

Regional Pathway Development Service

Annual Review

April 2018 – March 2019



Hannah Cooper
Higher Assistant Psychologist

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Principal Clinical Psychologist

“Very professional and thorough service who have demonstrated that they clearly understand the patients complex needs and have put lots of effort in to find a suitable pathway”

Clinical Team Member

“I found a caseworker to be very friendly and gave reassurance”

Service User

“I was massively impressed with the commitment of the staff and their professionalism”

Clinical Team Member

“The role of PDS is a crucial one in supporting and determining a patients pathway within mental health/PD services - the team are very well respected and knowledgeable as well as very thorough in the assessment process”

Case Manager

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Executive Summary

This Annual Review reports activity and performance for the Regional Pathway Development Service (PDS) for the period 1st April 2018 to 31st March 2019

Referrals

During this financial year the PDS received a total of **50 referrals**, of which **38 were accepted** into the service. This is a decrease from the previous year (2017-2018; 60 referrals with 54 accepted), but similar to 2016-17 (51 referrals, 45 accepted).

26% (n=10) of accepted referrals were identified as having a housing and resettlement need at the point of referral, which is a smaller proportion than 2017-2018 (41% identified).

Service Users receiving support

The majority of service users referred were female (n=45, 90%) and the average age of all referrals was 25 years; a significant decrease from the previous year (median average age 30). 10 referrals were aged between 16-18 years. 88% of service users referred identified as White British (n=44).

Referrals came predominantly from Acute Wards, PICUs, and Locked Rehabilitation Services. **20% (n=10)** of service users were resident in a hospital **outside** of the Yorkshire and Humberside region at the time of referral.

The highest numbers of referrals came from Bradford and Barnsley CCGs.

Key Outcomes

Reviews: A total of **26 full PDS reviews** were completed, a 35% decrease from 2017-2018 (n=40) but the same as 2016-2017 (n=26).

Re-Reviews: **13 re-review reports** were completed during this financial year, **similar** to 2016-2017 (n=12).

Housing and Resettlement reviews: 22 housing review reports were completed, a small **increase** from 2016-2017 (n=20). 84 Housing and Resettlement visits took place for mapping, brokerage workshops and consultation meetings, a **decrease** from 2017-2018 (n=107).

Training: The PDS co-facilitated with an Expert by Experience (EBE) five cohorts of Personality Disorder Knowledge & Understanding Framework (KUF) Awareness Level Training. PDS staff also facilitated a range of other training events.

Service User Involvement: The PDS has continued to engage with service users from Garrow House as 'experts by experience' in supporting development and service improvement throughout the year, including a co-produced Involvement Conference.

Service Evaluation: The service continued collecting satisfaction feedback from key stakeholders as part of the service routine evaluation strategy. Feedback was broadly positive and PDS staff were described as 'professional' and 'thorough'.

About Us

The Pathway Development Service (PDS) has been commissioned by the Secure and Specialist Mental Health Commissioning Group as a Tier 4 Personality Disorder Service for people diagnosed with severe personality disorder.

The core function of the PDS is to work across the Yorkshire and Humber region to increase capacity and responsiveness for working with personality disorder as well as to improve the pathways for individuals with personality disorder, who are within both adult and younger people's services. This includes identifying appropriate admission into specialist personality disorder units within low secure hospitals as well as pathways that provide an alternative to such admissions, and the identification of appropriate pathways leading to timely discharge from such settings.

This service is provided within the context that the decision to admit individuals to secure services is often reached due to an apparent lack of alternative options within local areas and with little consideration of the anticipated treatment goals of such an admission. Furthermore, individuals may be admitted to units which are generic secure environments and not specialist personality disorder units, which can be a great distance from family, carers and involved community professionals. There are considerable cost implications, both human and financial, regarding such cases.

Aims of the Service

The aims of the PDS include the following:

Allow for an independent review of a person's care and treatment needs at the point of contact with the PDS, including an assessment of housing and resettlement needs where required

Whenever possible prevent entry to secure services for individuals with personality disorder 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 report (except where an emergency Access assessment is required)

Ensure that when individuals are admitted to secure services, locked rehabilitation or specialist personality disorder placements there is a clear shared treatment plan which includes a potential and realistic discharge pathway

Develop the skills and knowledge and interventions of community mental health teams in working with individuals with personality disorder which is then able to be integrated into individual clinical practice and frameworks of care

To meet the national Tier 4 Personality Disorder Specification through working in partnership with Garrow House, including provision of consultation to community care coordinators

Service Delivery

To achieve the above aims the PDS provides the following:

- Reviews of care for individuals either at risk of escalating from acute hospital admission or prison into low secure hospital or other specialist hospital placement, or whose pathway from those placements is obstructed. A review assessment process is undertaken and a report is completed to identify individual needs and how best those needs may be met by clinical teams, service providers and case managers in collaboration with the service user. The review assessment offers an independent opinion and takes place prior to the completion of local access assessments, which are required before a low secure hospital placement is processed (except where an emergency Access assessment is required)
- Reviews of women currently inpatient within specialist personality disorder medium secure hospital placements and whose pathway out of such services appears blocked.
- Reviews of young people age 16-18 who are inpatients within CAMHS settings; in addition to the above, these reviews focussed on the particular needs of young people transitioning into adult services.
- A re-review assessment within an agreed timescale which is identified in the initial review recommendations and is most likely to occur for those service users who are within secure care. The re-review assessment will provide an up to date review regards the progress of recommendations made within the initial review.
- Community Links provide assessment of housing and resettlement need, brokering of housing and resettlement packages and consultation to locality based housing providers, to support resettlement into the community. This includes completion of a Housing and Resettlement report alongside a review or re-review reports, or on a housing specific basis.
- A Partnership Protocol with Garrow House, York, as part of the regional Tier 4 specifications. This includes:
 - Provision of a 0.4WTE Housing and Resettlement worker to Garrow House, providing assessment of housing and resettlement need, brokering of housing and resettlement packages and consultation to locality based housing providers, to support resettlement into the community
 - PDS Nurse Consultant attendance at Garrow House Clinical Governance forums
 - The development of an outreach consultation and advice service to be piloted in 2018-2019, which will include the provision a highly structured consultation model for care coordinators of service users leaving Garrow House. This model focuses on developing psychologically informed case formulations and treatment plans.
- Facilitation of the Knowledge and Understanding Framework (KUF) Awareness training for multi-agency groups of staff across the region.

