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**Pathway Development Service**

**Annual Quality Report**



**April 2021 – March 2022**

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**Anna MacRae**

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**Interim Practice Development Lead**



*“The woman who came was very polite*

*and understanding. She put me at ease.*

*Thankyou.”* **Service User**

“*The report was extremely helpful in identifying an appropriate care pathway for the service user. It gave a thorough and concise overview of both her history and recommendations to promote positive outcomes for her moving forward* ” **Clinical Team Member**

*“My experience has been really positive; I just wish that I had been aware of the service sooner as things seem to have progressed more smoothly since involvement started.”*

**Clinical Team Member**

*“Caseworker X has done some amazing work for us…exceptionally well done.”*

**Team Member**

*“The housing expertise was and is invaluable when planning complex care packages. Representative is always present in the planning meetings and is valued.”* **Case Manager**

**Case Manager** *“The review has most probably contributed to a life changing pathway to the person reviewed – many thanks to the PDS”*

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**Executive Summary**

**This Annual Review reports activity and performance of the Regional Pathway Development Service (PDS) for the financial year 2021-2022**

**Referrals**

* The PDS received a total of **38 referrals**, of which **34 were accepted** into the service, 22 of which resulted in PDS input. This is an increase in overall referrals and an increase in the number of accepted referrals from the previous year (2020-2021; 31 referrals with 26 accepted). **36% (n=11)** of accepted referrals were identified as having a **housing and resettlement** **need** at the point of referral, which is a smaller proportion than 2020-2021 (40% identified).
* The majority of service users referred were female (n=26, 68%). In total 12 referrals were male (32%). The average age of all referrals was 29 years. Six referrals were aged between 16-18 years, a significant increase from the previous years (2020-21, n=3). 89% of service users referred identified as White British (n=29).
* Referrals came predominantly from Acute Wards, PICUs, Locked Rehabilitation Services and Low Secure Services. The majority of service users were referred by Doctors, Responsible Clinicians/Consultant Psychiatrists (26%), followed by Case Managers and Care Coordinators (10% each respectively). **29% (n=11)** of service users were resident in a hospital **outside** of the Yorkshire and Humberside region at the time of referral. This is an increase on 23% from the previous financial year. The greatest number of referrals came from the Doncaster CCG, followed by Leeds CCG.

**Key Outcomes**

* **Hospital reviews:** 24 hospital reviews were completed, 8 of which were carried out in conjunction with a Housing and Resettlement assessment.
* **Housing and Resettlement work***:* 11 housing review reports were completed during the lastfinancial year; 53 Housing and Resettlement sessions for mapping, brokerage workshops and consultation meetings took place.
* **Training:** The PDS Community Links members of the team co-facilitated with an Expert byExperience (EBE) seven cohorts of Personality Disorder Knowledge & Understanding Framework (KUF) Awareness Training. These were virtual training sessions.
* **Service User Involvement***:* Service user involvement has focussed on involvement in the recruitment process and ongoing consultation and contact with the Yorkshire and Humber Involvement Network.
* **Service Evaluation***:* The service continued collecting satisfaction feedback from keystakeholders as part of the service routine evaluation strategy. Feedback was broadly positive and PDS staff were described as ‘understanding’ and that the reports produced were ‘thorough’ and ‘exceptionally well done’.

**About Us**

*The PDS has historically been commissioned by NHS England and continued to be for part of this reporting period. Moving forward the service contract will be managed by West Yorkshire Adult Secure Provider Collaborative on behalf of all three Provider Collaboratives within the Yorkshire and Humber region.*

**Core functions and aims**

The Pathway Development Service (PDS) is part of wider Leeds Personality Disorder Services, however, is commissioned to serve the population of West Yorkshire, South Yorkshire and Humber and North Yorkshire ICS areas.

The overarching aim of the PDS is to support the delivery of trauma informed and integrated care for service users with difficulties associated with a diagnosis of personality disorder across the Yorkshire and Humber region within a hospital setting, with a focus on:

* Increasing capacity and responsivity of teams working with individuals who have received a diagnosis of personality disorder.
* Improving pathways within and out of hospital inpatient settings, to enable reducing length of admission and development of sustainable community pathways.

**Service delivery**

The PDS aim to provide this by:

* Completing an independent review of a service user’s care and treatment in hospital including opinion on suitability of their current placement and prospective pathways, considering where care can be provided within the least restrictive environment in relation to identified needs and safety considerations.
* Providing an assessment of housing and resettlement needs where required to enable the clinical team and commissioners to develop effective planning towards the goal of community discharge, which may include brokering of housing and resettlement packages and consultation to locality based housing providers, to support resettlement into the community.
* Reviews/assessments supported by PDS team clinical review discussion with opportunity for attendance of involved case managers/ commissioners.
* Seeking to prevent entry to secure services through the development of improved clinical practice and realistic alternatives which may be hospital or community based. This may involve providing an independent review prior to the completion of an Access assessment report.
* Ensuring that individuals who are admitted to secure services, locked rehabilitation, or specialist personality disorder placements have a clear shared treatment plan which includes a potential and realistic discharge pathway.
* Developing the skills, knowledge, and interventions of community services in working with individuals with personality disorder who have a diagnosis of personality disorder to be integrated into clinical practice and development of frameworks of care.
* Facilitation of the Knowledge and Understanding (KUF) Awareness training for multi-agency groups of staff across the region.

**Referral criteria and sources**:

The PDS accept referrals for hospital review and/or housing and resettlement involvement from a range of inpatient settings including acute, PICU, locked rehabilitation, low and medium secure services. This includes CAMHS inpatient services (for young people age 16 upwards). On occasion the PDS have completed prison reviews regarding an individual within a custodial setting where the team have sought opinion regarding suitability of hospital transfer.

