

# Appendix III:

## Alternatives to Crisis Programme logic model and individual project logic models

*The following table has been included to assist anyone who is new to the Alternatives to Crisis Programme. Several of the services and organisations involved with this evaluation have changed name over the project's lifespan. Please see below:*

Service name in Final Report	Service name used in Scoping Report
Lighthouse (Shirley)	Lighthouse West
Lighthouse (Bitterne)	Lighthouse East
Adults' Safe Haven (Havant)	Southeast Safe Haven
North and Mid Hampshire Safe Haven	North and Mid Hampshire Safe Haven
Peer Support Service based in the Integrated Mental Health Hub (IMHH)	IOW integrated hub/peer support workers
The Lookout	The Lookout
Newport Safe Haven	N/A as service joined the evaluation at a later point (October 2022)
Not included as service closed	The Harbour
Hampshire and Isle of Wight Integrated Care Board (HIOW ICB)	Hampshire and Isle of Wight Clinical Commissioning Group (HIOW CCG)
Health Innovation Wessex	Wessex Academic Health Science Network

**Context:** NHSE has contracted HIOW commissioners to provide a range of alternatives to crisis services to divert people appropriately from mental health crisis and emergency services. Wessex AHSN is commissioned to evaluate these new services to understand if they are meeting their objectives and will also inform future commissioning decisions. This evaluation will also help the ICS to understand the experience of service users and staff, the impact on addressing inequalities, the most appropriate location and placement of services and the cost benefits of the different models of provision.

## INPUTS

**The resources (inputs) required to undertake the activities in this programme.**

### Project premises in targeted locations:

Lighthouse West and East (LM1\*)  
The Harbour (Solent Mind and Portsmouth City Council) (LM2\*)  
South-East Safe Haven (LM3)  
North and Mid Hants Safe Haven (LM4\*)  
The Lookout (Crisis House proposal) (LM5\*)

### Targeted funding to services

### A trained workforce (LM6\*)

### A specified uniformed approach across services

## ACTIVITIES

**The actions through which the inputs are used to produce specific outputs.**

### Virtual or remote access

#### Digital access:

Use of apps on an iPad (*what are they and what do they do or access*)  
Provision of 1:1 interventions via multiple platforms

### Safe welcoming spaces (*Describe value proposition*):

Use of de-escalation techniques/relaxation  
Active listening techniques  
Overnight short stay accommodation  
Calm physical space for reflection and wind down (*provide description what this means on the ground: comfortable, appealing, access to food and drink and staff*)

### Proactive intervention activities (to be further specified)

F2F (*e.g. counselling/ therapeutic intervention, crisis planning*)

Group work (*e.g. psychoeducational*)

### Referral and signposting: (*specify how this works*)

Warm handover  
Navigation to other services (continuity of care)

### Lived experience support (use of empathy): (*describe how support delivered*)

Recovery support, group support, targeted support, drop-in support, integration into MDTs

### Specific job roles:

Peer support (lived experience) (*different types/titles described, does this = different delivery*)

Other new roles (*need to specify*)

### Support to carers

Data collection on use of the services and service user experience to improve service quality

## OUTPUTS

**The services (or products) which result from the activities**

### Reduction in emotional distress

### Immediate benefits of service:

- Service users experience e.g. ability to manage day better
- Peer workers e.g. *sharing expertise?*
- Carers e.g. relief of service user accessing AtoC support

### Referral/discharge plans for service users developed

A&E admission/*Mental Health crisis team* avoided as service user can benefit from an appropriate alternative service

## OUTCOMES

**The likely or achieved short-term and medium-term effects that will influence overall impacts.**

### Reduction in use of crisis services

Service users experience benefits over time e.g improved experience of accessing crisis services, use of A to C services rather than crisis services

Improved awareness of local service MH provision and other support services among service users

Peer workers experience benefit over time

Carers experience benefit overtime (*note benefit can be self defined or pre-specified*)

## IMPACTS

**Positive and negative, primary and secondary long-term effects produced by the programme, directly or indirectly.**

Improved service user self-management of their mental health and increased resilience to crisis triggers

Improvement to accessibility (*equity*) of crisis services e.g. location and placement and design of A to C services

Embedding of peer support in A to C projects = (SR impact on social and clinical outcomes) Career Development of peers

< IF THESE ARE IN PLACE >

< THEN THESE WILL BE ACHIEVED >

Context: Lighthouse West and East

## INPUTS

**The resources (inputs) required to undertake the activities in this programme. TIME LOCATION, ACCOMMODATION**

Individuals can access the service by **drop-in support** and where practical possible through the virtual solutions provided during Covid-19.