Resources

In order to achieve the above the PDS comprises a team of Caseworkers from a range of professional backgrounds (including nursing, social work and probation).

Clinical and strategic leadership for the health work stream are provided by a Forensic Nurse Consultant, Clinical Psychologist and Clinical Team Manager.

The PDS also comprises Housing and Resettlement Team managed through our third sector partnership organisation, Community Links.

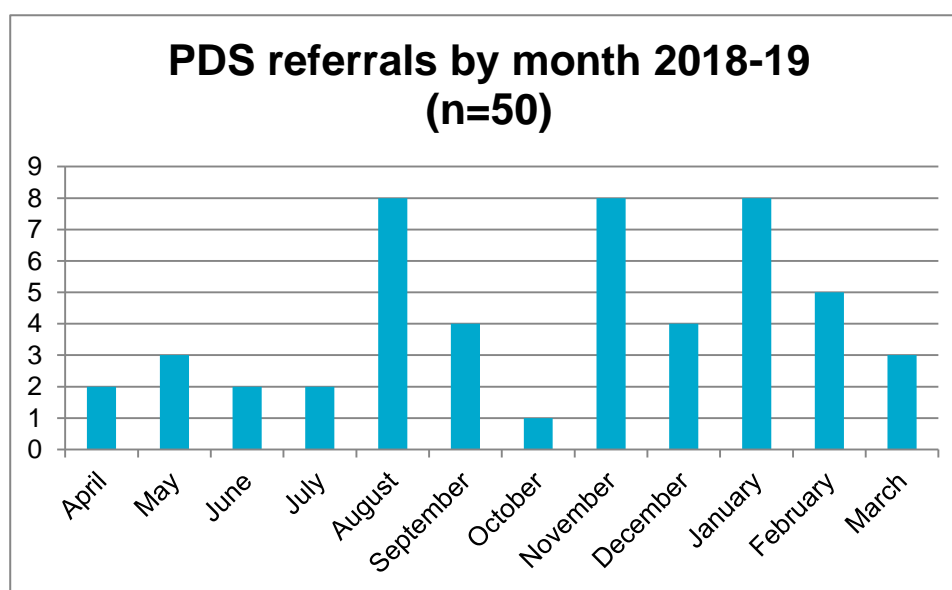
The Caseworkers complete hospital and prison reviews and re-reviews across the Yorkshire and Humber region but are based centrally in Leeds to facilitate weekly case discussion and regular supervision.



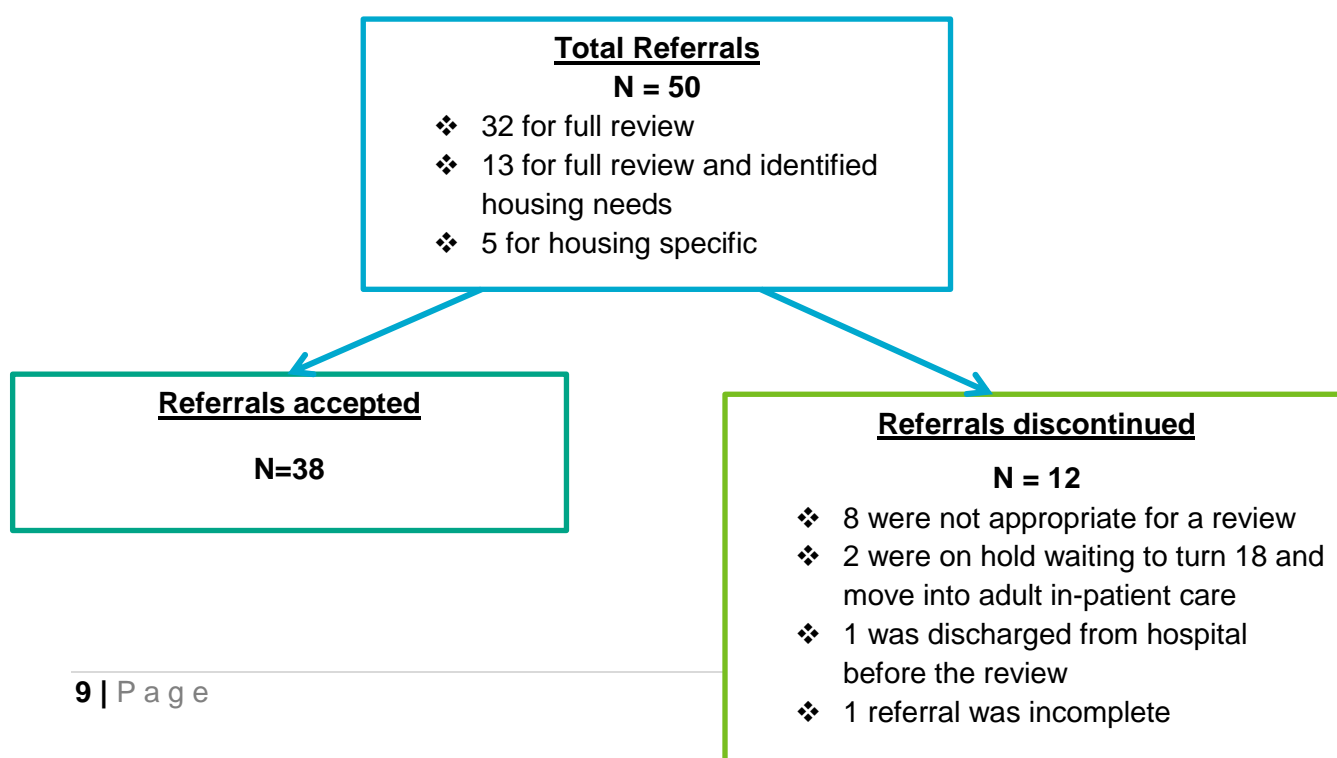
Referrals to the Pathway Development Service