Referrals of individual cases are made with agreement of involved Case Managers and are screened by the PDS at their weekly Referral Meeting against the following criteria:

Clinical presentation consistent with a personality disorder diagnosis needs to be present, as indicated by one or more of the following:

1. A previous diagnosis of personality disorder or emerging personality disorder for those individuals aged 16 to 18 years.
2. Evidence of personality traits and characteristics that would suggest the presence of a possible personality disorder. This includes difficulties in experiencing and expressing emotions, and impaired functioning in social and interpersonal relationships.
3. The need for the personality disorder to be problematic in that it is unusual and causing distress to self or others; persistent in that it started in adolescence and has continued/or is continuing for those aged 16 to 18 years; and pervasive in that it affects a number of different areas in the person’s life.

Referrals are accepted in the following cases when the person is either:

1. Currently an inpatient within a specialist personality disorder hospital placement.
2. Currently within an acute hospital setting including a Psychiatric Intensive Care Unit (PICU) and is likely to be transferred to a low secure hospital and/or appear to have blocked pathways to alternative services.
3. In prison or a Youth Offender Institute (YOI) and consideration is being given to a transfer to a low secure hospital.
4. Currently residing in a specialist personality disorder low or medium secure hospital placement (male or female) and current treatment pathways appear unclear, blocked, or obstructed in some way.

**Reasons for referral to PDS may include:**

* concerns over escalation in risk presentation towards self and/ or others that have raised questions over suitability of the current placement in being able to safely manage the individual and meet their needs.
* in relation to request for a review prior to a low secure access assessment concerning escalation in risks towards others within the current placement.
* concern over perceived limited progression within hospital placement(s).
* differing opinion within the wider team regarding the needs of the service user and therefore suitable placement/ pathway options.
* seeking opinion over planning a robust community pathway including consideration of suitable accommodation and support services and may involve specific request for housing and resettlement input.
* advising on a range of transition events particularly from inpatient CAMHS to adult acute pathways or community placements.

**Our Team**

The PDS team comprises staff from a range of professional backgrounds including nursing, social work, and psychology, and also Housing and Resettlement case workers managed through our third sector partnership organisation, Community Links.

**A year in the life of PDS**

Over the past year, the PDS team have experienced significant changes, adjustments, and service redevelopment, which remain ongoing. During the first half of 2021, the team continued to work remotely due to the continued impact of the COVID 19 pandemic on opportunities for team working compounded by the absence of an office base (which had been closed and decommissioned following the onset of the pandemic in 2020). However, during the spring of 2021, and in line with clinical services enabling external visitors, PDS were able to reintroduce face to face meetings with service users during the review process which was felt to have a positive effect upon engagement and collaboration. PDS also piloted joint review/ housing and resettlement assessments identifying joint needs, with the aim of improving joint working and reducing overall length of reports.

The PDS team continued to seek creative ways of connecting together as a team regularly and adjusting to a ‘hybrid’ model of working when able to start meeting face to face again as a team during late summer 2021, when a new office base became available at St Mary’s Hospital in Leeds. PD services as a whole began a process of ‘reset planning’ considering the impact of new ways of working and developing forums for reconnection and future development as a whole service.

Staffing levels within the PDS remained challenging due to the continued impact of COVID 19 on sickness, staff redeployment and recruitment issues, particularly during the winter months of 2021/22 where staffing was at a minimal level. Despite these challenges the team sought to maintain a responsive and effective service in response to continued need and demand; through continued partnership working, PDS remained aware of the ongoing significant challenges being experienced by community and inpatient services across the Yorkshire and Humber region linked to COVID 19 and other systemic pressures.

A number of new staff members have joined the PDS team during early 2022, bringing new perspectives, energy and experiences, and the team have continued to seek ways of connecting and supporting each other through learning and development work. Significant work has been undertaken in planning towards a new specification (described further below), and the team have continued work in preparing for further changes and developments ahead.

**Development of new PDS Service Specification**

* The time period of this Annual Review has seen a collective and comprehensive review of the PDS including various regional stakeholders regarding the core functions and key tasks of the service. This has taken place within the context of proposed commissioner and provider changes throughout the region and the ongoing development of the Adult Secure Provider Collaborative (PC) specifically. This has resulted in exciting service changes for the PDS being proposed including key strategic developments and the implementation and evaluation of the PDS core functions and outcomes.
* This review process has led to the completion of a PDS Service Specification to inform future commissioning arrangements. The Service Specification has been formally presented to PC commissioners in January 2022 and all three PC Clinical and Operational groups during the early part of 2022 which provided a forum for stakeholder views and opinions. This engagement process has allowed for further clarifications and improvements to the Service Specification with a realignment to a more interventionist model of service delivery which is better positioned to meet the needs of clinical teams and services users within secure services in particular. We will also be streamlining our review interventions for those people within acute and locked rehabilitation pathways with a plan for mapping the needs of medium secure services and CAMHS services during 2023. The Service Specification has been agreed internally by LYPFT processes and will be further discussed with PC commissioners in July 2022.
* The proposed service changes including the development of individual staff members knowledge and skills via an intensive training programme in order to be able to deliver the proposed interventions are energising for the PDS. We would hope to be in a position to commence implementation of the revised Service Specification from April 2023 in agreement with the PC’s and with a conference planned to highlight and communicate the changes to stakeholders planned for February 2023.

**Referrals**

* From 1st April 2021 to 31st March 2022, the PDS received a total of 38 referrals. This is a 26% increase from the last financial year (n=31).
* 34 of the 38 referrals were accepted into the service - 89% acceptance rate, which is an increase from the period 2020-2021 where 84% of referrals were accepted (n=31).
* The bar chart below demonstrates the fluctuation in referrals across the year. February saw the highest number of referrals (n=8) followed by the month of June with 5 referrals.

