

Alternatives to Crisis Programme Individual Service Profile – The Lookout

Table of Contents

| | | |
|-----------|---|-----------|
| 1. | Introduction..... | 1 |
| 2. | Methods..... | 1 |
| 3. | Service information | 2 |
| 3.1. | Service overview..... | 2 |
| 3.2. | The Lookout in more detail | 2 |
| 3.3. | Challenges experienced by The Lookout | 4 |
| 3.4. | What has worked well for The Lookout? | 5 |
| 3.5. | How has The Lookout changed over the evaluation period?..... | 6 |
| 4. | Service activity data | 6 |
| 5. | Personal characteristics data | 10 |
| 6. | Impact of the service on the people who use it | 13 |
| 6.1. | Adapted Subjective Units of Distress Scale (SUDS) for The Lookout | 13 |
| 6.2. | Alternative support if The Lookout had not been available | 2 |
| 6.3. | Feedback from the people who stayed at The Lookout | 3 |
| 7. | Summary | 4 |

1. Introduction

This Individual Service Profile expands on the information provided in the accompanying project report slide set. It looks at each Alternatives to Crisis (A to C) services in more detail, exploring service setup; how the service is staffed; what challenges the service has faced; what has worked well; and what has changed for the service over the lifetime of the evaluation. It also presents activity data for the service for the period 01 April 2022 – 30 June 2023, along with feedback from people who used the service, which was collected via the online and postcard surveys.

2. Methods

Information on each of the A to C services has been collected since July 2021, when scoping for this evaluation began. The evaluation team met with service managers and staff on multiple occasions during the data collection period (01 April 2022 – 30 June 2023), and where appropriate, service visits were also arranged, so that the service could be seen in person.

Service managers and staff were also invited to attend and feedback through the Rapid Insight Events held in June 2022 and April 2023. At the end of the data collection period a follow-up meeting was arranged with each service manager to reflect on the challenges the services had faced, what had worked well, and how the services have changed during the evaluation period. This meeting also provided an opportunity to check that the evaluation had up-to-date information on the service set-up and staffing structure. Discussion logs were kept for each service meeting.

Feedback from the people who used the services was collected via interviews, online surveys and data collection postcards. Both the survey and the postcard included short multiple choice-style questions and free text questions, where people could provide further comments about their experience of the service. This Individual Service Profile includes the feedback from both the online survey and the data collection postcards. The findings from the interviews is presented separately in Appendix V.

The online surveys were circulated between March 2023 and June 2023. The postcards and ballot boxes were distributed to the services in March 2023 and collected in June 2023.

The service meeting discussion logs, the findings from the Rapid Insight Events, the feedback from the multiple-choice survey questions, and the quantitative activity data collected through the Standardised Data Collection Tool, has fed into the information presented below.

3. Service information – The Lookout

The Lookout

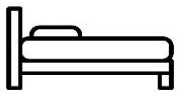
The Lookout, Winchester, SO22 6PT

**Sanctuary
Supported
Living**

3.1. Service Overview



- **Crisis house** – open 24 hours a day, 7 days a week, 365 days a year, offering short-term (up to 28 days), respite and recovery accommodation for adults aged 18+ experiencing mental health crisis.



- **Seven fully furnished single-occupancy bedrooms** in a shared setting over two floors.



- **With communal areas** – comprising a shared lounge, kitchen, bathrooms, laundry room and garden.



- **Referral only service**, no drop-ins or self-referrals. Originally referrals could come directly via GPs, hospitals and psychiatric liaison services, but due to high demand, moving forward all referrals will be **triaged via the Crisis Teams**.



- **Staff are on-site 24 hours a day**, and there is always a minimum of two people on shift. There is also an out-of-hours telephone service and CCTV help to ensure residents' safety and security.



- **The service covers all of Hampshire**, except Portsmouth, Fareham and Gosport.

3.2. The Lookout in more detail

The service which launched in July 2021 is run by Sanctuary Supported Living. It adopts a trauma-informed approach to empower and promote long-term outcomes. By focusing on holistic, person-centred care, the service aims to provide a safe space, where the pressure and stressors of daily life are minimised providing the opportunity for the person to reset. People staying at The Lookout are supported to become experts in their own care. They are encouraged to set themselves specific goals and to develop Wellness Recovery Action Plans during their stay. The Lookout runs daily activity sessions that aim to support each person's crisis/care plan, by focusing around areas such as: 'Managing mental health needs', 'Daily living skills', 'Building confidence, resilience, and self-esteem', and 'Signposting and accessing other services'. A typical week will include morning and



afternoon activities, with sessions on journaling, yoga, cooking, breath work and self-care. People are encouraged to take part in the activities as part of their stay.

Placements at The Lookout are initially accepted on a 72-hour basis and then the placement is reviewed. The length of stay is agreed by the three parties (the referrer, the individual and The Lookout), and depends on the goals agreed and whether there are any barriers to achieving those goals. A further two or three reviews can take place for up to a period of 28 days. There are seven rooms available within the service, with three shared toilets and showers. Each room has a sink, its own dresser, a side table, and a lounge chair.

Move-in times are scheduled to consider staff availability and the activities taking place. *"There are some set times that work better as if someone attends when dinner is being served, it can be unsettling for the other guests,"* Laura De Franco (Service Manager). The team aims to give people an hour to settle in before engaging in activities. Moving out times are based on the person's circumstances (for example, how they are getting home). People can sign in and sign out of the service to go to social events or go for a walk, for example; however, the service expectation is that the individual returns to The Lookout by 21:00. Breakfast and lunch times are down to individual preference. Preparation for dinner usually begins around 17:30 – 18:00. If someone does not want to eat at the same time as others, food will be set aside for them.

Eligibility criteria

To be eligible for a place at The Lookout, applicants must:

- Be over 18 with or without a mental health diagnosis.
- Be based within Hampshire (excluding Portsmouth, Fareham and Gosport).
- Be able to administer their own medication.
- Have no personal care needs.
- Be triaged via a Crisis Team.

Staffing model

The service always has a minimum of two people on shift, and the staff work on a six-week rota:

- **Early shift 07:00 – 15:00** – minimum of two members of staff on shift at one time.
- **Late shift 14:30 – 22:30** – minimum of two members of staff on shift at one time.
- **Waking night 22:00 – 07:15** – 1 x waking night member of staff on shift at a time along with a member of staff on the 'sleep in' shift (if the member of staff on the waking night shift requires support, the member of staff on the 'sleep in' shift will support and then go back to bed).
- **Sleep in shift 22:30 – 07:00** – 1 x member of staff on site, but asleep unless needed.

