Collaborative Working

Crisis Care Pathway – Crisis Cafes and Mental Health Sanctuaries

Wednesday 22nd January 2020
Conference Hall, Highbury Hospital

Welcome and Introduction:

Jonathan Wright introduced the third of three planned Mental Health Sanctuaries Workshops and that the aim of today was to look at the Draft Model for sanctuaries for Nottingham/Nottinghamshire and to gather ideas to add to and make changes to the model before it is finalised.

Northamptonshire Healthcare NHS Foundation Trust- Co-Produced Crisis Cafes

Adam Smith; Assistant Director gave a presentation on the work that they have done in Northamptonshire in developing the Crisis Café's and their achievements.

He explained they used "I Statements" (what service users wanted) when developing the Crisis Cafes, the team worked with service users to embed co-production in the creation of new services and the care planning process.

- The Crisis Cafés have been piloted since September 2017 and are run in conjunction with Northamptonshire MIND, MIND Staff are trained and supported. Two Peer Support Workers run the café and make links. There are also a Band 6 and Band 4 clinician that support the Café's and have access to SystemOne if required.
- The Café's provide 15 sessions per week across the county and there is now a 5 Year contract in place. Adam explained that there are no exclusions to the service but that the cafés have a charter that has been co-developed with service users on expectations whilst in the cafes
- Service Users attend the Cafés based on need not diagnosis. Carers and Family Members have also used the cafes
- The cafes have direct access to Crisis Teams
- MIND approached local cafes to open in the evenings
- They share timetable of sessions with across mental health services and with the police, ambulance service, Social media

Between January 2019 and December 2019, the Crisis Café had 5,427 Service Users attend across the County. If the Cafés were not available service users said they would have used A&E, ambulance service, Police or gone to their GP

Out of 700 people who thought they needed to see the Crisis Team only 57 needed to be referred.

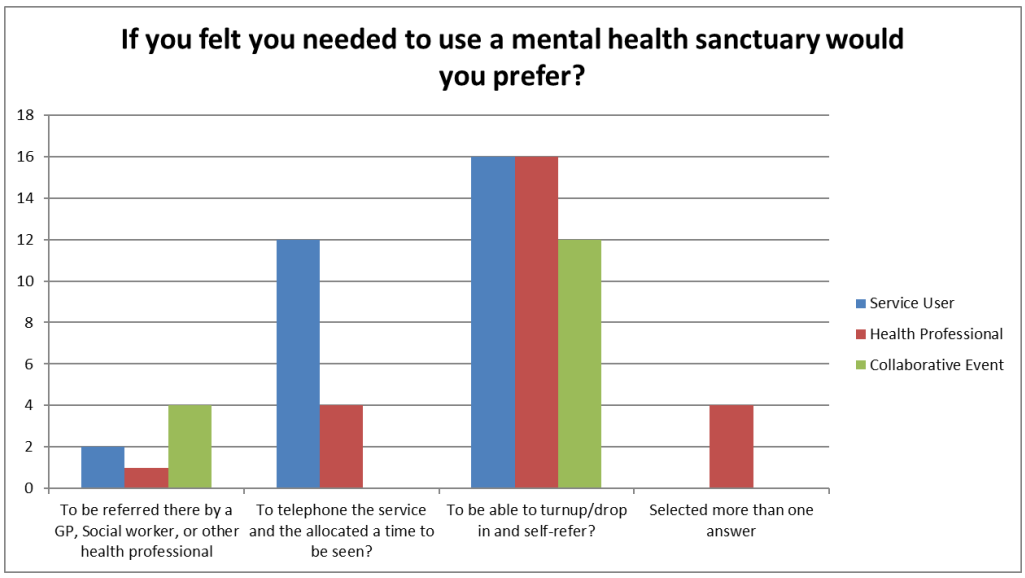
Results of service user and carer questionnaire

A Task and Finish group had met the previous week to go through the responses received from the questionnaire sent out after the last session and to look for key themes to feedback to this group.