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**Demographics**

**Gender, age range and ethnicity**

* The table overleaf outlines the demographic information for all referrals (n=38). The majority of referrals were for female (68%) service users and there was an increase in the number of males accessing the service (n=12, 32%) compared to last year (n=8, 26%). The average age was similar this year (29 years) to the previous year (27.4years), with a range of 16 to 61 years. Similarly to last year, the majority of service users were White British (89% 2021-2022, 94% 2020-21).
* In 2021-2022, the PDS received **4 referrals for under-18s** and **2 referrals for 18 year olds** with difficulties often described by referrers as ‘emerging personality disorder’. These referrals were received from inpatient settings, including acute, CAMHS and CAMHS low secure services. All six of these young person referrals were accepted for review.

|  |  |  |  |
| --- | --- | --- | --- |
| **Gender** | **Female** | n=26 | (68%) |
|  | **Male** | n=12 | (32%) |
|  |  |  |  |
| **Age** | **Mean age** | 29 years |  |
|  | **Age range** | 16 – 61 years |  |
|  |  |  |  |
| **Ethnicity** | **White British** | 34 | (89%) |
|  | **British/Black Caribbean** | 2 | (5%) |
|  | **Mixed White and Black Caribbean**  **Mixed White and Black African** | 1  1 |  |

**Home area locality**

* The majority of referrals were received from the **South Yorkshire** geographical area (n=16)
* this was followed by **West Yorkshire** (n=13)
* then **Humber, Coast and Vale area** (n=7).
* Within these areas, most of the referrals came from Doncaster (n=9, 23%) followed by Leeds (n=8, 21%).
* The previous Annual Review 2020-21 reported the majority of referrals had been received from the West Yorkshire and Harrogate geographical area (N=15), followed by South Yorkshire (n=10) and Humber Coast and Vale (n=7).

**Placement at point of referral**

At the point of referral, service users were located in a range of inpatient and criminal justice settings, with the following breakdown:

* Adult PICU (n=10; 26%)
* Adult acute mental health inpatient wards (n=8; 21%)
* Adult low secure inpatient services (n=5; 13%)
* Locked rehabilitation services (n=5; 13%)
* Other settings (n=10; 36%)
* Prison (n=4)
* CAMHS inpatient services (n=3)
* Adult medium secure services (n=2)
* Approved premises (n=1)

**Referring professional**

Referrals were received from a range of professionals, with the following breakdown:

* The majority of referrals were made by a medical professional from the clinical team (n=10; 26%)
* Referrals were also made by a range of other disciplines within the inpatient MDT including ward manager, charge nurse, clinical lead, staff nurse, OT, clinical psychologist, hospital manager, and discharge coordinator (n=14)
* Referrals were also received from a range of external professionals including care coordinator, probation officer, SPA coordinator and case manager (n=14).
* 79% of referrals had been discussed and approved by the relevant case manager (although 3 referrals did not have an identified case manager).

**Geographical location of placement at time of referral**

* Although PDS accepts referrals for service users with a GP address within the Yorkshire and Humber region, the service user may often be placed within an NHS or independent placement outside of their home area, hence the range of geographical locations identified above.
* As the graph identifies, the greater number of referrals were placed within a Leeds inpatient setting (n=7; 18%), followed by Wakefield services (n=4, 11%).

**Accepted referrals**

* 38 referrals were made to the PDS this year and 89% (n=34) were accepted into the service.
* 22 service users were referred for **hospital reviews**, of which 9 were linked to a **request for a low secure Access Assessment**.
* 11 were accepted for a **joint PDS and housing and resettlement review.**
* 1 was accepted for a **housing specific review.**
* 3 referrals were **placed on hold:** 1 linked to request for further clarifying information (subsequently allocated the following financial year); 1 paused due to a planned transition from CAMHS; and 1 whilst awaiting assessment by another service.
* 9 referrals were **closed** for the following reasons - review no longer required/ appropriate pathway established (3); discharge from hospital before review could be arranged (2); incorrect referral/did not meet referral criteria (2); decision to place on PDS inreach case load rather than offer review at this stage as Access Assessment had already taken place (1).

**Referrals with identified housing needs**

The PDS collates information on the number/percentage of reviews which were defined as having an identified housing need. The following data outlines referrals identified with a housing need at the **point of initial referral**. A proportion of referrals are identified as being appropriate for a housing and resettlement review later on in the process, which is reported in full in the housing and resettlement part of this review.

* **Quarter 1:** There were 3 referrals (50%) defined as having a housing need in addition to a full review. This is a significant increase from Quarter 1 in 2020, where 0 referrals identified a housing need.
* **Quarter 2:** Four referrals (45%) had an identified housing specific need, either housing-specific or in addition to a full review. This is an increase on zero referrals in Quarter 2 2020.
* **Quarter 3:** 29% (n=2) of service users had a housing need in this quarter, eitherhousing-specific or in addition to a full review. This is a decrease from Quarter 3 in 2020, where 50% (n=4) of referrals identified a housing need.
* **Quarter 4:** 25% (n=2) were identified with a housing need, either housing-specific orin addition to a full review. This is a decrease from Quarter 4 in 2021 where 33 50% (n=4) of referrals identified a housing need.
* In total, 36% (n=11) of referrals accepted into the PDS were identified as having a housing need at point of referral. This is a 72% increase from last year (n=8).

**Completed reports**

* During this financial year, **24 full PDS review reports** were completed including 7 reviews related to referrals received during the previous financial year. This is an increase from last year (n=20). For six of the referrals received in the financial year, the reports have been completed however fall within the data for 2022-23.
* **5 housing review** reports were completed during the financial year, which is equal to last year (n=5). All reports were completed as joint reviews from service users referred to the PDS in 2021-2022. 2 were a consequence of H&R involvement being activated for 2 service users on the waiting list from the previous financial year. No Housing and Resettlement only reports were completed.
* **Waiting times**- The time taken to complete the full PDS review reports, from the date of the first visit to completion of the report was an average of 46 calendar days (range 14-149 days). This data has been skewed by a number of outlying reports which took over 40 days to complete. These delayed reports were due to staff sickness, the impact of COVID and staff vacancies, which delayed completion of the reports. The target for the service is to complete reports between 21-28 calendar days, a summary is however provided to the referrer/case manager prior to the full report being completed if the review is linked to an Access Assessment.