From 1st April 2018 to 31st March 2019, the PDS received a total of 50 referrals. This is a 26.5% decrease from the last financial year (n=68), but is similar to referrals received in 2016-17 (n=51).

The bar chart below demonstrates the fluctuation in referrals across the year. January and August and November saw the highest number of referrals (n=8) and October the lowest (n=1), which is a similar pattern to the past 2 financial years.



Thirty-eight of the 50 referrals were accepted into the service. This is a 76% acceptance rate and comparable to 2017-18 where 79.4% of referrals were accepted (n=54). The following flow chart outlines the referrals to the service:



Demographics

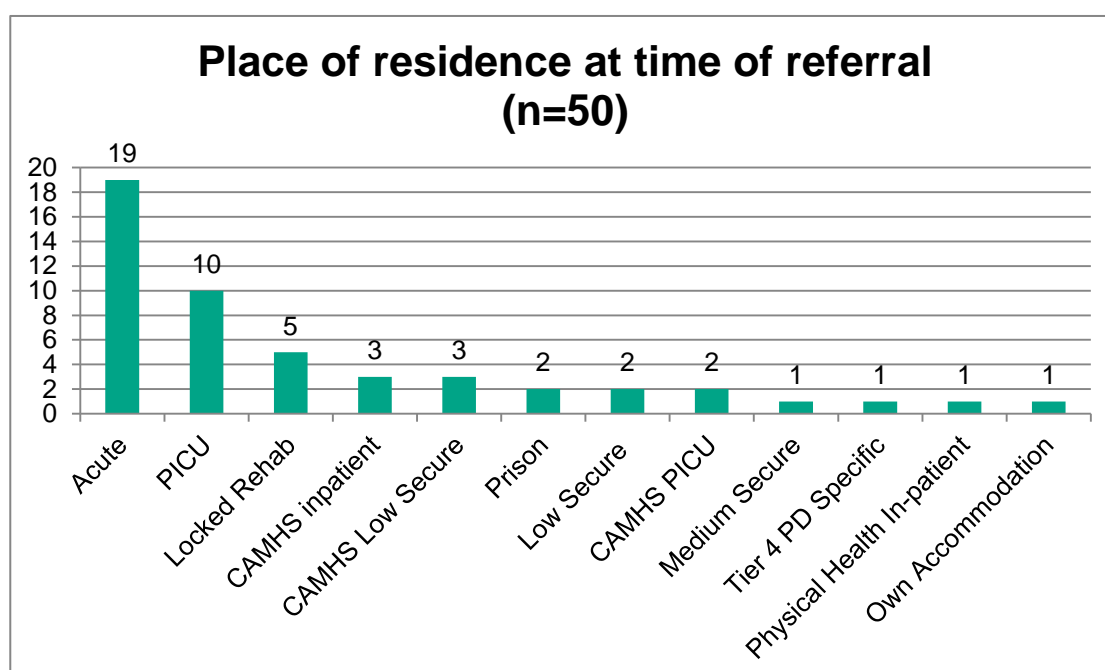
The table below outlines the demographic information for all referrals (n=50). The majority of referrals were for female (90%) service users and there was a decrease in the number of males accessing the service compared to last year (n=12, 18%). The average age was lower this year (25 years) than last year (30 years), with a range of 16 to 54 years. Similar to last year, the majority of service users were White British (88% 2018-19; 90% 2017-18).

Gender	Female	n=45	(90%)
	Male	n=5	(10%)
Age	Mean age	27.3 years	
	Median age	25 years	
	Age range	16 – 54 years	
Ethnicity	White British	44	(88%)
	Pakistani	2	(4%)
	White/Black Caribbean	1	(2%)
	Polish	1	(2%)
	Not stated	2	(4%)