The service has an Outreach Worker, who supports people for four weeks once they leave the service (two face-to-face visits and two phone calls), and a Peer

Support Service Coordinator who develops the rota of daily activities. The service does not have any clinical staff on site. However, The Lookout does have access to the Crisis Teams for support out-of-hours.

Bank staff support the service, and they go through the same recruitment process as permanent members of staff. Some bank staff do pick up regular shifts as there have been vacancies within the team. At times when there are no bank staff available, agency staff will be used. However, agency staff do not have access to the systems and are only considered as a last resort.

Staff training

Training is completed on an ongoing basis throughout the year. Bank staff have access to the same training as permanent members of staff. Sanctuary Living has mandatory training that all staff must complete, for example Health and Safety or Data Protection training. Additional training is then offered which is bespoke to the service and specifically designed to support service delivery, for instance:

- Suicide prevention / intervention training
- Emotionally unstable personality disorder (EUPD) training
- Trauma-informed care / practice training.

3.3. Challenges experienced by The Lookout

The service manager Laura De Franco described several challenges that the service has faced:

Recruitment

"The service has not really struggled with staff retention. The original team that were recruited when the service first opened 27 months ago remain in post, except for three individuals that have left for varying reasons - including transport issues, shift work and due to their own mental health. However, staff recruitment has been challenging over the last year. Vacancy adverts have been out all year, which we are trying to fill, as currently the service does not have a full team. The quality of the applicants has changed since the service opened and finding new people to apply is challenging."

Access to NHS systems

Since the service launched it should have had access to Rio, which is an NHS electronic patient health record system, but it does not, and this has been an ongoing issue. More recently, an NHS laptop has been purchased to access Rio, but the service has not received this yet [discussion logged in November 2023].

Medication management

The Lookout stipulates that an individual can bring no more than 28 days of medication into the service. The Lookout does not administer or prescribe

medication, but they can support people in locking it away in the individual's medication cabinet situated within their room, for example.

Problems around medication management occur when communication breaks down between the person's healthcare providers.

Example one: A psychiatrist will start a new prescription for an individual and this gets sent to the GP. The GP needs to issue this and then the person needs to collect medication at their usual pharmacy, or it can be put onto the Spine so it can be collected at a local pharmacy. This does not always happen and by the time the GP gets to process the request, the client has escalated into crisis.

Example two: Prescriptions are not updated correctly. If an individual is prescribed short-term medication to support crisis, the GP does not always update the prescription in time, so that person is being given medication that they should no longer be on.

Example three: A prescription will be given to someone who has had a recent overdose. The individual might be prescribed large quantities of the medication which is unnecessary and could pose a further risk to their safety, while they are recovering.

Ambulance waiting times

If the service has had to phone for an ambulance for someone who has taken an overdose, waiting times can be a challenge. In this scenario there is a lot of responsibility on the service as there is nobody clinical on site. First aid can be carried out, but the person may require more support than this. As such, it means the service must continue to monitor the person in situ while they wait for the paramedics. This has an onward impact as in this scenario, there is only one other member of staff supporting six other people.

Staff shortages across statutory services impacting on people's wellbeing and recovery

Staff shortages across statutory services have been a challenge within Crisis Teams and Community Mental Health Teams (CMHT). It means that when people come to The Lookout and they start to feel safe they may be less likely to want to leave as they feel they are not getting the support they need in the community.

3.4. What has worked well for The Lookout?

- There is a high demand for the service now it is established. The service manager reported that: *"When there is a vacancy (spare room), it is only for 24 / 48 hours maximum."*
- The service offers a non-clinical approach, providing non-medicalised solutions to help people manage their crisis.



- The service encourages people to socialise and be out of their rooms, for example by using the communal lounge or during dinner time. This social and peer support aspect of the service seems to be beneficial for most people.
- Individuals help prepare meals and wash up; creating a sense of community.
- The introduction of an Outreach Worker has been beneficial for helping people integrate back into the community.
- Also, as a third sector provider the service feels they can respond to issues and implement changes quicker than their NHS counterparts.

3.5. How has The Lookout changed over the evaluation period?

- Whilst the service was originally set up to be a crisis house in the beginning, it moved towards a respite and recovery model as time went on. Originally weekly e-mails had to be sent chasing CMHT and Crisis Teams for referrals. However, demand for the service has greatly increased and as a result a waiting list needed to be introduced. It was therefore agreed in late 2023 to move back towards the model of a crisis house, it is hoped this will stop the waiting list from growing and help people access the service quicker.
- Furthermore, the complexity of the individuals The Lookout now supports has increased; people who are more unwell with higher levels of need, such as serious trauma, or complex co-morbidities.
- Finally, new roles have been introduced to the service in the last 15 months, such as the Outreach Worker position.

4. Service activity data - The Lookout

The following data was collected between 01 April 2022 and 30 June 2023 by The Lookout via the evaluation's Standardised Data Collection Tool.

Between 01 April 2022 and 30 June 2023:



- The Lookout **supported 132 people, across 162 admissions**, with an average of 11 admissions per month.



- **Average length of stay at The Lookout was 13.4 days.**



- **21 individuals stayed at The Lookout on more than one occasion** (of which eight stayed on three or more occasions). **112 people stayed at The Lookout only once during the data collection period.**