**PDS Inreach role – Secure and CAMHS pathway**

PDS recognise the complexities, timescales, and challenges in progressing a pathway back to the community for many of our service users. The process of standalone reviews may not in itself offer sufficient support to the pathway plan or in progressing towards community discharge, particularly in circumstances of significant complexity, needs and risk. To ensure themes and agreements made during the review process can be consistently held over time, during transitions or in some cases placement breakdown, PDS caseworkers retain a caseload of service users for the duration of their stay in secure or CAMHS inpatient settings where additional interventions can be offered to the team. The caseworker stays in touch with progress, pre and post admission to both the secure and CAMHS pathway (subsequent to completion of review) offering support and aiming to be responsive in the event of set-backs or break-down in pathway plan. We refer to this as the In-Reach caseload:

* PDS maintained an in-reach caseload of service users (n=25) during the reporting period who were receiving treatment within specialist personality disorder or generic low secure inpatient services, CAMHS inpatient services and medium secure inpatient services.
* The majority of service users are currently residing in low secure services (n=21), with two individuals in medium secure settings and two individuals waiting to transfer from local PICU settings into secure placements.
* The following bar chart demonstrates inreach interventions provided during this past financial year. The majority of meetings attended were CPA meetings and professionals meetings (n=25). ‘Other’ meetings included site meetings and meetings with case managers

**Housing and Resettlement Interventions**

Community Links work in partnership with LYPFT (Leeds and York Partnership Foundation Trust) to deliver Housing and Resettlement services to service users who have received a diagnosis of personality disorder with the aim of helping teams develop and facilitating pathways where there may be barriers with transition from inpatient care to the community including with accessing suitable and stable living environments and aftercare support. Community Links provides:

* **Assessment of housing and resettlement need** based upon a psychological understanding of the service user’s needs
* **Brokering of housing and resettlement packages** from hospital to community based settings.
* **Consultation to locality based housing providers** to support resettlement into the community, post hospital discharge or prison release within an identified period, within CPA and MAPPA frameworks

Community Links Housing and Resettlement team includes 2.2 WTE staff working within the PDS, with their remit covers assessment, brokering, consultation and personality disorder awareness training.

**Referrals and outcomes:**

* In the financial year from 1st April 2021 to 31st March 2022, the PDS Housing & Resettlement service received **24 referrals.** These consisted of:
* 11 PDS reviews with a resettlement assessment
* 1 housing specific referral.
* 12 referrals were made for work outside of assessments.
* At point of referral, 12 cases had an identified housing need, and one was referred later on during the review process.
* Housing and resettlement workers completed **13 full assessments** for service users in the last financial year. Approximately half of service users assessed were discharged to the community with successful progression of the agreed Housing and Resettlement pathway. Where service users were discharged to the community, all community placement providers were provided with training and consultation to support the transition.

**Mapping and brokering:**

* Work has continued to map and update information about service provision across the Yorkshire and Humber region, given continued changes and local commissioning arrangements, to inform resettlement options identified within reports (including consideration of CQC outcomes and services approved by the Local Authority Framework).
* Following transition to the community, the Housing and Resettlement case worker offers accommodation providers consultation and advice for up to 12 weeks post discharge, which may include telephone discussion, attendance at team meetings and face to face work with team managers and keyworkers. This work has continued throughout the COVID-19 pandemic as the consultation model has migrated to an online platform, with aim of supporting the new team in getting to know the service user, while sharing the wider PDS understanding of needs and potential risks.
* In addition and as part of the consultation work to housing support providers, the Housing and Resettlement case worker also offer training workshops to services who have accepted referrals for PDS clients, outside of the KUF platform. The aim of this work is to provide teams with a basic level of awareness and understanding of personality disorder and how this impacts upon professional relationships and service delivery and is in recognition that community providers may more limited access to KUF training than in previous years.
* The numbers of mapping, brokering and consultation visits undertaken in 2021-2022 were:
* Mapping: 5
* Brokerage workshops: 22
* Consultation meetings: 20
* Regional service user network meetings: 6

**Case studies**

**Hospital review**

* Service user X was a young woman in her early 20s placed in an out of area locked rehabilitation service. Referral for PDS review was linked to clinical team request for a low secure Access assessment due to escalation in her risks towards others as well as concerns over suitability of placement for her particular needs. X’s family history was complex involving trauma and attachment difficulties, and she had also received an Autism diagnosis.
* X had remained in hospital from age 16 and was previously reviewed by PDS within a CAMHS low secure inpatient service. Although PDS had originally recommended a highly supported community service, increased risks of self-harm during transition planning lead to the contingency plan for transfer to adult inpatient services within a locked rehabilitation service following X’s 18th birthday, to enable period of further stabilisation and planning towards the goal of community discharge. PDS were unable to remain involved beyond a limited period following transition however were aware of continued concerns over suitability of placement and progress, subsequently leading to transfer to her current locked rehabilitation placement.
* During the most recent review, PDS were advised of period of escalation in self-harm incidents whereby the team had been required to use increased restrictive interventions to help maintain X’s safety however were also concerned over increase in assaults towards staff, and impact on therapeutic relationships. Both X and her team queried whether placement within a low secure service would be able to provide greater safety, containment, and structure to enable reduction in restrictive interventions, although noting limited specialist female low secure provision. The PDS review sought to provide an overall perspective of X’s needs in light of prior involvement as well as identifying possible contributory factors to recent escalation, considering possible retriggering of early trauma and attachment experiences within aspects of inpatient care, as well as difficulties highlighted by the team in understanding of X’s specific Autism-related needs.
* PDS recommended exploring whether input could be provided to the team from external services with specialist knowledge of Autism to help develop better understanding of her risks/ ways of working with her to reduce use of restrictive interventions, seeking to avoid transfer to low secure care. Within follow up planning meetings the team reported a significant reduction in incidents and increase in X’s therapeutic engagement, which was attributed to the review helping X with positive ‘shift in mindset’ over her future goals, also reflected within feedback meeting with X. The team agreed referral to low secure care was no longer required with renewed commitment to working with X within a holistic formulation; options were also being explored of transfer to an alternative locked rehabilitation placement nearer X’s home area within overall goals of working towards community reintegration.

