Tees, Esk and Wear Valleys
NHS Foundation Trust

Summary of Possible Safe Haven Models for Durham and Darlington

Introduction and Background

An engagement exercise undertaken in June 2018 when local stakeholders were asked about the role and future of the crisis house, and extensive discussions through the Crisis Concordat. The key themes from the engagement exercise, and concurrent Commissioner led review of Crisis Services and the wider crisis pathway, included:

- We need out of hours (out of hospital) support that is centrally based and accessible for all. Although feedback from those who had spent time in the crisis and recovery house was positive, it was agreed that the current model is not sufficiently inclusive. A bed-based service was not identified as a high priority although developing a peer-led model is worth exploring.
- The development of a safe haven / safe space. We have already reviewed how this is provided in other areas of the country such as the crisis care / safe haven in York, the Richmond Fellowship safe haven on the Isle of Wight and the crisis pad in Hull.
- A flexible and responsive crisis resolution and home treatment service is essential if we are to provide people with the support they need to stay at home. Retaining the skills of staff from the crisis and recovery house will be key in developing this service.
- A need to develop and provide support for carers.

Following discussion about this in August 2018, EMT requested that more detailed work and costings of the safe haven model be developed collaboratively with Commissioners and to be presented to the ACP/Partnership board. This paper summarises possible options for a safe haven model in Durham and Darlington as requested by EMT.

Design Event

A design event to work up a more detailed specification for the haven was held on Friday 14 December. Attendees included TEWV staff (including Peer Support and Recovery Expert by Experience Lead, Senior Peer Support Worker), Commissioners (NECS Crisis Concordat lead), MIND and York Haven (to enable us to learn from their models). The design event considered lessons from a range of haven models across the country including Aldershot which is identified as leading practice, York haven which is based on Aldershot model and Leeds peer led model. The purpose of the session was to develop a description/specification of a haven; its functions; the environment; links and partnerships to be connected with; who, how to access it and when; the people who would staff the haven. Attendees were clear that the purpose was to design what might be needed and not to think about which organisation may provide as this was not within our remit.

High level service requirements

As requested by EMT, the service has, with stakeholders including Commissioners, Users and Carers, designed a possible specification for a safe haven model. This is deliberately not organisation specific to enable it to fit with actions identified through the Commissioner Crisis Pathway Review and discussions both internally and at the Crisis Concordat. To assist the crisis concordat and DDTMHLDP (the Partnership) further develop specifications for a safe haven and progress implementation, high level service requirements were developed and are shown below.

Function of the haven: (All essential)

- To provide support for a wide variation of needs:
- Uncomfortable emotions.
- Those who feel unsafe but do not want or require hospital access
- Offer Comfort/listening
- Support individuals to access other services they need (and assertively work with them to achieve this)
- Knowledge of and links with other agencies/Directory of Services
- Should not be seen as a 'health' facility
- Offer trauma informed/recovery focus

Physical environment: (All essential)

- Homely,
- Communal areas as well as bookable 1-1 rooms
- Some ensuite (as bathing often a 'safe space')
- Kitchen and ability to make a drink
- Space to offer groups or for other agencies to come in and provide (or be based in/have access to a facility where groups are already in place)
- Access to respite beds is important. Don't feel beds can't co-exist in haven – but the level of need/support would mean it would not be ideal in a haven environment. Would also have implications for CQC registration and resources.

Access:

- Minimal exclusion criteria:
    - Impact of behaviour on others
    - Legal restrictions
    - Not significant MH or medical needs
- Drop in, not an assessed process
- Available 365 days – desirable. Essential – 3 weekday evenings, weekends – day time opening as well as evening
- Hours of opening will depend on resource, other havens offer evenings until 12pm/2am (may be dependant on venue). Longer weekend opening times. Look at times of high Demand on Crisis Service/Liaison to determine the opening times.
- Central Facility for Darlington - essential
- Different approach for County Durham where one base not as feasible - essential. Hub and spoke: ability to reach out to rural/isolated communities, pop ups. Look at university, care hubs, use of existing community venues

- Examples: Dial house in Leeds: Main road, near shops, is a house on a housing estate rather than city centre. York haven is a central city location
- Transport (budget to be able to offer this to clients) - desirable

People:

- Ability to engage/listen
- Peer led if with appropriate resources, support and structures or to plan to make it peer led within 5 years through an asset development approach:
- Community Support Worker/ Peer support workers.
- Paid peer mentors.
- Volunteers.
- Area Manager oversight.

A range of staffing options (support workers plus management support) have been identified, which can be flexed depending on the required service configuration. For example, the Concordat has considered a range of opportunities from fixed havens to more flexible, “pop up” havens based around specific populations or times of need (eg at the university during exam periods).

Conclusion

There has been a range of work carried out to help us reach the point of design for a ‘haven’ type service which meets the requirements identified by service users and carers who have participated in the engagement process and subsequent service design events. The need for a service which can be responsive to adults in crisis has been consistently identified since the review of the Crisis and Recovery House commenced and via the concurrent Commissioner led review, however it has also consistently been identified that this does not (and possibly should not) need to be provided by TEWV services as there are others better placed to deliver a more flexible and bespoke approach. This is reflected in the actions identified through the Commissioner review and as part of the Crisis Concordat workplan for the coming year.

Recommendations

That the future service model and provision is now passed to the Crisis Concordat to be refined and later considered for implementation through the Partnership.