Referrers

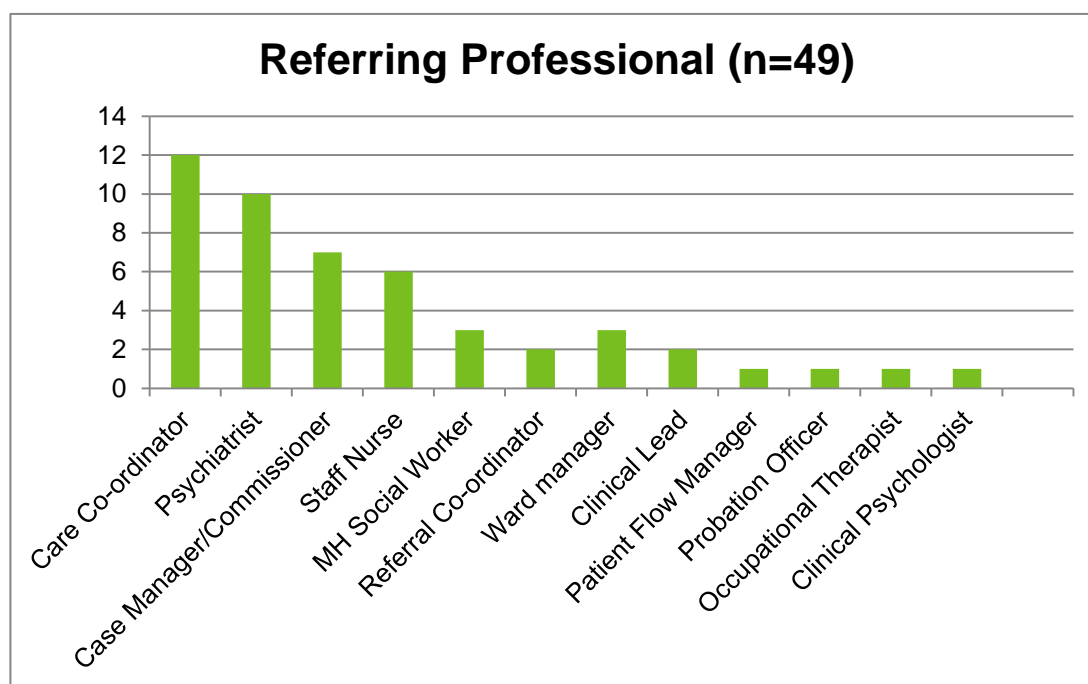
Place of residence

In the last financial year, service users have been referred most frequently from Adult Mental Health Acute Wards, accounting for 38% (n=19) of total referrals, which is a slight increase from last year (32%, n=22). This is followed by Psychiatric Intensive Care Units (20%), Locked rehabilitation wards (10%), CAMHS inpatient (6%) and CAMHS Low Secure units (6%). The chart below outlines the range of services that referred to the PDS this year.

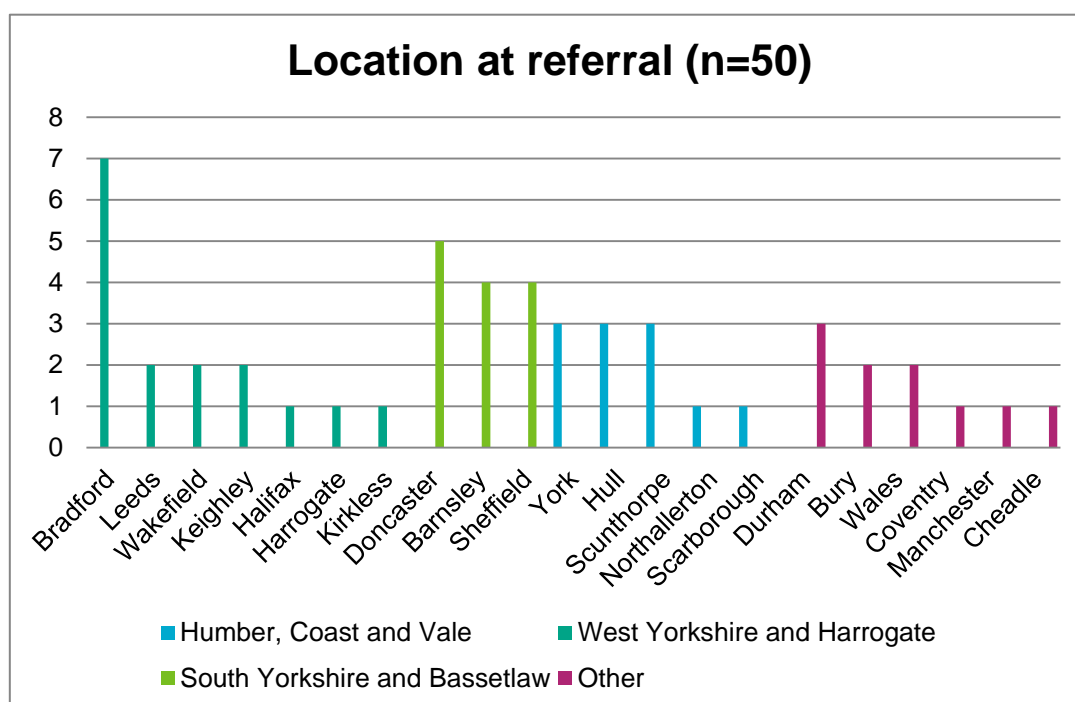


Referring professional

The bar chart below outlines the professionals referring to the PDS this past financial year. The majority (24%) of service users were referred by care co-ordinators, followed by Psychiatrists (20%). Seven referrals were made directly by NHS England Commissioners or local CCG Case Managers, and 100% of referrals were discussed and approved with the NHSE Commissioner/CCG Case Manager.



Location of Service User at time of Referral



Referrals to the PDS came from a wide range of geographical locations. The majority were referred from West Yorkshire and Harrogate (n=16, 32%), followed by South Yorkshire and Bassetlaw (n=13, 26%) and Humber, Coast and Vale (n=11, 22%). This is a different pattern of referrals from last year where the majority of referrals were received from South Yorkshire and Bassetlaw (n=21, 31%).

20% of referrals came from areas outside of the main three STP areas (n=10) demonstrating the significant number of service users who have been admitted to an out of area hospital. Most referrals came from Bradford (14%, n=7) and Doncaster (n=5, 10%).