**Joint review/ Housing and Resettlement case study**

* Service user Y was a young person placed within an out of area CAMHS low secure service referred to PDS shortly prior to their 18th birthday, due to uncertainty over pathway planning regarding transition to adult services. Y had experienced an extensive history of trauma and disruption within family and multiple care settings prior to admission to CAMHS services, with concerns over their vulnerability, self-harm, and assaultive behaviour towards others. Within the current placement, Y had made significant progress in response to intensive therapeutic support from staff, beginning to address some difficult aspects of their trauma history, and developing positive sense of identity and goals for the future. There was a concern to avoid transfer to adult inpatient services however despite extensive prior discussions there remained no clear pathway for Y.
* PDS completed a joint hospital review/ Housing and Resettlement assessment, with the joint report providing recommendations for planning Y’s transition to a supported community setting, considering therapeutic residential community provision for younger people with complex needs. Y actively engaged within the review process and was able to contribute to discussion and planning over a graded transition process to an agreed community provider alongside relationships being developed with their new home area community team. Y managed initial transition visits well, however PDS were made aware of several external stressors resulting in Y experiencing increased distress and voicing feeling unsafe with discharge plans. A further unsettled period reflected within increased self-harm and concerns over risks to others resulted in the community provider withdrawing, and Y’s team exploring contingency plans, including adult PICU and low secure care services prompted by further deterioration in Y’s clinical and risk presentation.
* PDS were able to contribute to further discussion over least restrictive options in relation to Y’s needs, considering the continued difficult impact of trauma experiences, previous positive response to relational approaches and importance of retaining hope in the future goal of safe community discharge. Plans were agreed for interim placement within a locked rehabilitation placement nearer to Y’s home area with aim of continuation of therapeutic approaches including refocus on strengths and occupational goals, supportive of future community transition. PDS have received positive feedback over progress since transfer, and the Housing and Resettlement case worker has maintained links with the team re offer of advice over future discharge planning.

**Common themes and challenges**

Certain common themes and challenges were noted by PDS within the context of overall work completed across the service during this financial year

* Continued impact of COVID 19 on inpatient and community services across the Yorkshire and Humber region, including within accommodation providers, particularly relating to staffing resources.
* Frequently additional complexity of needs relating to comorbid mental health diagnosis, identified learning disability and neurodevelopmental conditions however often limited availability of suitable service input within inpatient and community settings to meet needs and manage safety.
* Reviews completed with younger age range of referrals commonly identifying difficulties linked to planning transitions between CAMHS and adult services and challenges regarding how services are able to respond to relevant age-related/ developmental needs.
* Review/ Housing and Resettlement reports often commenting on the need for further assessment and formulation work to help clarify and understand needs.
* Escalation in risks often linked to difficulties with processes around transitions (CAMHS to adult services; step down from low secure pathway; planning community discharge). Observation at times of mismatch between expectations of clinical teams and the reality of community provision (range and availability of suitable services/ accommodation to meet complexity of needs), where thresholds for being able to tolerate risks may also be reduced.
* Challenges within some services with accessing PICU provision, and for some service users, experience of repeated/ prolonged use of restrictive interventions (enhanced observations, restraint, seclusion, long term segregation) within acute, PICU and rehabilitation settings.
* Regional variations however overall limited local specialist supported accommodation provision providing suitable step down from inpatient care for both young people (within CAMHS) and adults with complex needs, with many services providing short term provision only, resulting in barriers to discharge planning and potential out of area placement. Limited access to KUF training for community/ accommodation providers.
* However also examples of positive practice in terms of:
* interagency working aiming to develop viable resources to meet complex needs and reduce out of area placement/ entry to secure care.
* teams developing and using formulations to support care delivery and therapeutic approaches, including focus on service user collaboration.
* evidence of empathic and compassionate approaches maintained by professionals and teams despite significant service challenges.

**Outcomes- PDS Evaluation Strategy**

* PDS routinely collects evaluation data from key stakeholders in order to evaluate the impact of **PDS reviews** and **Housing/Resettlement involvement**, with data gathered separately regarding these different aspects of PDS work.
* **Satisfaction questionnaires** have been developed to gather feedback from service users, case managers/ commissioners, clinical team members, and housing providers (where specific Housing and Resettlement input), asking participants to provide qualitative feedback as well as rating different aspects of the process of PDS input including:
* Views re involvement/ engagement of PDS with the service user and clinical teams during the process.
* Case manager/ commissioner perspectives re involvement in PDS clinical reviews.
* Views over how the report recommendations may influence management of care.
* The effectiveness of planning meetings following completion of reports.
* Data from the financial year 2021-22 is summarised below:

**PDS hospital review evaluation**

* Surveys were sent out relating to 14 reviews, with 18 responses received. The response rates for case managers were highest (n=8, 73%) followed by clinical staff (n=9, 26%) and then service users (n=1, 11%).

**Service User Feedback:**

* One service user responded to the survey- they had met with the case worker during the initial review to share their views on their care and future pathway, and during a feedback meeting after completion of the report. They provided the following ratings and qualitative comment:
* they felt they were understood and felt their questions were answered “a little” during the initial review visit.
* during the feedback meeting they felt the recommendations were clear and their needs had been understood “a lot”.
* Chart, scatter chart

  Description automatically generated*“The woman who came was very polite and understanding. She put me at ease. Thank you”.*

**Case manager feedback:**

* 8 case managers responded to the survey, with 5 reporting the report had influenced the management of the service user’s care “a great deal”.
* Qualitative feedback for how the **PDS clinical review** might influence the respondent’s management reflected the effectiveness of recommendations:

*“I attended the Clinical review meeting via MS Teams. The allocated worker presented the case, outlined the risks and complexities of this service user. Provided an overview of her history in the mental health system and journey into low secure care. Provided an opinion and recommendation about appropriate discharge pathway. Provided a recommendation that the Housing Support Worker undertake a desktop review and explore potential placements.”*