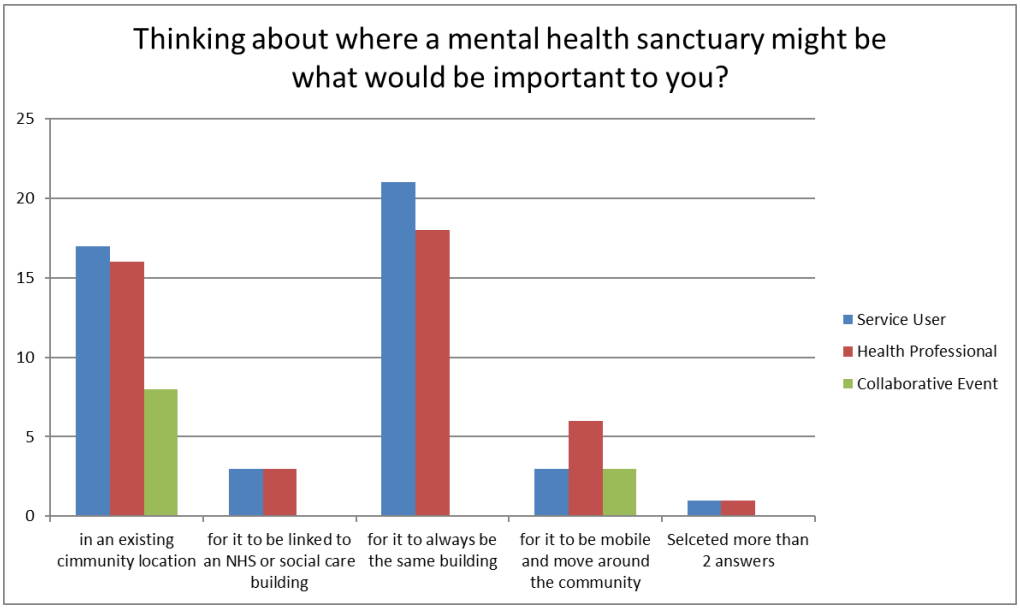
Matthew Goodwin-Freeman; Trustee from Healthwatch Nottingham & Nottinghamshire & Jonathan Wright presented the results.

There were 32 responses in total from Service Users and Carers across Nottingham and Nottinghamshire. Matthew explained that the response submitted by Healthwatch included the views of approximately 2500 service users from recent and previous engagement undertaken.

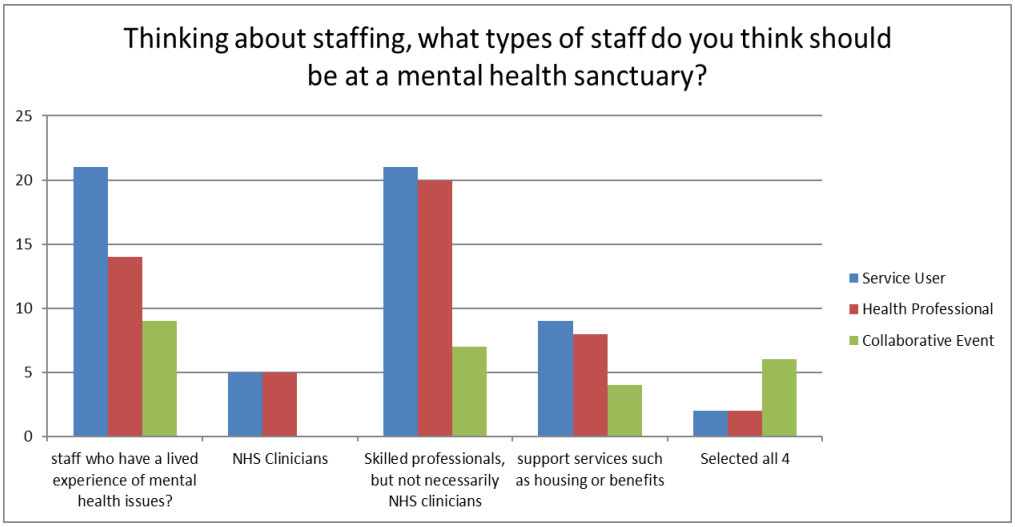
The results were as follows:



Gatekeeping was clearly more important for staff, the service user/carer perspective signalled the desire for immediate access.



