also be cost savings related to the reduction in section 136 suite detentions (that could also result in admission avoidance for some people).

### 7.3. Limitations
- The scenarios presented in this section are provided as illustrative examples. These scenarios do not consider the impact of the service on people attending for prevention.
- Data has been used for the period covering August 2016 – July 2017; a different method of recording was used prior to this date, where service users would self-report. This data was incomplete and did not match attendance rates.
- Please note that this analysis uses an average length of stay.
8. Service User Feedback

8.1. Approach

- Since July 2016, Safe Haven Service User feedback has been collected via an iPad survey, consisting of 33 questions, producing both quantitative and qualitative data. The iPad is kept on site, and the survey is completed on a voluntary basis.
- Initial results from the iPad survey were presented in the Safe Haven Service Evaluation Interim Report for the period 1st July 2016 – 31st October 2016. The findings discussed in this section incorporate updated data covering the period 1st July 2016 to the 27th July 2017.
- Consent was sought from all respondents completing the survey and those who declined to share their responses were removed from the analysis. A total of 79 responses were collected with consent for anonymised data to be shared.
- The final part of this section summarises findings from a previous questionnaire that was used to gather service user feedback between April 2014 and June 2016.

8.2. iPad Survey Responses: 1st July 2016 – 27th July 2017

**How the respondents first found out about the Safe Haven Service:**

The following graph (Figure 9) shows how the service users completing the survey, between the 1st July 2016 to the 27th July 2017, first heard about the Safe Haven Service.

![Graph showing how respondents first heard about the Safe Haven Service](image)

*Figure 9: How did you first find out about the Safe Haven?*

The high proportion (52%) of responses indicating that service users first heard about the Safe Haven from NHS mental health services highlights the service’s role as part of an established wider mental health care pathway.
How the Service is being used:

- The results from the survey showed that 70% of the respondents attended the Safe Haven alone, while 30% visited the service with a family member or carer.

- 97% of respondents had visited the Safe Haven on more than one occasion; 92% of respondents had visited the service on more than 4 occasions.

The following two graphs (Figure 10 and Figure 11) show the responses given to the questions: ‘What are your main reasons for attending the Safe Haven?’ and ‘What did you do today at the Safe Haven?’. For both questions the service users completing the survey between the 1st July 2016 to the 27th July 2017, were asked to select up to three from six options. None of the respondents selected ‘other’ in answer to the question ‘what are you main reasons for attending’, consequently this option was removed from the graph.

![Graph: What are your main reasons for attending the Safe Haven?](image)

**Figure 10: The main reasons service users selected for attending the Safe Haven**

The results displayed in Figure 10 demonstrate that the service is achieving its objective with people using it as part of their crisis pathway. The graph highlights the important role of the service in providing a literal ‘safe haven’ for people in crisis (62% of respondents); it also demonstrates the service’s preventative role with 65% of responses stating that the service user attended the Safe Haven to maintain wellbeing during a difficult time.
Both Figure 10 and Figure 11 show that socializing with other people, in a similar situation to their own, is an important element of the service. This indicates that the service has an important role to play in reducing social isolation and building support networks for a vulnerable group of people. Figure 11 also highlights the range of ways in which the service users have been supported by the Safe Haven staff.

Impact of the Service for those using it:
Out of the 79 service user responses received between the 1st July 2016 to the 27th July 2017:

- **85% agreed or strongly agreed** that the safe haven service had... *...prevented them from being in crisis*

- **89% agreed or strongly agreed** that the safe haven had... *...helped them manage a difficult time*

- **94% agreed or strongly agreed** that the safe haven offered... *...a safe place for them to go*

Furthermore, 90% of the responses stated that the service user felt they were better equipped to manage their mental distress having visited the Safe Haven. While 83% felt they were now able to make more informed choices as a consequence of their visit.

In answer to the question *‘If the Safe Haven had not been open today, where would you have looked for support?’* 27% of the sample, stated that they would have sought support at A&E. 24% of the service users completing the survey said they ‘did not know’. See Figure 12.
The significant proportion of respondents that self-reported attending the Safe Haven as an alternative to visiting the Emergency Department, demonstrates the valuable impact that the service is having on the wider system. By de-escalating and preventing crises, the service helps to avoid the need for people to present to mainstream services, thereby reducing demand and releasing capacity.