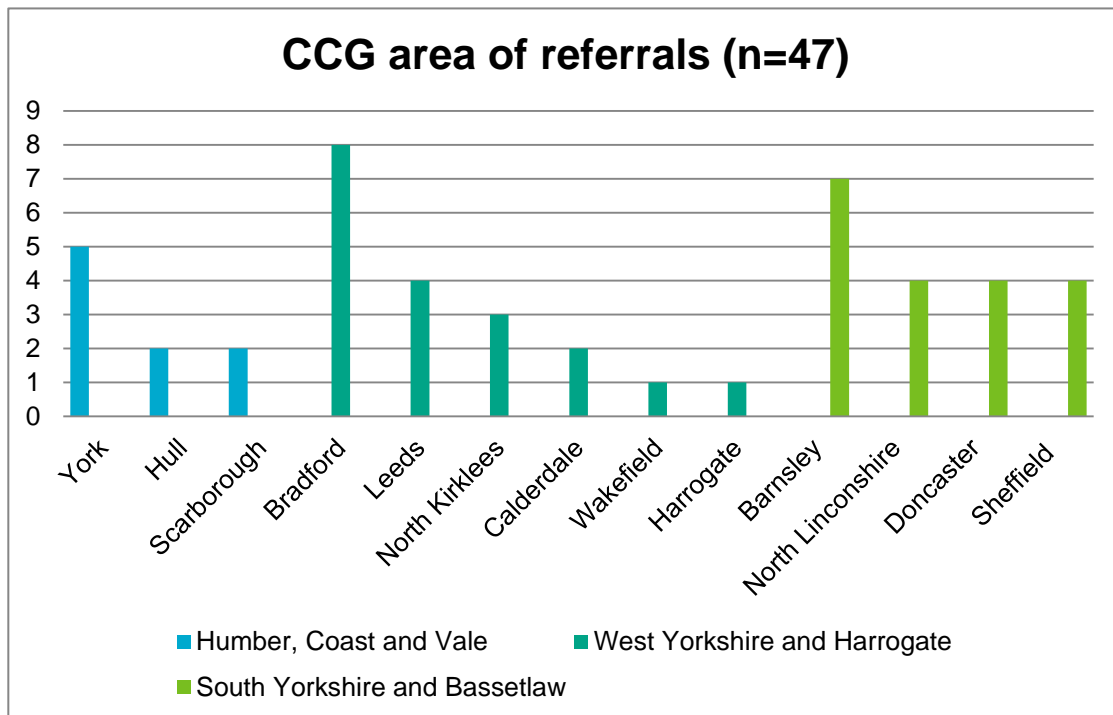
The geographical spread of referrals is displayed on the map below:



Responsible Clinical Commissioning Groups (CCGs)

The bar chart below outlines the responsible CCG areas of referrals to the PDS over the last financial year. The majority of referrals came from the West Yorkshire and Harrogate geographical area (n=19) which was also the majority for the year 2017-18 (n=29). This was followed by South Yorkshire and Bassetlaw (n=19) then the Humber, Coast and Vale area (n=9). This follows a similar pattern to the last financial year.

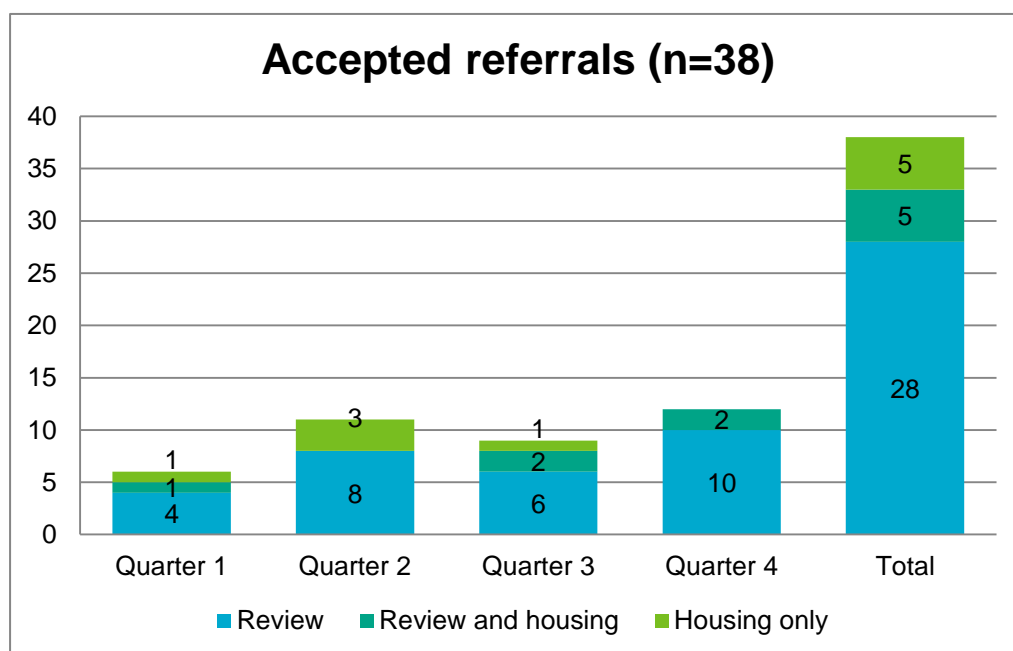
Within these areas, most of the referrals came from Bradford (17%), Barnsley (14.9%) and York (10.6%). This is slightly difference to 2017-18, where the majority of referrals came from Doncaster (13%), Hull (12%) and Bradford (10%).