*“The clinical review backed up clinical opinion and helped to open up doors about placement and appropriately challenge potential plans to extend admission into hospital. The team were friendly and thoughtful and put the young person and their needs right at the centre of the assessment.”*

*“Was useful as it moved and directed the pathway and provided a holistic and greater perspective of the patient presentation cumulatively over the last few years in particular which previous access assessment had not focussed on and focused primarily on the immediate risk.”*

* Qualitative feedback was obtained on how the **review reports** might influence the management of care**:**

*“Looking at housing options and support services.”*

*“The report's recommendations were discussed at a CPA meeting this week with MDT and local care coordinator and fully accepted.”*

*“It backed up a view that I could then further pursue.”*

*“The report provided will have a major influence on any future placement. The service recommendations not only assist in making decisions regarding the type of placement needed but will also support the application for funding and evidence the need for specific types of care.”*

*“The recommendations were very clear and able to feed into the wider management of the Out of Area patient.”*

*“Supported further access assessment and influence and informed the referral with clear evidence from their historical review.”*

* Qualitative feedback on the **effectiveness of planning meetings**:Chart, scatter chart

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*“Helped to gain clarity regarding the types of placement available and their appropriateness.”*

* Additional comments**:**

*“This was my first involvement with the service. I have found both practitioners to be extremely knowledgeable and helpful in exploring potential discharge pathways for a service user who has been stuck in low secure services for many years and with no obvious discharge plan.*

*The assessment report was detailed and comprehensive and provided clear recommendations and options.”*

*“The review has most probably contributed to a life changing pathway to the person reviewed, many thanks to the PDS.”*

*“I have worked with PDS previously and found them to be a very useful resource when identifying specialist placements. The assessment is thorough and concise supporting appropriate care pathways and safe discharge. The continued support from the Resettlement team also helps to provide a seamless transition from Acute inpatient ward to placement.”*

*“Helps to clarify disputes and differences of opinion.”*

**Clinical team feedback:**

* Survey responses were received from a range of clinical team members including medical, nursing, psychology, and social work disciplines, with ratings relating to:
* Feeling able to share views in terms of the service user’s care and pathways “a great deal” (4) and “somewhat” (1).
* Report content “extremely clear” (6) or “very clear” (all other respondents), with the view the report influenced the service user’s care “a great deal” (6) or “somewhat” (3).
* From the 7 respondents who had attended the planning meeting, 6 felt the meeting had been effective “a great deal”, with 1 view this was “somewhat” effective.
* Qualitative feedback regarding the **PDS report**:

*“Supported by the PDS housing support, 3 localities were identified that are being pursued for future placement for the patient in question.”*

*“The report was extremely helpful in identifying an appropriate care pathway for the service user. It gave a thorough and concise overview of both her history and recommendations to promote positive outcomes for her moving forward. The recommendations for potential care providers also helped with the identification of appropriate placements which will continue to promote positive outcomes for the service users continues health and wellbeing.”*

*“Caseworker X has done some amazing work for us- she understood the need for urgency and moved at a swift pace. Her report, in my experience, is exceptionally well done, particularly considering the time constraints.”*

*“I met with the case worker and housing worker at length before they met with the young person. The report was produced very promptly and reflected the current situation very well. This has been instrumental in progressing the search for an appropriate community placement for this young person.”*

*“Clear pathway for the clients next step in her care and beyond.”*

*“Due to timings, the report arrived as the service user was being discharged; however the recommendations were discussed with the housing workers and will support their work with the service user.”*

* Additional comments:

*“The time lines for outcomes of referrals in this case was exceptionally good, and this is a welcome change. I would hope that PDS service continues to also look into any referrals from the community/or follow the clients care into community- there may be a commissioning issue however I would be keen to see this happening.”*

*“My experience has been really positive; I just wish that I had been aware of the service sooner as things seem to have progressed more smoothly since involvement started.”*

*“The assessment and the feedback discussion were valuable, and I recommend the relevant commissioners continue to support the PDS service. It is indeed useful to both service users and the MDT that look after them. There was a significant lapse of time between the assessment and feedback meeting, which may need improving.”*

*“The PDS always produce thorough and thoughtful reports, thank you.”*

**Housing and Resettlement work evaluation**

* Overall, 34 service users were seen within the context of Housing and Resettlement work during this period- 21 were sent a survey out which 1 survey was returned; the other 13 were not contacted due current clinical acuity, disengagement from the process or lack of follow up address available.
* Surveys were sent to 17 case managers, 24 clinical team members, and 10 Housing Providers (where contact details were available), with responses from 3 case managers, 10 clinical team members however no housing providers.

**Service user feedback:**

* 1 service user responded to the survey- they had met with the Housing and Resettlement case worker during the initial review to discuss their views about their pathway and described feeling they were understood “a little” and had their questions answered, “a little”, however had not at that point met with the worker with feedback about recommendations. They commented they felt the recommendations were “not at all” clear”, their questions about these “not at all answered”, and their needs “not at all” clearly understood.
* The following qualitative feedback was also received – *“I haven't been updated about my pathway or housing since last year which I think is disgusting no one has got back to me from housing Leeds partnership.”*
* In response the Housing and Resettlement worker involved promptly arranged to meet with the service user to discuss their concerns and feedback and was able to clarify arrangements agreed with the person’s team in terms of plan to provide feedback from the Housing and Resettlement report. This opportunity to validate and discuss her experience was effective in resolving her original concerns and allowing some clarification around the next steps surrounding her pathway away from hospital. This intervention appeared successful in repairing a potential rupture, allowing re-engagement with the service user and delivery of further support towards her transition plan.