The comments specified under ‘other’ are detailed below:

- “Would have probably stayed at home in an anxious state and would have been less able to function tomorrow, which would have been overwhelming for me and unsettling for my son”
- “Home alone being upset”
- “Sad and alone at home”
- “Alone at home ??”
- “I would have stayed at home indulging in self-harming behaviour.”
- “Home”
- “Samaritans and probably have driven around somewhere not really knowing where to go.”
- “Just walk around to clear my head”
- “I’m not sure what I would have done. I was likely to self harm.”

In answer to the question ‘What has the Safe Haven helped you with the most?’, between the 1st July 2016 to the 27th July 2017, there were 60 responses; with 5 respondents providing particularly detailed feedback, as shown below:
“Since the safe haven opened it has helped me by giving me a place to come when I am at the point of self-harm or extreme emotional distress and I am unable to pull myself through. Whether I talk or just use it as a place to give me a safe environment in which to allow the crisis to pass or work through my distress.”

I attended the Safe Haven... “to try to get support, as I’m feeling suicidal... Things had got so bad that I didn't know where to turn and was feeling very alone and isolated. So, the Safe Haven helped to give me somewhere I could go to keep myself safe until I can see my GP... I might have ended up in A&E if I had nowhere else to go.”

“A safe place to talk when feeling so vulnerable of an evening when there is nowhere else to go. Nice people to talk to who understand and support your individual needs.”

“It has helped me through many difficult feelings and has helped me through anxiety that could have taken me to A and E. Talking through what’s going on with me, and helped me gain insight into how I can help myself and how to do the next right thing to get out of a crisis.”

It has helped by... “giving me a safe place when I am experiencing difficulty with my mental health, given me someone to talk it through with, and a place to go when I want to hurt myself and need either support or just somewhere to stay safe until it passes.”

After carrying out a qualitative review of the responses to the question ‘What has the Safe Haven helped you with the most?’, seven key themes were identified and the remaining comments were grouped accordingly. Poignantly, 18% of the service user responses simply stated that the Safe Haven had helped them the most with ‘staying alive’. Figure 13 shows the distribution of the 60 responses between the 7 themes.
Figure 13: Distribution of responses in answer to ‘what the Safe Haven helped you with most?’

The following table shows seven key themes and examples of service user comments:

<table>
<thead>
<tr>
<th>Theme</th>
<th>Examples of Comments Made by Service Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staying alive</td>
<td>“Staying alive”, “Being alive” or “Staying alive and well”</td>
</tr>
<tr>
<td>Coping in Crisis</td>
<td>- &quot;Regulating my emotions in a crisis”</td>
</tr>
<tr>
<td></td>
<td>- “Short term coping strategies”</td>
</tr>
<tr>
<td></td>
<td>- &quot;To maintain my mood and prevent stress from building up.”</td>
</tr>
<tr>
<td></td>
<td>- &quot;Being able to hear what I'm saying and recognize any positive possibilities.”</td>
</tr>
<tr>
<td></td>
<td>- &quot;When I have been in crisis at times I have been given good advice.”</td>
</tr>
<tr>
<td></td>
<td>- &quot;Moving from my current crisis through to alternative actions and ways of thinking.”</td>
</tr>
<tr>
<td></td>
<td>- &quot;How to cope with my trail of thoughts and showed me I’m not alone”</td>
</tr>
<tr>
<td></td>
<td>- “Realising I am not alone”</td>
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<tr>
<td></td>
<td>- “Coping with difficulties”</td>
</tr>
<tr>
<td></td>
<td>- “Took some time to practice skills such as relaxation and used the safe space to allow a part break in anxiety to allow for refocusing my mind so to prevent a full crisis.”</td>
</tr>
<tr>
<td>Providing space and someone to talk to</td>
<td>- &quot;Providing support and non-judgmental company”</td>
</tr>
<tr>
<td></td>
<td>- &quot;Have friends and talk”</td>
</tr>
<tr>
<td></td>
<td>- &quot;To talk openly and to defuse how I'm feeling positively”</td>
</tr>
<tr>
<td></td>
<td>- “Staying well, maintaining my wellbeing and providing a space to be”</td>
</tr>
<tr>
<td></td>
<td>- “Eating cake and being with mates”</td>
</tr>
<tr>
<td></td>
<td>- &quot;A place to be”</td>
</tr>
<tr>
<td></td>
<td>- &quot;Just sitting and feeling at peace &quot;</td>
</tr>
<tr>
<td></td>
<td>- “Providing a space to talk and think about my situation to be able to see things more clearly.”</td>
</tr>
<tr>
<td></td>
<td>- “Made me feel not alone with my problems and issues”</td>
</tr>
</tbody>
</table>
### Feedback on the Service and the Staff:
Out of the 79 service user responses collected between the 1st July 2016 to the 27th July 2017:

- 98% were very satisfied or fairly satisfied with their experience at the Safe Haven service.
- 97% either agreed or strongly agreed that the staff at Safe Haven had treated them with dignity and respect.
- 97% also felt they had been treated with warmth and compassion.
- ...when asked whether they felt listened to and their concerns taken seriously, 94% either agreed or strongly agreed.
- 87% either agreed or strongly agreed that the advice and support that they were given at the Safe Haven was right for them.
**Recommendations on how the Service could be improved:**

The iPad survey asked service users ‘**Is there anything Safe Haven could do better?**’. Out of the 37 responses collected, 17 provided similar answers along the theme of ‘no’, ‘nothing at all’, ‘nothing at all, it’s great’ or ‘nothing at all, it is just right’. The remaining comments were grouped according to themes that were picked out in the qualitative review of the data, as shown in the table below:

<table>
<thead>
<tr>
<th>Themes</th>
<th>Examples of Comments Made by the Service Users</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staffing</strong></td>
<td></td>
</tr>
<tr>
<td>• More Staff</td>
<td>– “Could do with more staff when busy.”</td>
</tr>
<tr>
<td>• Continuity of staff</td>
<td>– “More nursing staff in busy times.”</td>
</tr>
<tr>
<td>• More time in private</td>
<td>– “Having more consistent staff to create more continuity. To have a rota of the CPN's that will be on duty every evening at the Safe Haven so clients can know who is on duty.”</td>
</tr>
<tr>
<td></td>
<td>– “Placing less restrictions on time spent with clients having private talking times.”</td>
</tr>
<tr>
<td></td>
<td>– “CPN be more informed of my notes and my history.”</td>
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<tr>
<td><strong>Food</strong></td>
<td></td>
</tr>
<tr>
<td>• Make healthy food</td>
<td>– “No junk food.”</td>
</tr>
<tr>
<td>available</td>
<td>– “Health snacks.”</td>
</tr>
<tr>
<td>• Allowing people to</td>
<td>– “We should be allowed to bring a snack with us, a sandwich or something.”</td>
</tr>
<tr>
<td>bring their own food</td>
<td>– “Yes, stop placing restrictions on serving hot food or bringing food to eat in the safe Haven.”</td>
</tr>
<tr>
<td>• Looking at ways of</td>
<td>– “Food, I have eating disorder and was battling eating in public places”</td>
</tr>
<tr>
<td>supporting people with</td>
<td>– “Food as. I have eating disorder and find it difficult when eating in public”</td>
</tr>
<tr>
<td>eating disorders</td>
<td></td>
</tr>
<tr>
<td><strong>Space</strong></td>
<td></td>
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<tr>
<td></td>
<td>– “Have more rooms where people can talk privately.”</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td></td>
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<tr>
<td></td>
<td>– “My only problem is actually being able to get to the Safe Haven, as I have chronic health conditions and mobility problems so struggle with driving and public transport from Yateley is too much/not good enough for me to manage. So there have been times I have needed to come but physically haven’t been able to.”</td>
</tr>
<tr>
<td><strong>Provision of information</strong></td>
<td></td>
</tr>
<tr>
<td>• Tone of information</td>
<td>– “Sometimes notices could be more positive in tone.”</td>
</tr>
<tr>
<td>• How it is shared</td>
<td>– “I think info could be sent to everyone via text messaging.”</td>
</tr>
<tr>
<td>• How the service can</td>
<td>– “Education on how to use it effectively.”</td>
</tr>
<tr>
<td>be used</td>
<td></td>
</tr>
<tr>
<td>• Informing people about</td>
<td>– “Make changes clearer”</td>
</tr>
<tr>
<td>changes</td>
<td></td>
</tr>
</tbody>
</table>
## Longer Opening Hours