Referrals Accepted into the PDS

Fifty referrals were made to the PDS this year and 76% (n=38) were accepted into the service. One case was closed prior to a review taking place as the service user was discharged from hospital whilst on the waiting list.

Of these 38 cases, 28 service users were referred for full reviews, 5 for a review with housing and resettlement review, and 5 for housing specific reviews.



Review and identified housing need referrals

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:** 33.3% of referrals (n=2) were defined as having a housing need, either housing-specific or in addition to a full review. This is an 83.3% decrease from quarter 1 in 2017 (n=12)
- **Quarter 2:** 27.3% (n=3) had an identified housing specific need which is 25% decrease from last year (n=4)
- **Quarter 3:** 33.3% (n=3) of service users had a housing need in this quarter compared to 4 service users last year
- **Quarter 4:** 16.7% (n=2) were identified with a housing need and this is a 50% decrease on last year (n=4)

In total, 20% (n=10) of referrals accepted into the PDS were identified as having a housing need at point of referral. This is a 58.3% decrease from last year (n=24).

PDS Reviews



Full Review Reports Completed

PDS provides reviews of care for individuals either at risk of escalating from acute hospital admission or prison into low secure hospital or whose pathway from a low secure hospital placement is obstructed. A review assessment process is undertaken and a report is completed to identify individual needs and how best those needs may be met by clinical teams, service providers and case managers in collaboration with the service user. The review assessment offers an independent opinion and does not replace the local gate keeping assessment which is required before a low secure hospital placement is processed.

During this financial year, **26 full reviews** were completed, including 7 reviews related to referrals received during the previous year. This is a 35% decrease on last year where a total of 40 review reports were completed, but is the same as 2016-17 (n=26), and reflects the smaller number of referrals this year and the team having a vacant case worker post.

Re-Review Reports Completed

Re-reviews are offered to services at a certain time point or when a service requests them. A re-review is often offered when a service user is stuck in their pathway and a team needs further consultation. Re-reviews can be offered to services up to a year or more after the original review; the mean average time between the re-review and previous review was 15 months (median average 11 months, range 8-33 months).

As such, the majority of re-reviews completed in this financial year relate to referrals and reviews from previous years.

13 re-reviews were completed in the last financial year. This is similar to last year's total (12), despite the service no longer providing re-reviews into locked rehabilitation services from this financial year, in order to focus on provision of in-reach work to secure services (see page 17).

Of the re-reviews completed, 6 were first re-reviews, 2 were second, and 1 each for third, fourth and fifth re-reviews.

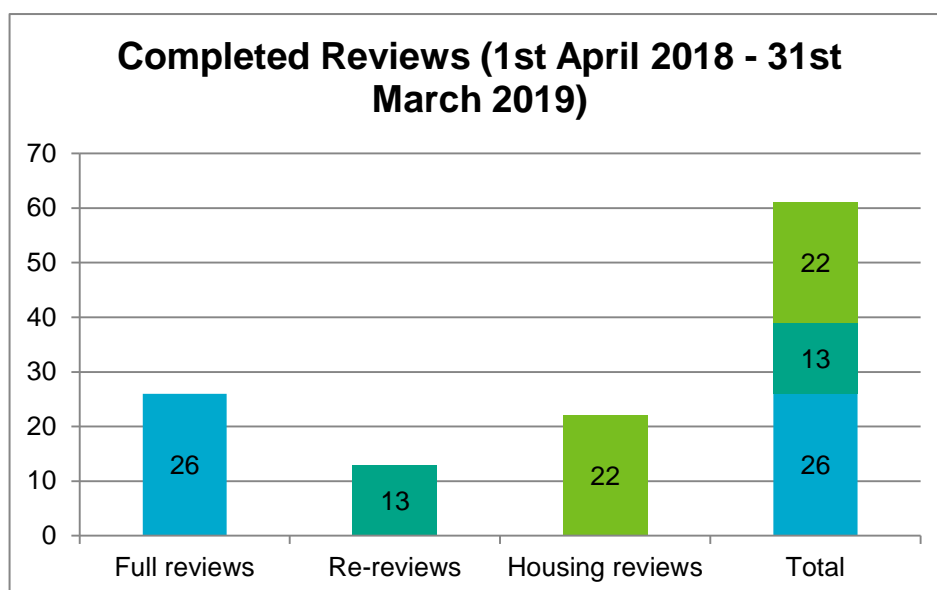
Housing Review Reports Completed

Housing and Resettlement reviews are offered when services request them as a housing-specific review, in conjunction with a full PDS review, or in response to recommendations of a full review or re-review. They are offered when service users with personality disorder are experiencing barriers in transitioning from hospital or prison into community based accommodation.



22 housing review reports were completed during the financial year, which is a 10% increase from last year (n=20). One of these was a housing specific review and 5 of these referrals came from Garrow House (Tier 4 Female Personality Disorder Service). Fifteen reports were completed as part of a review and 7 were completed as part of the PDS re-review process.