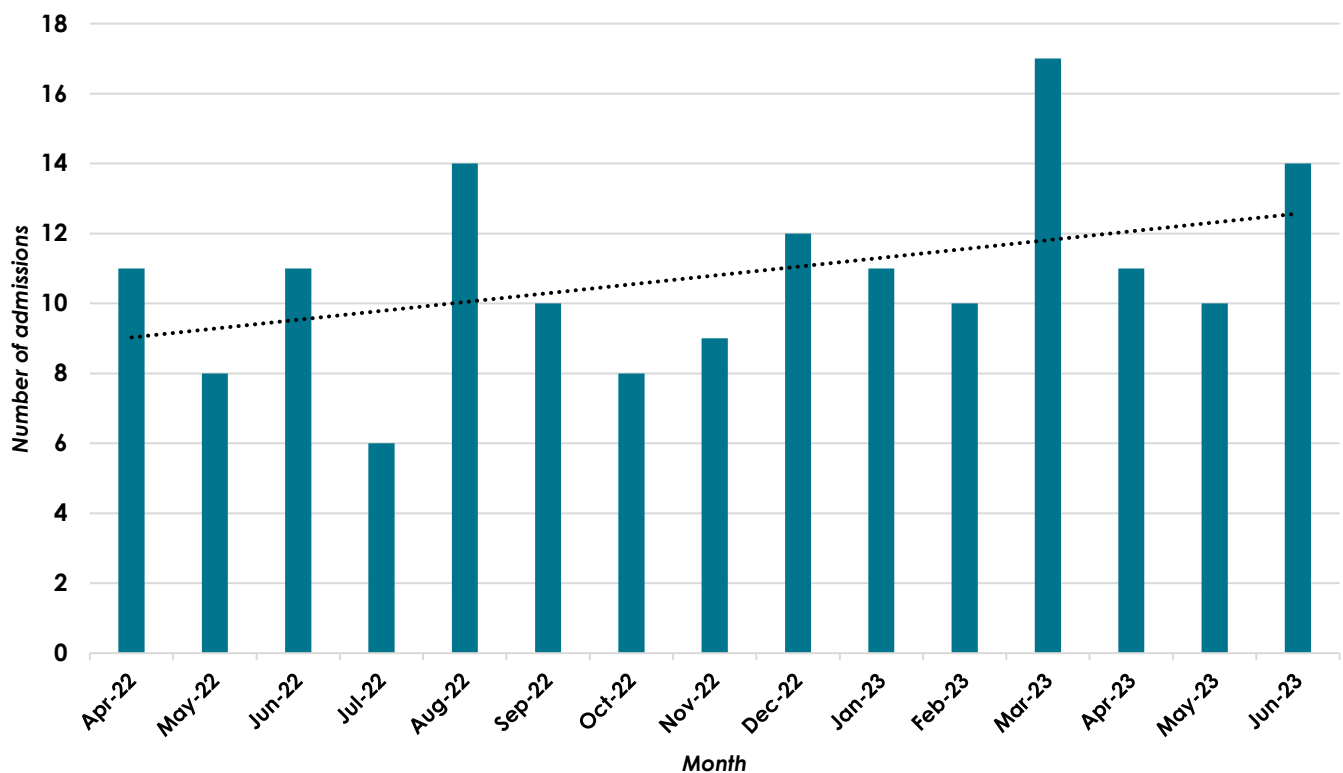
- **One person** who stayed at The Lookout during the data collection was reported as a '**first presentation to a mental health service**', all other admissions were already in contact with secondary mental health services.



- **83% (135/162) of the admissions to The Lookout were there to prevent escalation into crisis (95/162) or de-escalate from a crisis (40/162).** 16% (26/162) were staying to maintain recovery after a crisis, while one person stayed at the service to reduce their isolation.

The following graph (figure 1) shows the number of admissions to The Lookout by month over the evaluation data collection period. A trendline has been added to illustrate the increasing demand for the service.

Figure 1: Number of admissions to The Lookout between 01 April 2022 and 30 June 2023, by month



The word cloud in figure 2 on the following page shows the reasons people contacted The Lookout (Winchester) between the 01 April 2022 and 30 June 2023. The size of the words reflects the frequency they were recorded. This data was recorded within the Standardised Data Collection Tool for each of the 162 admissions.

Figure 3 (also on the following page) shows a breakdown of the admissions to The Lookout by the referral source.



Figure 2: Word cloud showing the reasons people contacted The Lookout for support