6-11pm 7 days a week, including bank holidays.  
4.30pm and 11.30pm, 7 days a week, 365 days a year

## ACTIVITIES

**The actions through which the inputs are used to produce specific outputs. SERVICE PROVIDED, STAFFING PROVISION**

### Drop-in service

\*Peer support to be included in offering.

The team is made up of people who have lived experience of mental health challenges and using services, people who hold a professional registration, and people who fall across both categories.

\*Drop-in service, however currently due to Covid, you access the service by texting 'lighthouse' and your postcode (for example LIGHTHOUSE SO14 OYG) to the Solent Mind text line number

## OUTPUTS

**The services (or products) which result from the activities REFERRAL ON, SIGNPOSTING TO OTHER SERVICES**

Signpost on to other services for further support

The team can help service users find more support from other services, such as immediate or urgent care, primary or secondary care or linking in with services the person is already in contact with.

## OUTCOMES

**The likely or achieved short-term and medium-term effects that will influence overall impacts.**

To reduce escalating periods of a mental health crisis for adults

## IMPACTS

**Positive and negative, primary and secondary long-term effects produced by the programme, directly or indirectly.**

**Improved service user self-management of their mental health and increased resilience to crisis triggers**

**Improvement to accessibility (equity) of crisis services e.g. location and placement and design of A to C services**

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# HIOW Alternatives to Crisis Programme: LM 2

**Context:** The Harbour. The Harbour provides an alternative, complementary service for people in mental distress or self-defined crisis. A remote service, offering support via text, phone, web chat or video call available to any adult (18+) in Portsmouth, Fareham, Gosport and south east Hampshire. The service is peer-led and is made up of staff who have lived experience of mental health challenges and using services. The Harbour is a partnership between Solent Mind, Havant and East Hants Mind, Solent NHS Trust, Southern Health NHS Foundation Trust, NHS Portsmouth CCG, Hampshire and Isle of Wight CCG, with a wide network of other organisations across the patch working together.

## INPUTS

The resources (inputs) required to undertake the activities in this programme **TIME**  
**LOCATION, ACCOMODATION.**

Based at St Mary's Hospital, Portsmouth, working alongside the Solent NHS Crisis Team.

Purely a remote service at present

1 x Service Manager  
2 x Team Leaders  
3 WTE x peer practitioners (18.5 hours per week, 6 peers)

Possibility for additional investment for 2 WTE further peer support workers, equating to 4 additional peers.

## ACTIVITIES

The actions through which the inputs are used to produce specific outputs. **SERVICE PROVIDED, STAFFING PROVISION**

Contact options:

- Text
- Telephone
- Webchat
- Video calls (Zoom or Skype)

Also provides support for Carers/supporters of service users.

Service aims to prevent escalation into clinical crisis for those with self-defined emotional and mental health distress.

Phase 1: Service operates at weekends only – Fri/Sat/ Sun 4 – 11:30pm (open to the public 4:30 – 11:00 pm)

Phase 2: 7 days a week (including bank holidays), 4 – 11:30pm (open to the public 4:30 – 11:00 pm)

Service Manager activities includes time allocated for cultural change, promoting the use of peers in crisis. Working closely with NHS partners to support their understanding of the peer roles in crisis and building relationships across The Harbour and the NHS crisis and MH community teams to promote use of the Harbour by known service users and clear understanding of the service offer by NHS colleagues. This activity includes the shadowing of crisis teams by the Harbour Team Leads and peer practitioners.

## OUTPUTS

The services (or products) which result from the activities **REFERRAL ON, SIGNPOSTING TO OTHER SERVICES**

Supporting people to create safety plans, using strengths based approach to de-escalate emotional distress or self-defined crisis.

“Warm transfer” / referrals into the Crisis Teams when appropriate – making sure people access the right services at the right time based on their needs.

Can make next working day appointments at the Wellbeing Centre/Positive Minds for service users who opt in, ensuring access to ongoing support.

## OUTCOMES

The likely or achieved short-term and medium-term effects that will influence overall impacts.

An open access, out of hours, service for people in self-defined crisis and emotional distress, with quick response times and support provided solely by peers. Getting to the people who need support, when they need it, supporting them to de-escalate their crisis and put safety plans in place for future self-management of crisis triggers.

Cultural change in NHS crisis teams, resulting in better understanding and valuing of peer roles (measured via surveys prior to and throughout the pilot).