- “Be there more hours on Saturday and Sunday”
- “If it could be open during the day too that would be so helpful.”

## Use of space

- “Maybe provide games”
- “At times when it is busy it can feel too manic”

The service reports that they regularly review feedback and where appropriate it is used to improve how the service is delivered.

### 8.3. Service User Questionnaire: Feedback from April 2014 - June 2016

Prior to the introduction of the 33-question iPad survey in July 2016, the service gathered feedback using a questionnaire based around 8 questions. The questionnaire was used for data collection from the time that the service launched in April 2014, until June 2016 and was completed by 369 respondents. Unfortunately, due to significant changes in the design of the questions, it was not possible to directly incorporate the data from the old questionnaire with the new iPad survey, even though some of the questions were similar. Nonetheless, a summary of the earlier service user feedback has been included as it helps to demonstrate the consistency of the findings over time. Furthermore, the questionnaire provided a rich array of comments from people who have used the service, which are included in appendix 1.

- **Impact of the Service for those using it:**

  From the original questionnaire, 36% of the 369 service user responses referred to either ‘ending up in hospital’ or ‘escalating their crisis’ if the Safe Haven had not been available. For example, comments in response to the question: *If the service had not been open, where would you have looked for support?*, included:

  - “This place in the evening has kept me from crisis. Without this place, I would have ended up in hospital.”
  - “Probably spent about 10 hours in A&E, talking to about 6 different people across 10 hours and then being sent home.”
  - “I would have isolated myself and struggled with thoughts alone, which would escalate”
  - “I would have self-harmed at the very least.”
  - “Would of OD, I was so low.”
  - “I’d have killed myself.”
  - “I might have been dead if I hadn’t had the Safe Haven.”

The comments from both the older questionnaire and the current iPad survey highlight that the Safe Haven has consistently played an important role in crisis management for its users and in multiple instances prevented people from harming themselves, or even ending their lives.
Feedback on the Service and the staff:

Positive feedback regarding the service and its staff has been consistent since the service launched, with numerous comments left by the 369 respondents thanking the staff and praising their ‘kindness’ and ‘support’. Based on the questionnaire:

- 92% of the service users completing the survey said that they, always or often, felt treated with dignity and respect.
- 96% of the service users completing the survey stated that they were likely, or extremely likely, to recommend the service to their family or friends.
- 95% of the service users completing the survey, when asked if they felt the environment of the Safe Haven was appropriate for their needs, rated it as excellent or good.

8.4. Limitations

- Changes to the survey design in July 2016, meant that the survey in its current format has only been in place for less than a third of the time the service has been running. The short time frame limits the amount of data available, which reduces the potential for meaningful analysis. A larger sample size would increase the analysis potential.
- The format of the data meant it was not possible to link the quantitative data to the qualitative comments, which meant it was impossible to identify trends across the data in relation to characteristics of the individual.
- The sample size is relatively small compared to the overall number of attendances/number of individuals who use the service.
- There is nothing to prevent people from completing the survey on more than one occasion.
- The survey is potentially biased towards those who use the service on a more regular basis and perhaps those who are less distressed. The clinical lead for the service highlighted that younger service users (18-30) who attend the service in crisis and then leave quickly, are less likely to have completed the survey.

9. Conclusions

Data analysed for this report suggest that the Safe Haven service is proving to be successful in reducing demand for acute health services for the defined user population, whilst offering an effective alternative to police involvement and the need for Section 136 interventions for some people.

Analysis also models cost avoidance for the CCG. Furthermore, the feedback from service users highlights the vital role that the Safe Haven plays in providing support for vulnerable people.