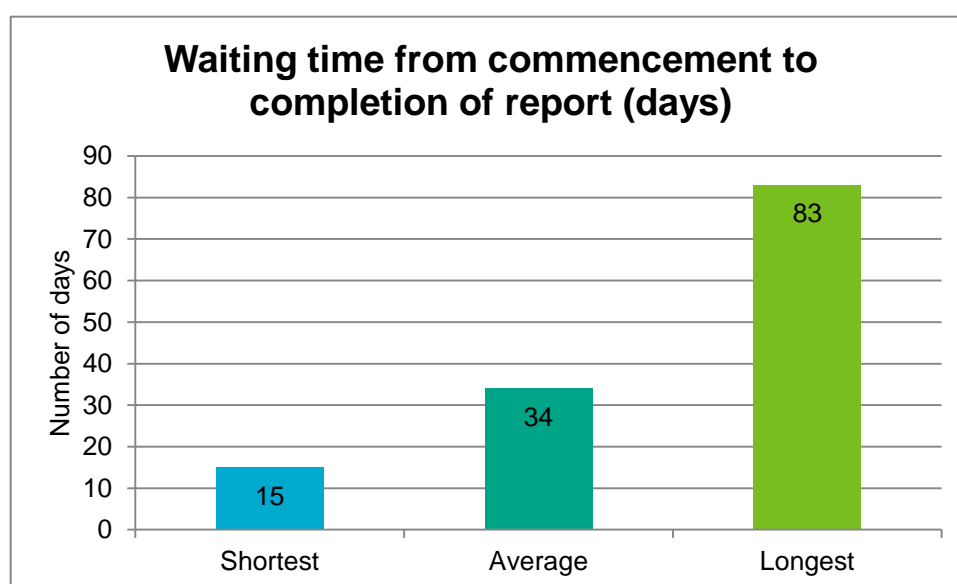
The bar chart below gives a summary of reports completed this financial year. Overall 61 reports were completed this year, which is a 16.4% decrease from last year (n=72).



Waiting times

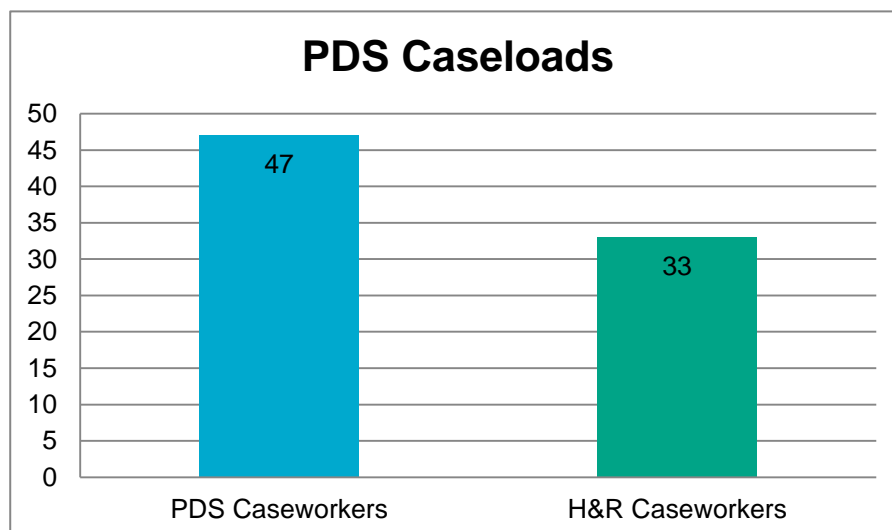
The time taken to complete the reports, from the date of the first visit to completion of the report was an average of 34 calendar days (media 31 days; range 15-83 days). This data has been skewed by one outlying report which took 83 days to complete. This was due to the service user transferring between hospital placements during the course of the review, which delayed completion of the report. When this outlier is omitted from the data the mean average falls to 31 calendar days, which is 2 days shorter than the previous financial year's average (33 days).

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 when required.



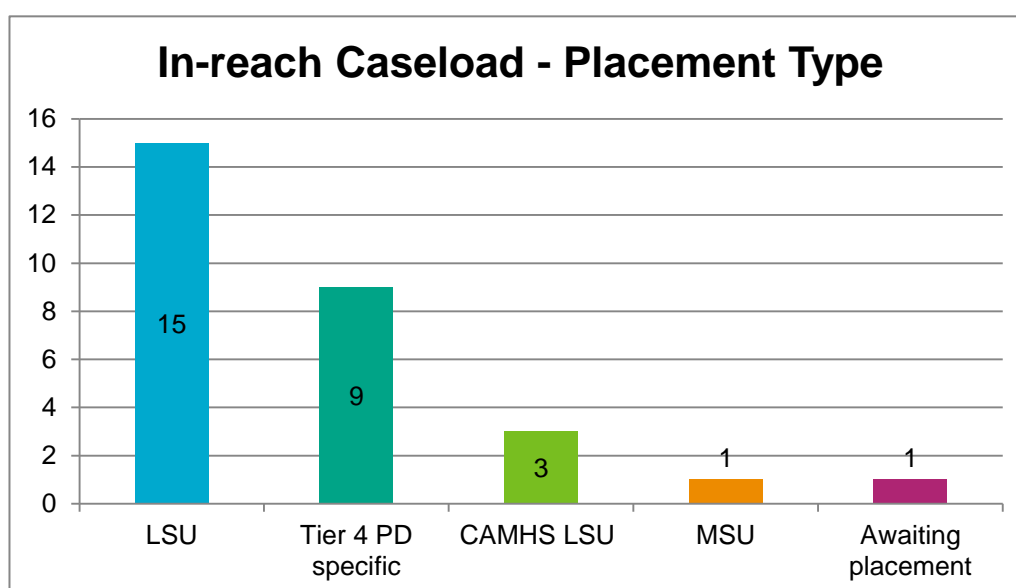
PDS Caseloads

The following bar chart summarises all open cases to PDS caseworkers at the end of March 2019. This caseload includes referrals received during the 2018-19 financial year and those from previous years where work with the PDS is ongoing.