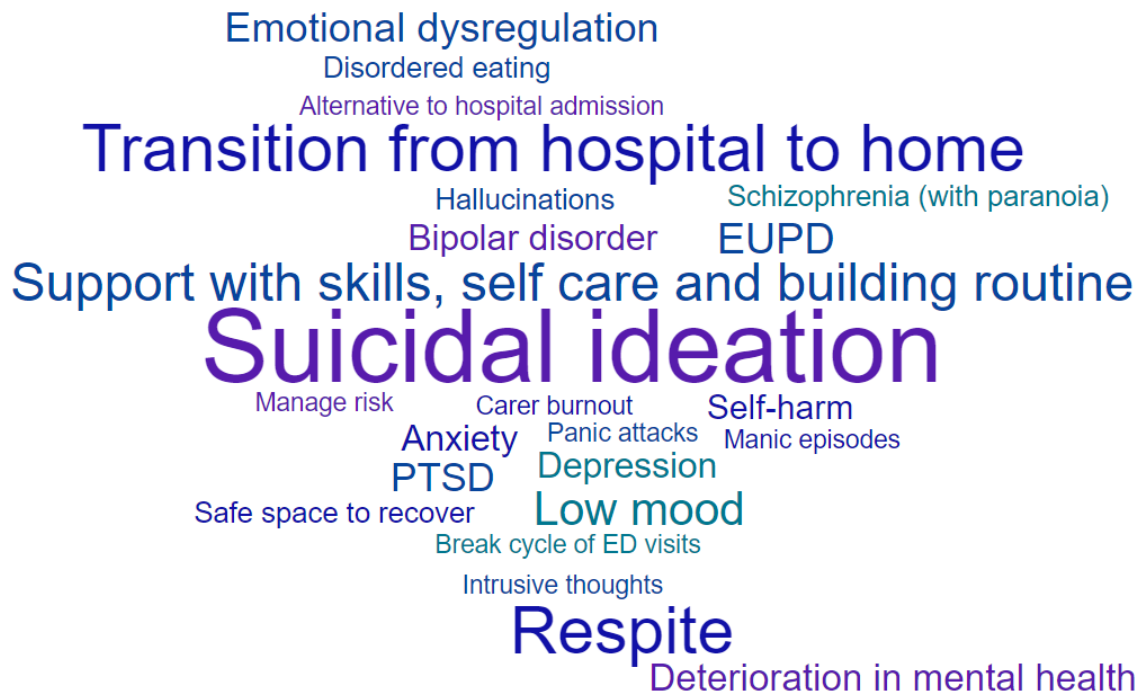
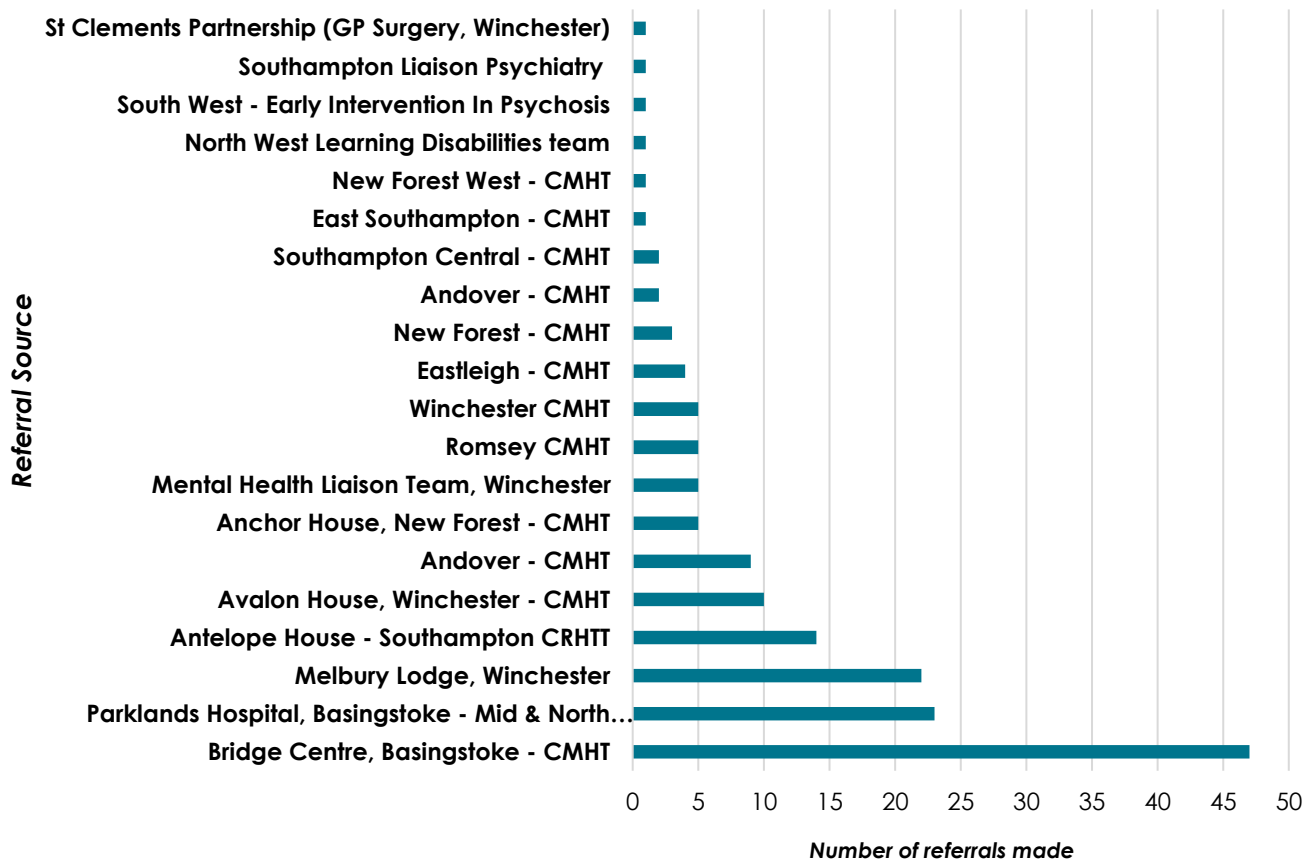


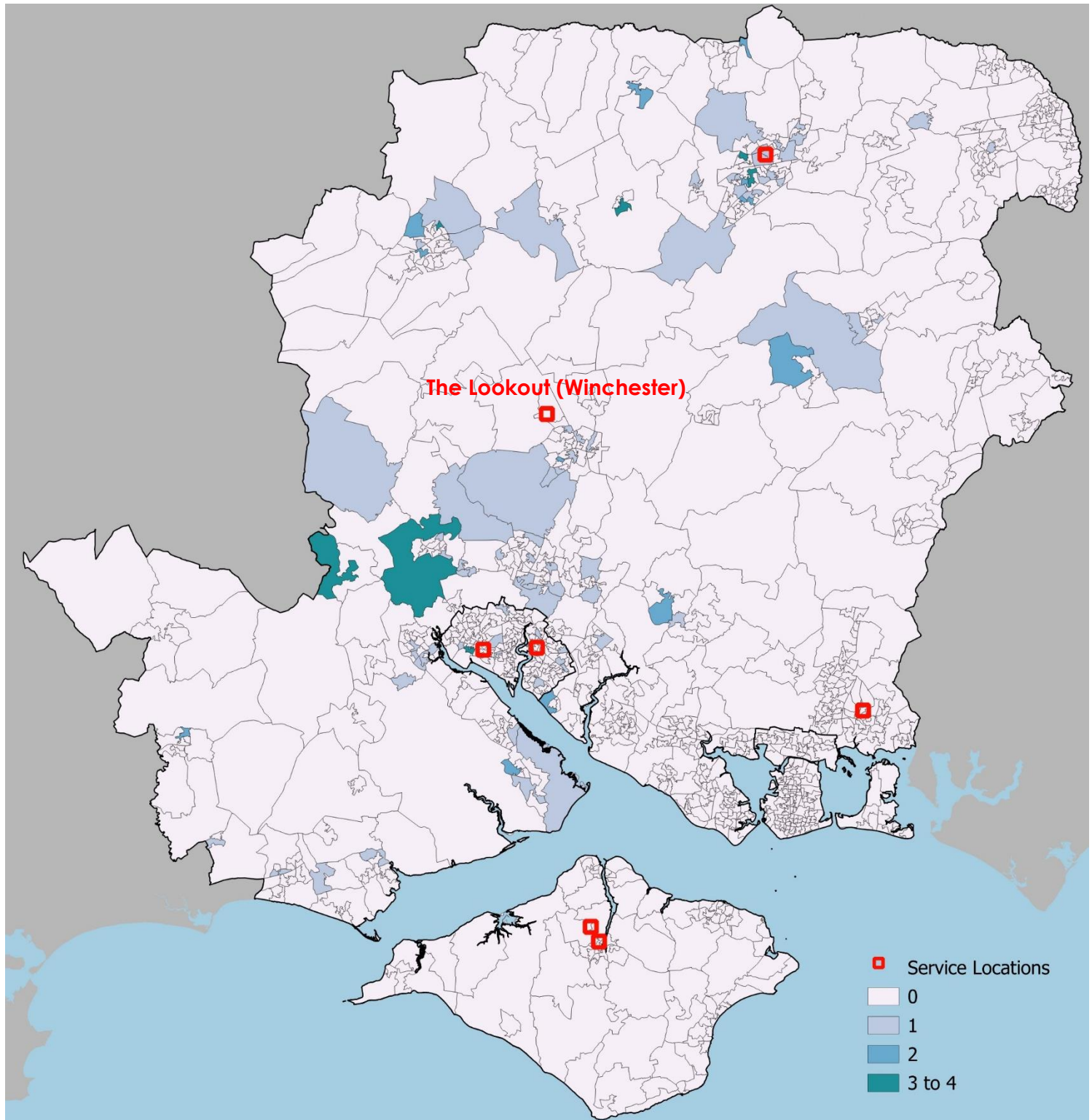
Figure 3: Breakdown of the 162 admissions to The Lookout by referral source