**Case manager feedback:**

* All 3 respondents answered that they had been contacted by the Housing and Resettlement case worker to inform them of the process and felt they *‘always’* had the opportunity to share views about the service user’s resettlement pathway. 2 of the respondents felt that the PDS Housing & Resettlement report influenced their management of the service users’ pathway “a great deal”,although 1 respondent reported that this was “not at all” the case. 2 were able to attend the planning meeting, with 1 commenting this “extremely effective” and the other “somewhat effective”.
* Qualitative feedback relating to the **report and recommendations:**

*“Robust advice and guidance on the safe management of risks for this individual.”*

*“Gave clear needs around any future community care provider and required training needs moving forward. Clear formulation of what would hinder and support a positive and continued community discharge plan.”*

*“Was more for advice as situation had changed since previous report.”*

* Qualitative feedback relating to the **planning meeting**:

*“Situation is compounded by characteristics of the case.”*

* Additional comments:

*“The detail to the assessment and consideration of holistic factors to planning.”*

*“The housing expertise was and is invaluable when planning complex care packages. Representative is always present in the planning meetings and is valued.”*

*“Found service to be helpful and informative.”*

**Clinical team feedback:**

* 10 survey responses were received from a range of professionals including care co-ordinators (n=4), a team manager (n=1), registered managers (n=2), a specialist Housing Officer (n=1) and Social Workers (2). All respondents confirmed they had been contacted to inform them of the process, with 9 commenting that they “always” had the opportunity to share views about the service user’s resettlement pathway, and 1 commenting *“*usually”.
* 6 respondents commented the report and recommendations were “extremely clear”, and 4 reported these “very clear”; 8 felt the report and recommendations helped influence the service user’s resettlement pathway “a great deal”, with 2 commenting these “somewhat beneficial”.
* 8 respondents had attended a planning (1 reported that they were not invited). 4 respondents commented the meeting was “extremely effective” in planning and agreeing a suitable resettlement pathway, with 4 commenting the meeting was “very effective”.
* Qualitative feedback relating to the **report and recommendations:**

*“This was the first time I have used the service and I found it really useful when considering how and where the person's needs would most appropriately be met. The report was a great tool to share with potential providers and provided accurate and detailed information, which proved especially important once the person moved into the community, especially for the support team.”*

*“Provided a good insight into clients historical information and issues both historical and current. Invaluable information to provide the team with a good overall view of client and issues.”*

*“PDS report and recommendations influenced the resettlement pathway significantly, alongside the assessment of the MDT. PDS assessment gave strength to the plan for discharge.”*

*“The thorough assessment and report were extremely useful in supporting health and social care workers to work together towards an agreed goal. It was informative towards the support provided to the person using the service and also for the health workers to understand the person’s needs. The resettlement worker was extremely helpful and very professional, she was always available for support when needed. It made a big difference in to the person's outcome and resettlement.”*

*“Service user's needs clearly identified. Main difficulty in finding accommodation that met those needs (due to service user having significant and complex needs). Report was very useful for evidencing the need for funding for more intensively supported accommodation.”*

* Qualitative feedback about **planning meetings**:

*“The Section 117 meeting enabled all involved parties to share their views upon the person's aftercare plan. The person attended the meeting, and it was great to the PDS housing and resettlement worker in attendance.”*

*“Difficult to remember details now but the meeting was effective in bringing all involved around the table to plan.”*

* Additional comments:

*“All comments are positive, and I look forward to working with you again soon.”*

*“Great communication. clear and helpful.”*

*“PDS service supported the discharge pathway really well. Emma offered specific sessions for the Residential home alongside the FOLS Team to support us in managing the service user in the community. These sessions were really useful.”*

*“The PDS service was very effective and extremely useful. I am happy to work with the team in future and to recommend the service to others.”*

*“Very supportive and involved individuals and team. Quickly able to grasp a complex case and provide clear rationale for type of accommodation that would best meet her needs. Continued involvement after settlement was invaluable, including offering training to workers at the accommodation placement.”*

**Service user involvement**

* The Yorkshire and Humberside Involvement Network formed in 2006 with the aim of bringing 15 different secure services together to network and share best practice.  During COVID 19, the Yorkshire and Humber Involvement network migrated to an online forum, continuing to capture the service users’ perspectives and showcase good work within the services. PDS have attended those online forums and participated in discussions with involvement leads including highlighting lack of representation of the wards accommodating females. Themes over the past year have included new commissioning arrangements, good practice and how services have met the challenges of COVID19.
* Throughout the past year, PDS have continued to explore ways of improving service user involvement within the review process and enhancing response rates for evaluation surveys.
* PDS have also sought to explore ways of increasing service user involvement within the staff recruitment, including a service user representative actively participating in interviewing of case workers. Future plans include exploring creating a service user peer support/ expert by experience role within the PDS team aligned with developments across the wider PD service.

**Working with Carers and Family members**

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*We provide three different groups for Carers, including* ***Cygnus,*** *a 6-week*

*psychoeducational course run three times a year;* ***Andromeda****, a monthly peer support group in partnership with Carers Leeds, and* ***Orion****, a quarterly Carers Involvement Group. The names were chosen by carers to reflect the importance of a ‘constellation’ of support for service users, with carers and professionals working together.*

**Cygnus: Six-week Psychoeducational Course**

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Usually, our aim is to co-facilitate the Cygnus course with one of our carer consultants on three occasions through the financial year. Between April 2021 and March 2022, two Cygnus groups were facilitated online. A further face to face group was scheduled for March 2022 but this did not go ahead due to insufficient participant interest.

The cohorts of Cygnus were facilitated by PDS staff in June and October 2021. The group provides education about personality disorder, to support carers in thinking about what caring for someone with a diagnosis of personality disorder might entail, and to consider self-care as an essential part of caring. The groups are co-facilitated with a Carer Consultant.

This group was conducted virtually over the Zoom platform. The group met weekly for six weeks, with each session lasting two hours.

Outcomes for the group were positive, demonstrating an increase in carers’ knowledge and understanding of personality disorder, and an improvement in carer wellbeing. Carers reported high levels of satisfaction with the group and highlighted the importance of having an opportunity to share and hear stories and experiences with other carers. They also provided feedback about the utility of the information imparted in the group. Some of the cohort experienced technical difficulties using the platform Zoom. The timing of the group and the possibility for face to face cohorts were highlighted as being potentially important for future groups by participants.