10. Recommendations for Future Evaluations

- IG arrangements did not permit access to primary care data. Future evaluations may wish to look at this.
- The recording of hospital numbers for all service users would allow a more comprehensive evaluation. However, this may conflict with the desire to have an informal drop in service and consequently deter people from using the Safe Haven.
The findings presented indicate that the Service provides benefits to the community beyond the scope of this report. A broader public sector evaluation could be undertaken to explore the wider impacts of the Service.

Diagnosis codes for all people attending the service would enable evaluation of whether the Safe Haven has been effective in supporting some groups more than others.

Suicide rates for the catchment area could be examined; however, caution has been advised, as numbers are likely to be very small which would make it difficult to draw any firm conclusions.

11. Active Ingredients

To understand what contributes to the continued development and success of the service, team members working at the Aldershot Safe Haven were asked to identify any active ingredients that that would be important if looking to replicate the service.

The following were highlighted:

- Teamwork is really important. Close partnership working between the three organisations has been central to the service.
- Set clear boundaries. It is important for staff to explain to attendees the role of the service and to ensure that boundary setting is in place. Person centred care planning is important, with a focus on ‘moving on’ from the service.
- Encourage independence by restricting staff time spent with regular attenders.
- The service needs to provide a safe space and offer autonomy to the service user upon arrival – it may be that sitting quietly or just talking with others is what is critical for that person at that time.
- Provide a non-judgemental approach and have an attitude of wanting to help.
- The ability to effectively signpost on to other services.
- To be effective the service needs to be able to handle mental health emergencies either by accelerating treatment, triaging on to other services or, in rare cases, calling an ambulance.
- Ensure that the working environment is safe for both staff and users.
- Effective promotion of the service needs to occur through the NHS and other stakeholders.
- The service needs to hold certain values: offer sincerity and have staff with knowledge and acceptance of mental health.
- Establish strong links with other NHS organisations and other local services.
References

2. NHS South, Central and West Commissioning Support Unit, August 2016 - Provisional Evaluation of the Safe Haven Service
Appendix 1: Service User Comments, April 2014 – June 2016

“I think that services like these are essential to help people with needs like mine who don’t have family close by and who live alone. Also, having somewhere to go where you don’t have to explain yourself all the time is brilliant, family aren’t always a good source of support at times of crisis.”

“It’s a lifeline. Keeps me from staying in my own head and escalating into crisis.”

“They calmed me down when I had made plans to end it. ***** was very calming and listened. They gave me hope.”

“The place just gives me respite from my intrusive suicidal thoughts and prevents escalation of crisis.”

“Without this place I would be suffering crisis after crisis.”

“Talking to ***** was invaluable! They gave me very useful and incredibly helpful advice which has given me hope and ideas which will help me with security and hope for the future.”

“I tend to ‘run away’ from my friends when I am in crisis. Having the safe haven has kept me from harming myself on three occasions, in 2 of which I was at the point of attempting suicide.”

“This has been an invaluable service and has really helped me during a very difficult time.”

“I really felt I wanted to hurt myself tonight but I have calmed down now and am not left to dwell on the things I have just spoken about. Because of the nature of the cafe I can sit and relax before going home where I live alone.”

“This is the best resource I have ever used. It is the only place I have found where you don’t need to actually be in crisis to attend and where you can be safe and get whatever help you need if you are. You are not judged and are able to be with people at the point when it matters, without taking up A&E time or being detained by the police.”

“This gives me somewhere to go to stop me from obsessing over things in my head. It helps me keep safe”

“This is my first visit and it really does feel like a safe haven.”

“I don’t know what I would do without it. I feel safe here. I feel the staff genuinely care. It’s nice to talk to other service users I can relate to. It helps to build my confidence with socialising. It’s a nice calm atmosphere.”

“Heelped a lot, made me feel welcome and respected. Gave me a confidence boost and made me feel a lot happier with my situation. Got a lot of advice and gave me ideas about how I can deal with issues.”

“I honestly don’t know what I would do without the cafe, it’s a comfort to know it’s there and makes me feel safe and that I have options when I feel anxious or self-destructive.”