For each admission to The Lookout the service was asked to record the person's home postcode in the Standardised Data Collection Tool, this was then converted to Lower Super Output Area (LSOA) by the NHS Digital's Data Services for Commissioners Regional Office (DSCRO). Using the LSOAs Health Innovation Wessex has produced the following map (figure 4) to show where people have travelled from in Hampshire to stay at The Lookout.

Figure 4: Shows which area in Hampshire that each person who stayed at The Lookout lives in





5. Personal characteristics data – The Lookout



- **75%** (100/132) of the people who stayed at The Lookout during the data collection period **identified as female**.



- **92%** (122/132) of the people who stayed at The Lookout during the data collection period **identified as White or White – British**.



- The **largest age group** amongst the people who stayed at The Lookout during the data collection period was **25 to 34 year-olds**.



- **70%** (93/132) of the people who stayed at The Lookout during the data collection period **said that they were straight / heterosexual**, 15% identified as either bisexual or pansexual, 9% as homosexual and 5% were recorded as 'unknown sexual orientation'.



- **97%** (128/132) of the people who stayed at The Lookout during the data collection period **said they had a disability**; 84% (111/132) said their disability impacted their activities of daily living (ADLs). 90% listed their disability as their 'mental health'.



- **60%** (79/132) of the people who stayed at The Lookout during the data collection period **said they had no religious beliefs**.



- **2%** (2/132) people who stayed at The Lookout during the data collection period **said they were military veterans**, 90% (122/132) stated that they were not military veterans, while 6% (8/132) were recorded 'military status unknown'.

The figures on the following pages (figure 5 – figure 9) show visual representations of the personal characteristics data.



Figure 5: Age band by gender identity for the people who stayed at The Lookout between 01 April 2022 and 30 June 2023

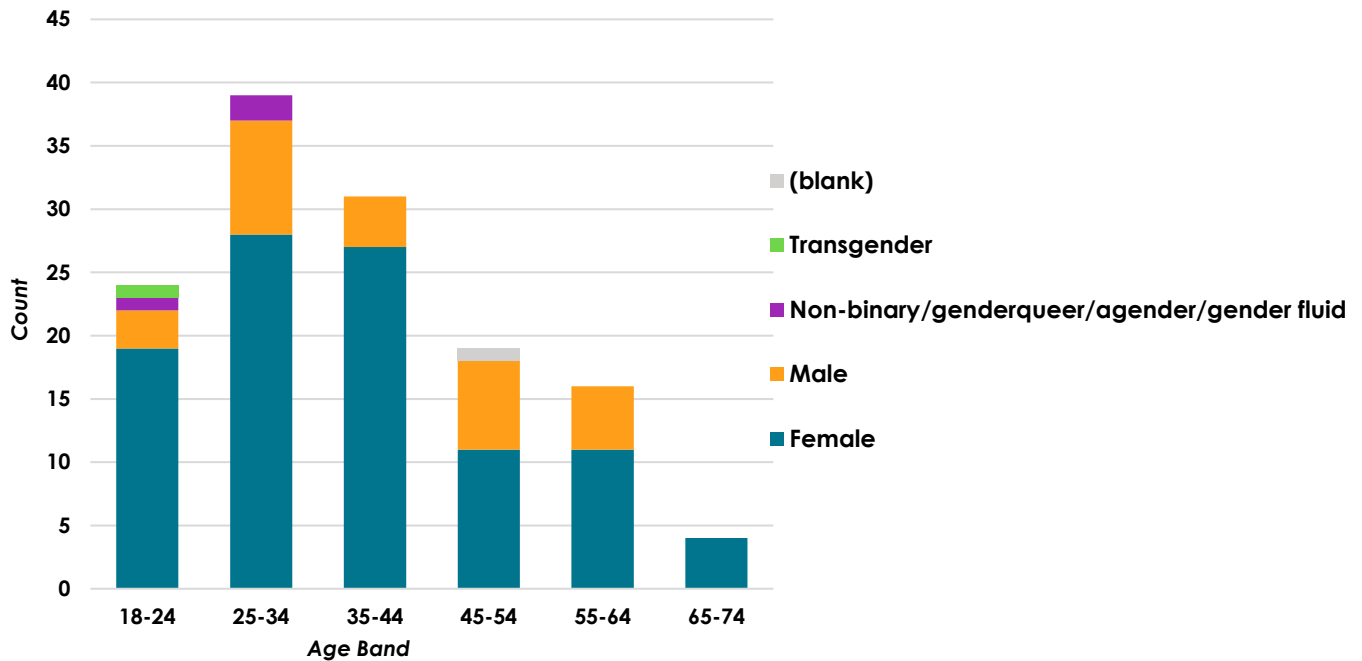


Figure 6: Ethnicity breakdown for the people who stayed at The Lookout between 01 April 2022 and 30 June 2023