## IMPACTS

Positive and negative, primary and secondary long-term effects produced by the programme, directly or indirectly.

Improved service user self-management of their mental health and increased resilience to crisis triggers.

Improvement to accessibility (equity) of crisis services e.g. location and placement and design of A to C services.

Improved understanding of the use of peers in higher risk clinical settings such as crisis. Being an enabler to the implementation of peers into crisis teams.

< IF THESE ARE IN PLACE >

< THEN THESE WILL BE ACHIEVED >



**Context:** South East Safe Haven Operating as an out-of-hours walk-in centre, with signposting from other services, including but not limited to: GPs, Citizens Advice, police, ambulance service and NHS 111, supporting individuals during crisis, while providing a safe, comfortable and sociable environment that encourages informal buddying and support.

## INPUTS

**The resources (inputs) required to undertake the activities in this programme. TIME LOCATION, ACCOMMODATION**

2 x Wellbeing Practitioner (Voluntary Sector - Mind)  
1 x Drug & Alcohol Service Practitioner (Inclusion)  
1 x Mental Health Clinical Practitioner (MH trust)  
(due to MH trust crisis team pressure this role is sometimes only available by phone for advice)

During opening times there will always be a minimum of three qualified staff with additional staff support on site in the form of peer support workers provided by the voluntary sector organisations

## ACTIVITIES

**The actions through which the inputs are used to produce specific outputs. SERVICE PROVIDED, STAFFING PROVISION**

De-escalation of immediate crisis through:  
Talking to peers with lived experience or a member of staff.  
Can sit without any intervention in place of safety until they request it.  
Support workers will assist with developing a crisis/support plan and contact a person's GP or mental health team, if they are already in contact with services.  
A formal assessment of the person's mental health can be carried out by the onsite clinician, if needed.

After initial crisis visit can return for a period of weeks to receive support in the establishment of their own support network.

6:00pm-10:00pm both face-to-face and by telephone.  
(7 days a week 365 days per year)

## OUTPUTS

**The services (or products) which result from the activities REFERRAL ON, SIGNPOSTING TO OTHER SERVICES**

Help people become less reliant on crisis services out-of-hours and more able to manage their fluctuating mental ill-health with the support of family, friends and peers with in-hours service support if needed.

Can also refer/signpost to other clinical mental health services or wellbeing centres.

## OUTCOMES

**The likely or achieved short-term and medium-term effects that will influence overall impacts.**

To reduce escalating periods of a mental health crisis for adults and enable users to become less reliant on crisis services out-of-hours and more able to manage their fluctuating mental ill-health with the support of family, friends and peers with in-hours service support if needed.

## IMPACTS

**Positive and negative, primary and secondary long-term effects produced by the programme, directly or indirectly.**

**Improved service user self-management of their mental health and increased resilience to crisis triggers**

**Reduced activity across the urgent & emergency care system**

**Improvement to accessibility (equity) of crisis services e.g. location and placement and design of A to C services**

< IF THESE ARE IN PLACE >

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North and Mid Hampshire Safe Haven is a partnership team approach of mental health clinical professionals (SHFT), voluntary sector professionals and trained peer supporters (Andover Mind) and provides compassionate emotional and practical help to individuals experiencing mental health crisis in a safe, calm, non-medicalised environment.

## INPUTS

**The resources (inputs) required to undertake the activities in this programme. TIME LOCATION, ACCOMMODATION**

Basingstoke Wellbeing Centre, Basingstoke

6-10 pm 7 days a week, including bank holidays

A team of:

Manager  
Team Leaders  
Wellbeing Practitioners  
Peer Supporters  
SHFT clinicians

(Minimum of three people on shift, not including SHFT clinician)

## ACTIVITIES

**The actions through which the inputs are used to produce specific outputs. SERVICE PROVIDED, STAFFING PROVISION**

### Drop-in service.

Service offered as face-to-face, virtual or over the phone.

People who attend can:

- Speak to peers with lived experience
- Talk to a member of staff for support
- Sit by themselves in the knowledge that support is available and that they are safe.
- Receive a formal assessment if required (carried out by the SHFT clinician)

Accessed by ringing free phone number or dropping into the centre.