There appears to be agreement on a fixed location, however it was noted that the results could be city centric and that in more rural parts of the county this may be different.



Doesn't have to be NHS staff but the narrative submitted with in the survey showed that the service needs to have strong working links with NHS services.
Lived experience is clearly hugely valued from a service user/carer perspective; again this is reflected in the text responses.
Along with lived experience, service users and carers are clear that the staff there need to be very skilled.

Matthew shared that he felt that the Patient voice had been the source of this whole process. He also felt that getting publicity in the right places to ensure that the word was out there regarding the Mental Health Crisis Cafés was important and should be shared widely as Service Users aren't always aware of what is out there. And to ensure that Emergency Services know about it also.

Listening to Experiences:

From the previous session other individuals had expressed an interest in sharing their lived experience of using local mental health services with the group. An insight into what it feels like being on the receiving end of services was given by a mental health service user at this meeting. They spoke of personal experience of trying to develop crisis sanctuaries several years ago.

They stated that Trust MH services are failing many patients, before during after a crisis and that on various occasions throughout the process that there was no real co-production with service users (especially those critical of services) who offer unique insights from their experiences and that much more needs to be done within the Trust to make service users feel more valued. Service users must not only be invited to the table but also enabled to sit there. They stated that they were the only MH service user in the room and that no payment was offered and there weren't even any biscuits!

People in the group thanked them for sharing their experience.

Crisis Sanctuary Draft Model for Nottinghamshire

The draft model for the Crisis Sanctuary was shared with the group for discussion. This has been developed based on discussions in the collaborative sessions and the wider survey.

Kate Burley asked the following questions:

1. Does the model broadly look right based on previous discussions?
2. What is the age group for accessing these sanctuaries?
3. Is there any function we want to specify in the model to support people who can't physically attend the sanctuary?

A summary of the feedback provided is:

- When considering the document the group were in agreement that it reflected the conversations to this point.
- Can we put patient opinions & feedback at the heart of our process – so this needs to be more explicit in the document.
- Age Group
    - Some said no age limit
    - Others said adults
    - Perhaps depends on the organisations delivering and their expertise
- The opening times for the sanctuaries needed more consideration
- Opening and staffing is a big issue for GPs

- Simply mirroring Emergency Department attendance times might not work- even if somebody arrives at Emergency Department at 5pm, they have been looking since 3pm
- How do we ensure there isn't a postcode lottery; different areas have different acceptance criteria.
- How do we demonstrate success; numbers of people seen? Where would people have gone otherwise
- Some comments were made on transport to and from the sanctuaries
- It was felt it would be better to try something and then review it if it wasn't quite right.

Geography and what's deliverable

The group were asked to send examples ahead of the workshop of services which are similar to the sanctuary model already in place in Nottingham and Nottinghamshire.

A table of examples were shared, including examples shared from Notts Help Yourself.

Thinking about the different areas of the Nottingham and Nottinghamshire, discussion points explored were:

- Difference for local need
- Equal shares across the areas?
- Phasing
- Phone/virtual options?
- Go where people go?

Overall the group fed back that

- Ideas such as opening events inviting groups who may be able to offer something to attend, so a more developing, organic process for set up and delivery.
- Build it big and shrink it, don't start small it won't work
- Test/pilot it like Northamptonshire did
- If there's enough money put one in the North, south, east and west
- Again some comments were made on transport to and from the sanctuaries

Evaluation of the sessions:

Jonathan Wright thanked the group for their contributions and shared evaluation forms with the attendees, asking that they complete these for the whole collaborative process undertaken so far.

Next Steps

Next steps agreed were:

- Send the draft model out to the collaborative for comments and this will inform the specification
- Explore the options for the procurement and commence the process, noting that it will be an expectation of the successful provider(s) of Sanctuaries to continue to involve service users, carers and wider stakeholders in the ongoing development of the Crisis Sanctuaries
- The presentations will be shared viewed online on the Insights webpage.