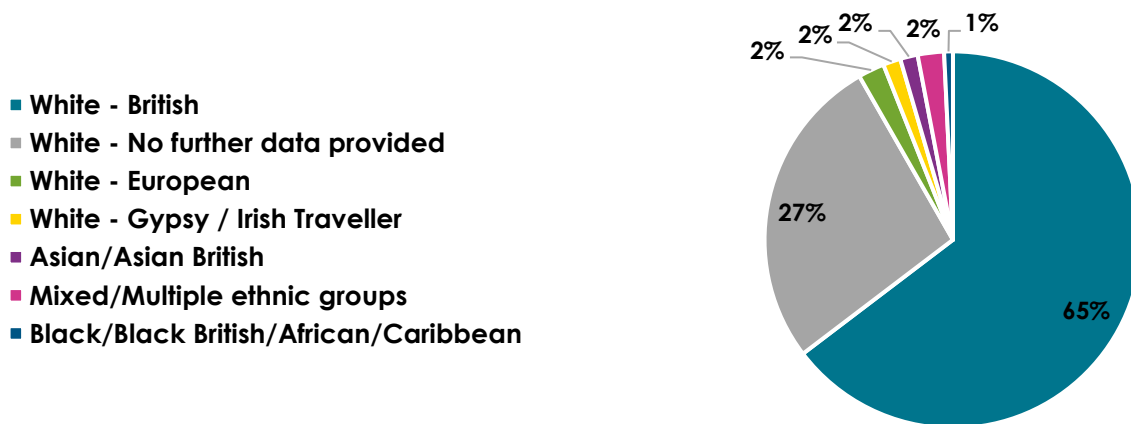


Figure 7: Sexual orientation for the people who stayed at The Lookout between 01 April 2022 and 30 June 2023



Figure 8: Disability by the amount it impacts on the person's activities of daily living (ADLs), for the people who stayed at The Lookout between 01 April 2022 and 30 June 2023

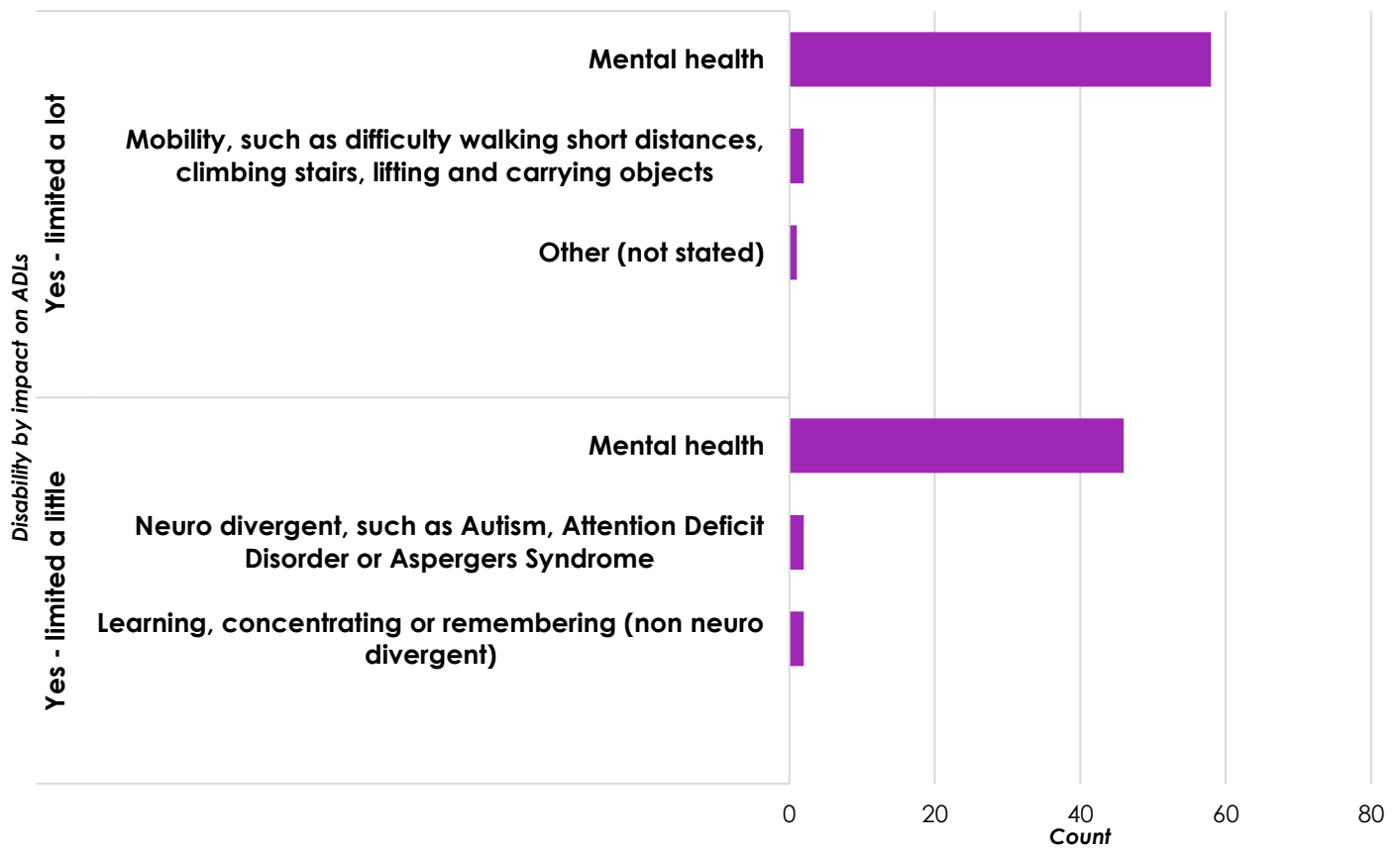
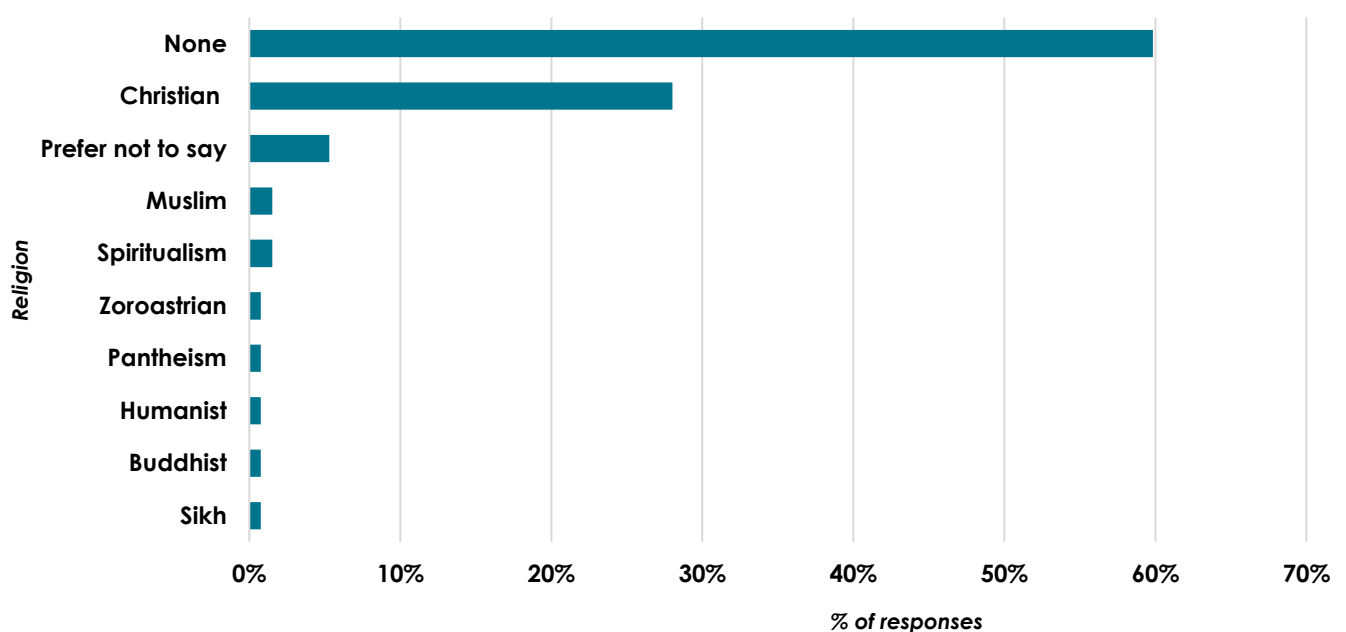