Comfortable / social environment to encourage buddying and support

Staff offer various methods/tools/activities in order to de-escalate crisis.  
Crisis plan prepared with the individual and carer involved.  
Support to carers over the phone or in person (with permission)

Service supported by a dedicated SHFT clinician on duty based at Parklands Hospital Crisis Team

**Actively promote the service to minority groups particularly to ethnic minorities**

## OUTPUTS

**The services (or products) which result from the activities REFERRAL ON, SIGNPOSTING TO OTHER SERVICES**

Works with individuals to build their own crisis/safety plan, providing them with the tools to manage their condition/situation more holistically  
Ensure people are referred to appropriate services before they leave and provides a follow up call in the next day or so, if necessary.

**Liaising with CMHT/crisis team- joint working**

**Liaising with carers**

**Promotion to reach minority groups/engagement in forums/meetings**

## OUTCOMES

**The likely or achieved short-term and medium-term effects that will influence overall impacts.**

To reduce escalating periods of a mental health crisis for adults

**Reduction in A & E attendance or hospitalisation.**

**Reaching more people, including those from ethnic minority groups.**

**Offer respite for carers if the loved one is at the Safe Haven (or knows to access the Safe Haven)**

**Benefits for peer supporters: increased confidence/access to training and development/increased career opportunities/better able to look after own MH**

Increased communication with secondary care, improvement in working relationships and benefits for the patients (clarity/telling story once/continuity/working towards the same goals)

## IMPACTS

**Positive and negative, primary and secondary long-term effects produced by the programme, directly or indirectly.**

**Improved service user self-management of their mental health and increased resilience to crisis triggers**

**Improvement to accessibility (equity) of crisis services e.g. location and placement and design of A to C services**

**Embedding of peer support**

Increasing service user/patient trust in MH services and also increasing trust in MH services for minority groups/ ethnic communities

< IF THESE ARE IN PLACE >

< THEN THESE WILL BE ACHIEVED >

**Context:** The Lookout aims to reduce escalating periods of a mental health crisis for adults in a recovery focused environment. Pressures and stresses of daily life are minimised to give clients the opportunity to reset. **Residential**

## INPUTS

**The resources (inputs) required to undertake the activities in this programme. TIME LOCATION, ACCOMMODATION**

1 x service manager (recruited)

- Peer Support Coordinator
- Senior project worker
- MH Support Workers
- Waking Night Workers 18 – 65 year olds

April 2021 it was decided that: 3 support workers, 2 waking night staff, a peer coordinator and a specialist project worker as a minimum would be needed to open as planned

Short-term (up to 28 days), respite accommodation.

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

## ACTIVITIES

**The actions through which the inputs are used to produce specific outputs. SERVICE PROVIDED, STAFFING PROVISION**

Double cover 24/7, with potential for triple cover at anticipated peak hours (2pm-10pm)

Support wellbeing and recovery. Offer support to maintain a healthy lifestyle within the community – HOW engaged in activity that will help reduce incidents of crisis in the future. Support individuals to develop the knowledge and tools to maintain a support network. Enable individuals to seek support to help with personal management of finances and reduction of personal debt. Support service users to develop skills and coping mechanisms to reduce any periods of future crisis- outcome/impact

HOW The project will work in partnership with voluntary sector providers working with the high intensity user group and other socially excluded groups including those at risk of homelessness and with co-occurring conditions of mental health problems and substance misuse or dependency issues.

## OUTPUTS

**The services (or products) which result from the activities REFERRAL ON, SIGNPOSTING TO OTHER SERVICES**

Develop a support/action plan – SMART goals. Aim of developing the skills to de-escalate own crisis.

Ensure people are referred into appropriate services before they leave to provide on-going support around housing.

Discharge plan/sheet to accompany and liaison with care coordinator to allow for seamless service.

Liaising with CMHT/crisis team- joint working ? Activity?

## OUTCOMES

**The likely or achieved short-term and medium-term effects that will influence overall impacts.**

To reduce escalating periods of a mental health crisis for adults

Reduction in hospitalisation

Increasing trust in MH services via fast access to residential support.

Increased communication with secondary care and PCNs - improvement in working relationships and benefits for the patients (clarity/telling story once/continuity/working towards the same goals) First this has come and seems very important to the IC agenda

## IMPACTS

**Positive and negative, primary and secondary long-term effects produced by the programme, directly or indirectly.**

**Improved service user self-management of their mental health and increased resilience to crisis triggers**

**Improvement to accessibility (equity) of crisis services e.g. location and placement and design of A to C services**

Embedding of peer support

Increasing service user/patient trust in MH services

< IF THESE ARE IN PLACE >

< THEN THESE WILL BE ACHIEVED >



Context: Role of workforce arrangements – Isle of Wight integrated hub – Peer Support Workers

