Service Model Bingo

Access	Location	Culture	Who?	Service Offer	Times
Single point of access - referral to café following telephone triage	In an existing community venue	Therapeutic rather than clinical environment	Clinicians are present at the sanctuary/cafe	Accessible out of hours	Open 9am – 5pm
Referral by another agency	Service reaches out into communities – mobile service	Works for the whole system – all partners and patients can access	Staff are peer support workers	Open every day of the week	Open 5pm – 10pm
Open access – able to turn up and self-refer	Homely environment – not clinical	No barriers to accessing – too ill/not ill enough	Skilled professionals (not necessarily clinicians) are available	An alternative to going to A and E	Open 5pm - Midnight
	One fixed location that is accessible in and out of hours	Peer led	Support services (in addition to mental health) are available	Based on individual need – not 'too ill or not ill enough'	Open 6pm – 11pm
	A safe space	A safe space	All of the above - based on individual need	A preventative service – can go there before you reach crisis point	Open 6pm – 1am
	In an existing service in the community	Focus on service user outcomes			

Access

Open access
↳ ? how this could be managed → triage on arrival?
Co-location to A & E.

Managing conflict.
Gender specific? - safe space.

Location

one fixed location prohibitive - big County!
aligned to existing service eg. A & E - make A & E less scary.
where do people already go to feel safe - trust

Safe space - get the government involved
Trusted places.

Culture

Who?

Need to have a blend of support ~~staff~~.
Resourced properly.

Service Offer

Times

Is there any data re: trends in times from other areas? Weekends?
Data from other Helplines OOH? eg. Tamarisk Project, Samaritans.
Physical space - helpline function - mix of 2 offices.

Kate's table.

Service Model Bingo

Access	Location	Culture	Who?	Service Offer	Times
Single point of access - referral to café following telephone triage	In an existing community venue (2)	Therapeutic rather than clinical environment	Clinicians are present at the sanctuary/cafe	Accessible out of hours (2)	Open 9am – 5pm
Referral by another agency	Service reaches out into communities – mobile service	Works for the whole system – all partners and patients can access	Staff are peer support workers	Open every day of the week	Open 5pm – 10pm
Open access – able to turn up and self-refer	Homely environment – not clinical. These go with any option.	No barriers to accessing – too ill/not ill enough	Skilled professionals (not necessarily clinicians) are available	An alternative to going to A and E (1)	Open 5pm - Midnight
See notes – need to include all and not exclude any of these options.	One fixed location that is accessible in and out of hours	Peer led	Support services (in addition to mental health) are available	Based on individual need – not 'too ill or not ill enough'	Open 6pm – 11pm
	A safe space. These go with any option	A safe space. This goes with any option.	All of the above - based on individual need ✓	A preventative service – can go there before you reach crisis point (3)	Open 6pm – 1am
	In an existing service in the community. If this means co-location (1)	Focus on service user outcomes			See notes.

See notes. See notes.

Unless you know what the overall aim is, these are difficult to answer

Kate's table

Access

Open access, other options would have barriers. Volunteer reps spoke of barriers when there are criteria

Same concern with open access - will open to lots of different groups - risk self-referral helps to capture people with their crisis no matter what it is.

How is it already working - ie. those that have open access

Purpose of the sanctuary needs to be defined to be able to determine this.

Somewhere that carers are aware of, can phone, get advice.

Location

could co-locate with existing services.

Lots of services now co-located.

? Somewhere with professionals.

If there were a couple of hubs, could do outreach.

out of hours part of option

Culture

Safe space goes with any option.

Therapeutic rather than clinical - really needs to be needs led.

Who?

All of the above although all wouldn't need to be there at same time. ie. if need housing advice could be referred on.

may need wide skill set to address primary & secondary

Service Offer

If only/main priority is to prevent A&E - needs health staff.

Somewhere else other than A&E, out of hours when people struggle.

Develop service to have input from money, debt, housing, organisation etc to have preventative

Times

could alternate if there were more sites available - people could travel.

Depends on service offer. We have prioritised "an alternative to A+E" so need to ensure it corresponds with high usage.

Advertising offer is crucial.

Safe space - found this hard to define - easier to say what we don't want (see flipchart)

Service Model Bingo

Access	Location	Culture	Who?	Service Offer	Times
Single point of access - referral to café following telephone triage #2	In an existing community venue #3 1.	Therapeutic rather than clinical environment #2	Clinicians are present at the sanctuary/cafe Signposting	Accessible out of hours # 1	Open 9am – 5pm #1
Referral by another agency #3	Service reaches out into communities – mobile service	Works for the whole system – all partners and patients can access	Staff are peer support workers CRUCIAL	Open every day of the week	Open 5pm – 10pm
Open access – able to turn up and self-refer #1	Homely environment – not clinical #2	No barriers to accessing – too ill/not ill enough #1	Skilled professionals (not necessarily clinicians) are available Signposting	An alternative to going to A and E	Open 5pm - Midnight #1
	One fixed location that is accessible in and out of hours	Peer led #3	Support services (in addition to mental health) are available	Based on individual need – not 'too ill or not ill enough' #2	Open 6pm – 11pm
	#1 A safe space	A safe space	All of the above - based on individual need #1	#3 A preventative service – can go there before you reach crisis point	Open 6pm – 1am
	In an existing service in the community #3	Focus on service user outcomes			#3 Midday to midnight

Access

working definition for crisis required otherwise can't keep up sustainable service.