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*“It was the first online group I’ve done and*

*I found it invaluable.”*

*“I always looked forward to attending the*

*sessions and knew I would feel valuable and rewarding.”*

**Evaluation and Research**

In additional to the ongoing evaluation of the group, there are a number of evaluation and research projects ongoing:

* A qualitative study of carer experience of the Andromeda group has been completed with a Doctoral Psychology Trainee from Leeds University and has been written up for publication. A number of recommendations from this study have been actioned for improvement of group delivery.
* A co-production project between PDS staff and Andromeda carers is currently in progress aiming to create a co-produced tips and information resource for other carers.

**Andromeda: Peer Support Group**

A bi-monthly peer support group started in June 2017 in response to carer feedback that they wanted more ongoing support. This group is co-facilitated by staff from the PDS and staff from Carers Leeds. The attendance has remained consistent with around 10-15 people attending each meeting. Attendees share their experiences, ask questions and offer mutual support. During the height of the COVID-19 pandemic due to staff redeployment and limited resources Andromeda was paused for several months. It returned in August 2020 using a virtual platform. It maintained good attendance and based on the request of group attendees became monthly. These monthly groups ran between August 2020 and March 2022. It continued to be co-facilitated by staff from the PD Network and staff from Carers Leeds. Listening to carer’s wishes, we have agreed to continue the group on a monthly basis, with alternate facilitation from Carers Leeds and PDS staff.

**Orion: Carers Involvement Group**

A quarterly involvement group started in July 2018 and is currently attended by the two Carer Consultants and staff facilitators. It aims to provide support for the Carer Consultants and to work on improvements to service delivery and development.

**Future Plans**

Plans for 2022-2023 are for Cygnus to be run on two to three occasions in the next financial year, and the plan for it to return to three times per year, with alternation between face to face and online sessions to be trialled. Andromeda will continue to be facilitated on a monthly basis. PDS will continue to support carers work into 2022-23 through one clinician being part of the wider personality disorder service carers team. In 2022-2023, there will be alternating Andromeda groups held online and face to face, based on feedback obtained by carers.



**Patient Safety and Risk Management**

Patient safety and risk management is reviewed in the bi-monthly PDS Clinical Governance.

During financial year 2021 - 2022 one serious incident was recorded which concerned a breach of confidentiality.

**Complaints and Compliments**

**Complaints**

No complaints were received during this financial year.

**Compliments**

**May 2021** 4 x compliments were received regarding the process and impact of review process and housing and resettlement intervention: 2x discharge co-ordinator, 1x social worker, 1x NHSE Case Manager.

**July 2021** Case manager provided thanks for the detailed work involved in joint hospital and housing and resettlement review.

**March 2022** Positive feedback was received from a psychiatrist who emailed regarding the support he received from a caseworker.

**Teaching and Training**

**KUF Awareness training**

**The Personality Disorder KUF (Knowledge and Understanding Framework) Awareness Level Training is designed to provide students with the underpinning knowledge and understanding required to work more effectively with service users who have received a diagnosis of personality disorder.**

* Two PDS team members (both Community Links Housing and Resettlement case workers) are trained to deliver the KUF Awareness Level Training, which is always co-produced with an Expert-by-Experience Trainer and have delivered all the KUF training this financial year. The team also have an Advanced Lived Experience KUF Development Practitioner supporting this work.
* The COVID 19 pandemic resulted in adaptions to the training formats- the awareness level training is an online three day course. As well as having an impact on the format of KUF, the pandemic also had an impact on the delivery of KUF training during the year 2021/22. Two Community Links workers co-delivered the following training across the Yorkshire and Humber region over a virtual platform. This online forum allowed for mixed cohorts with attendees from a variety of health and criminal justice services (including prison and probation staff).
* PDS staff contributed to the national KUF Hub developments, attending several virtual meetings to assist with the transition, using experiences drawn from the past 12 years of LYPFT facilitating KUF (including piloting of the KUF online platform).
* Despite COVID restrictions re training delivery through 2021-22 PDS staff supported facilitation of 9 KUF awareness cohorts, 20 training days and 108 training places offered.

**Additional training delivered and specific input to support other services:**

* Personality Disorder Awareness (10 sessions to various community providers)
* Training delivered at the conference ‘Improving Access, Treatment and Support for People with a Diagnosis of Personality Disorder’. Training titled – “Working with carers, family and supporters of People with ‘Personality Disorder’ (two sessions).
* Brokering as part of resettlement work
* Training provided to Red Kite view CAMHS team on key emerging themes from PDS CAMHS reviews.
* Input into Barnsley services into developing trauma informed care pathways.

**Staff development, project work and research:**

* Attendance at training and conferences regarding:
* Trauma informed care
* Compassionate Mind training
* Compassionate approaches to staff support and supervision
* Cognitive Analytic Therapy as a tool for leadership
* Reducing Restrictive Practice in secure care
* Facilitation and attendance at West Yorkshire Clinical Communities Network meetings
* PDS Housing and Resettlement case workers involved ongoing project work in developing a research tool to aid hostels in becoming more trauma informed environments.

**Looking forward**

* The newly revised and PDS Service Specification will bring exciting changes to our clinical model and how we implement our service interventions. The revised overarching aim of the PDS will be to support the practical delivery of trauma informed, integrated care for service users with difficulties associated with a diagnosis of ‘personality disorder’, across the PC areas across Yorkshire and Humberside, who are either at risk of entering a secure hospital provision or who are housed within a secure hospital environment.
* We will achieve our aims by increasing workforce capacity and responsivity for working with this service user group through training and support. Where possible we would aim to prevent entry to secure services through the development of improved clinical practice and recommendations of realistic alternatives.
* PDS will offer a range of collaborative support options to teams working with the service user group within secure inpatient settings. The intention is to develop a collaborative and interactive approach with teams to improve the care for the service user or to facilitate the development of the most appropriate and least restrictive pathway plan. All interventions will be delivered in line with implementation of a trauma informed care perspective.

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