Figure 9: Religious beliefs reported by the people who stayed at The Lookout between 01 April 2022 and 30 June 2023



6. Impact of the service on the people who use it – The Lookout

6.1. Adapted Subjective Units of Distress Scale (SUDS) for The Lookout

The Subjective Units of Distress Scale (SUDS) is a 10-point scale that was developed by psychiatrist Joseph Wolpe in 1969 to measure the subjective intensity of distress experienced by an individual. SUDS is measured based on the response given to the following question:

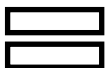
“On a scale of zero to ten, where zero is the best you can feel and ten is the worst, how do you feel right now?”.

Health Innovation Wessex and the Hampshire and Isle of Wight Integrated Care Board Lived Experience Lead adapted the scale, providing a colour coded printable tool with supporting statements to reflect escalation of crisis. Each service was asked to use the scale at the beginning and end of each interaction with a person, as a measure of the service's impact on emotional distress. Please see slides 21 and 22 in the Final Report for more information on the selection of Adapted SUDS for this evaluation.

The Lookout reported Adapted SUDS scores for 73% (118/162) of the stays at the service. All scores were directly reported by the person staying at the service. Figure 10 on the following page shows the scores on arrival versus departure, while the following points provide a summary the change in scores.



- **75% (89/118) of the Adapted SUDS scores showed a decrease in level of emotional distress.**



- 14% (16/118) reported no change in their level of emotional distress.



- 11% (13/118) of the Adapted SUDS scores showed an increase in level of emotional distress.



- The average **change in Adapted SUDS score following a stay at The Lookout was a decrease of 2.5**. Average score on arrival was 6.9, whereas at departure the average score was 4.4.



Figure 10: Adapted SUDS on arrival vs departure

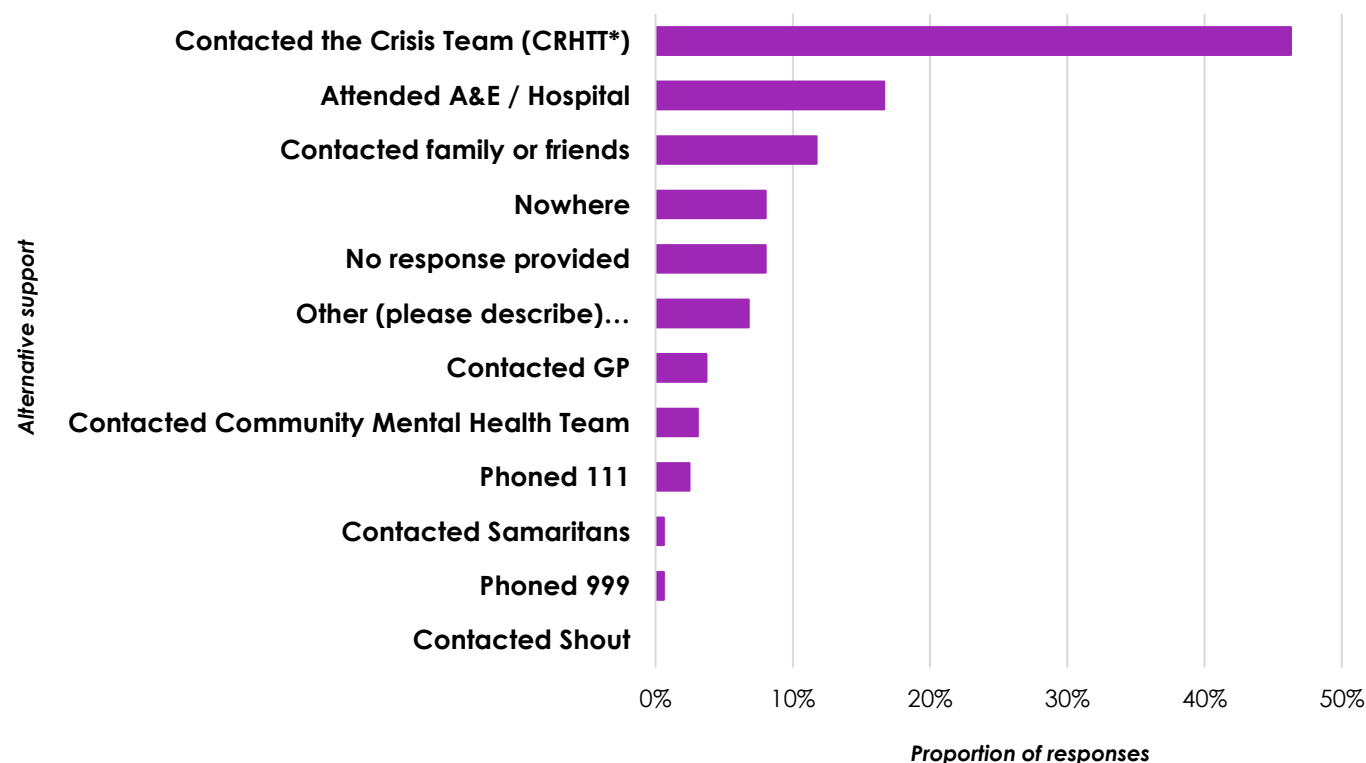
| | | Level of distress on departure | | | | | | | | | | |
|------------------------------|-----------------------------------|--------------------------------|---|---|---|---|---|---|---|---|---|----|
| Level of distress on arrival | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 0 | No distress or anxiety | 1 | | | | | | | | | | |
| 1 | Neutral | 2 | 1 | 1 | | | 1 | | | 1 | | |
| 2 | Minimal | 1 | 4 | | | 1 | | | | | | |
| 3 | Mild | | | | 1 | | | | | | | |
| 4 | Mild - moderate | | | 1 | | 1 | | | | | | |
| 5 | Moderate | 2 | 1 | | | | | 1 | | 1 | | |
| 6 | Moderate - strong | | 4 | 3 | 2 | 2 | 4 | 4 | | 2 | 1 | |
| 7 | Strong feelings of distress | 1 | 3 | 2 | 1 | 1 | 8 | 3 | 1 | 1 | 1 | 1 |
| 8 | Very distressed and uncomfortable | 1 | 1 | 1 | 3 | | 5 | 3 | | 4 | 1 | |
| 9 | Extreme | | 3 | 3 | 1 | 2 | 5 | 2 | | 1 | 3 | 1 |
| 10 | Unbearable | | 1 | 1 | | | 4 | 6 | 1 | 1 | 2 | |