Open Access good in theory but where does gatekeeping & safety occur?

Referral by agency causes exclusion

Location

Needs to be different from a clinical/service environment.

Need a continuation of options with different needs & individual

Private spaces

Communal spaces.

Provide an alternative to the usual.

Space must be SAFE.

Culture

No wrong door

Person measures & takes their own level of distress.

Who is setting this up

What are their requirements

If really poss dad then must be peer facilitated

Stop using the word crisis

too restrictive & too stigmatising

Racial gender and ability accessible.

Who?

Who will facilitate gatekeeping

A open Access volunteers must be skilled at triage, so know widely who to refer on.

Peer Staffed is crucial

Signposting & options for referring on is very important

Service Offer

Peer led component.

somewhere to go

Where is it

When is it open

Different Q's

Why is it open

People their need to have voice heard.

Who defines crisis -

it can mean different things

Who determines when you are in crisis the system fails

Prevention but not judgement

Times

Needs to be flexible - and widely available.

Service Model Bingo

Access	Location	Culture	Who?	Service Offer	Times
Single point of access - referral to café following telephone triage (2)	In an existing community venue (2)	Therapeutic rather than clinical environment (3)	Clinicians are present at the sanctuary/cafe	Accessible out of hours every day & the week (2)	Open 9am – 5pm
Referral by another agency (3)	Service reaches out into communities – mobile service or ~~Not if~~ taxi. (2)	Works for the whole system – all partners and patients can access	Staff are peer support workers (2)	Open every day of the week	Open 5pm – 10pm
Open access – able to turn up and self-refer (1)	Homely (safe) environment – not clinical (Trauma informed) (1)	No barriers to accessing – too ill/not ill enough (1) Substance misuse not a barrier.	Skilled professionals (not necessarily clinicians) are available (3)	An alternative to going to A and E	Open 5pm - Midnight (2)
	One fixed location that is accessible in and out of hours	Peer led (2)	Support services (in addition to mental health) are available (1)	Based on individual need – not 'too ill or not ill enough' (3)	Open 6pm – 11pm (3)
	A safe space	A safe space	All of the above - based on individual need	(1) A preventative service – can go there before you reach crisis point	Open 6pm – 1am (1)
	In an existing service in the community	Focus on service user outcomes		~~Debt counselling~~ Welfare benefit advice.	

Access

- Using word referral.
- Single point helps consistency
- referral process introduces a barrier as others
  Strong emphasis on SPA ~~SPE~~

- Facilitate access to support = triage.
- Referral by another agency – Not an option wanted.
- Triage needs to be high quality.

Location

Safe space priority.
Mobile – ? does it have to be a building?
multiple sites. using existing locations/services.
Stigma is a barrier.

- Taxis to transport people to crisis cafe (needs)
- Where locations dont allow cafes – have mobile facility.

Culture

Building resilience within communities.
Awareness programme for family + carers.

Who?

Clinicians do not need to be present all the time.

Service Offer

Awareness programme for family + carers.

Times

Times should match with demand → ? data.
What about hidden demand.

ideally 24hrs required.

Helpline during working hours.

Including service users to inform.

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Access

Must be open access - reduce stigma → to sanctuary as option.
Could be telephone as well - eg 111
We have charged option 2 - alone there do not want - we should not be referring people into this.
→ crisis team
We are misty any thy about client groups in this option.

~~Key~~ Discussion about those in crisis is → would they be too poorly to go to sanctuary.

→ Signposting

Language Too Clinical

Location

Homeless & Safe Space moved to Centre. What do we mean by service - mental health service (no) - others (YES)
Community Venue → could be good place - embedded in local community.
If mobile would we know where this will be? timetable? → some areas have buses which could be used in addition ie: Ashfield+ CAB ~~bus~~, POW bus etc. Brings key messages. rural problems.

Culture

Peer led → as well as Clinical Support - what if someone comes in suicidal. Do we mean peer facing

Who?

This says staff ! Not client groups.
Suitable trained staff → therapeutic but have access to clinicians to safely refer in to Secondary care. → or link to crisis team in their area.

Service Offer

Should not be an alternative of A&E → or A&E Check this an option for people with mental health.
Helping people to de-escalate.

Times

Could we determine ~~hours~~ hours based on need.
May be different depending on location / day of week.
If this reduces bed space maybe we could offer taxi fare.
Early morning not necessary - 2 - 11 or 3 - Midnight. - based on need.