6.2. Alternative support if The Lookout had not been available

At the point of admission each person who stayed at The Lookout was asked: **“If The Lookout had not been available, where might you have gone for support?”**. A list of potential answers was provided, and the respondent could select as many options as they felt appropriate (figure 11 below shows the options the respondents selected). The final option allowed the respondent to select “other (please describe)”. No response was recorded for 13/162 admissions.

Figure 11: Source of support if The Lookout not been available



*CRHTT – Crisis Resolution Home Treatment Team

Other (please describe) – 11 responses, which included:

- “Acted on thoughts” (two people)
- “Contacted Care coordinator”
- “Safe Haven”
- “Run”
- “I would have spent the night outside”
- Response left blank

Figure 11 shows that 17% of people who stayed at The Lookout said they would have gone to their local emergency department, or they would have been admitted to hospital had the service not been available. However, the majority of people who stayed at The Lookout would have sought further support and direction from the Crisis Team, this may also have resulted in an admission to or attendance at hospital.

6.3. Feedback from the people who stayed at The Lookout


Online surveys and data collection postcards were used to collect feedback from people staying at The Lookout. The survey and postcard combined both short answer (multiple choice) questions and longer free text questions.


The online surveys were circulated between March 2023 and June 2023. The postcards and ballot boxes were distributed to the services in March 2023 and collected in June 2023. The following table (table 1) shows the number of responses that were collected.


Table 1: Number of responses to survey and postcard data collection

| Service | Number of postcards completed | Number of online questionnaires submitted | Total |
|-------------|-------------------------------|---|-------|
| The Lookout | 12 | 6 | 18 |

Below is a summary of the findings from the short answer questions:

- 

➤ **67% (4/6) of respondents said the location of The Lookout was easy or very easy to find.** The remaining two respondents described the experience of finding the service for the first time as 'neutral'.
- 

➤ **94% (17/18) of respondents who stayed at The Lookout rated their experience as good or excellent.**
- 

➤ **100% (6/6) of respondents who had stayed at The Lookout said they would be likely or extremely likely to recommend the service to someone else if they needed similar support** *(this question was only included in the longer online survey, not the postcard).*

Below are the longer free text questions:

- "What difference has accessing the service made to you?"
- "What has the service helped you with the most?"
- "Was the service easily accessible?"
- "What would make the service better for you?"

Free text comments were left by 12 out of 18 individuals. The main comments from individuals about The Lookout noted the benefits of a residential service to focus on their wellbeing. They valued The Lookout's safe environment and the support offered by the live-in staff to focus on their recovery. The individuals also commented on the supportive and helpful staff who took the time to listen to their thoughts and feelings.

The following provides an overview of the comments collected:

“Given me space to recharge and somewhere safe while I waited for a medication review.”

“Staying here has kept me safe during a crisis period and given me space and time to think about how to improve things.”

“It has given me chance to re-affirm what skills I knew and put them back into practice and helped me know that I CAN be in control.”

“It has made me focus on the things that I need to use in times of distress.”

“The staff have been awesome and have helped me feel the most positive I have felt in so long, they have also helped equip me with confidence to be able to move forwards with things upon leaving and have helped me become a version of myself that I am quite proud of. So thanks to everyone at The Lookout.”

“Staff are wonderful! They have been so supportive and are always willing to make time for us.”

There were also several comments that provided suggestions for service improvements:

“Google maps was slightly incorrect, I've put forward an edit request and hope they change it. The sign on the outside of the drive could maybe be bigger until then.”

“It can be difficult to get to shops/pharmacist if you have physical disabilities.”

“More gym equipment maybe. A small amount of free weights would be useful.”

“Maybe more structure in the day; optional activities for people who can't get out or don't have anyone to visit.”

“Check on people if they haven't been out of their room much in the evenings as that for me can be the worst time.”

7. Summary – The Lookout

The Lookout in Winchester provides short-term respite accommodation for people experiencing mental health crisis. The data collected through the Alternatives to Crisis Programme evaluation demonstrates that the service is dealing with an increasing level of demand. The data also shows that The Lookout is effectively able to support crisis de-escalation and mental health recovery, as demonstrated through the 2.5 decrease in average Adapted SUDS score. Furthermore, the feedback from people who used the service is positive, with two people stating that they would have taken their own lives had the service not been available to support them.