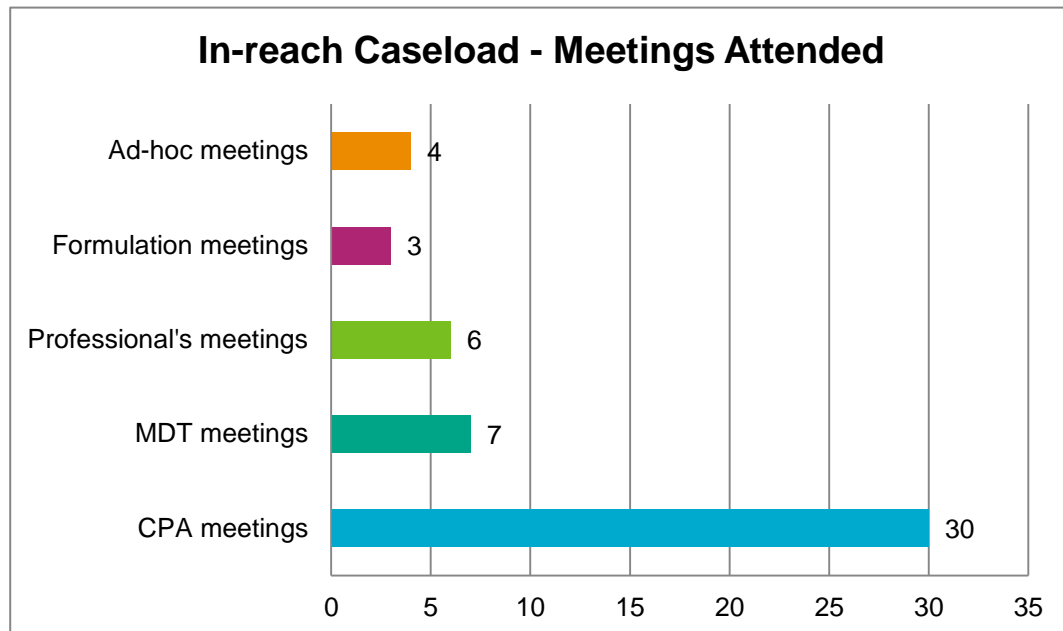
In-Reach Caseload

Following the development of a new protocol for re-reviews, PDS Caseworkers now hold an in-reach 'caseload' of service users (n=29) who are currently within specialist PD low secure inpatient services, CAMHS inpatient services, medium secure services and Garrow House. Following the initial PDS Review, caseworkers now attend CPA meetings and carry out re-reviews every 12 months, in order to monitor and support care pathways and to build relationships with the service user and clinical team. The current types of service user placements are outlined in the bar chart below:



The majority of service users are currently residing in the low secure services (n=15). There are nine individuals who have recently been referred from Garrow House and one individual is currently awaiting placement.

PDS caseworkers also offer input to team meetings for service users on the in-reach caseload. The following bar chart demonstrates this additional resource over the past financial year.



Embracing Complexity



Working with people with Learning Disabilities

The Pathway Development Service is commissioned as a Tier 4 specialist service for people with a diagnosis of personality disorder and significant complexity of needs. Criteria for referral stipulate a primary diagnosis of personality disorder however frequently include reference to complexity of clinical presentation and comorbidity of diagnoses.

It was noted over a period of time that a proportion of referrals made to PDS concerned service users with a diagnosis of personality disorder where there was also a queried or confirmed diagnosis of learning disability. Reviews highlighted the particular complexity of needs and challenges in identifying appropriate care and pathway options.

This year, Heather Johnston (Case Worker) led a project identifying PDS service users over the last 10 years who have been identified as having a learning disability. **57 cases** were identified out of a total of **475 cases** seen by the PDS between 1st January 2009- 31st March 2018; representing **a proportion of 12% of all PDS cases**. 16 of these cases were examined in more depth to identify themes from the reviews.

Key Findings

A range of themes were identified, including differences in clinical presentation, assessment and formulation, risk and vulnerability, models of care, pathway issues and PDS recommendations. In summary, the project report notes:

- The need to recognise the particular degree of complexity and multiple needs of service users which may span across different services, and how these may fluctuate, whereby certain aspects of needs/presentation may be more prominent at different times, including context of whether in hospital or community.
- The importance of integrating the outcomes from a range of assessments to inform a holistic and coherent understanding of needs.
- The importance of formulation-informed risk assessment and risk management plans, which include an understanding of contextual factors and the impact of the environment as well as protective factors and strengths.
- Emphasis on the importance of developing protective factors which may include focus on improving quality of life and enduring sources of support;
- The importance of relational safety and value of positive behaviour plans developed in collaboration with the service user and informed by functional assessment and formulation work.
- The need for clearer understanding over the role and function of CTR reviews, confirmation of criteria for a review taking place as well as frequency alongside the CPA process, and the role of PDS contributions to this process.

The full report, Embracing Complexity, is available on request.

Working with Young People

In 2012 the PDS started accepting referrals for 15-17 year olds. Since then, 35 referrals for under-18s have been received by the Pathway Development Service, and a further 16 referrals for 18 year olds (not including referrals for housing-specific reviews).

In 2018-2019, the PDS received **9 referrals for under-18s** and **3 referrals for 18 year olds** with difficulties described by referrers as 'emerging personality disorder'. Referrals have been received from a range of inpatient settings, including acute, PICU, CAMHS low secure and locked rehab. Eight referrals were accepted for review.



Key Themes in work with young people

A number of common themes remain evident within the reviews and are described below (NB not all themes apply to all young people reviewed):

Common presenting difficulties:

- Self-harm and suicide attempts (including ligaturing, head-banging, overdose, cutting, inserting and/or ingesting objects). Such incidents have often required general hospital admissions
- Eating disorder/difficulties (including dietary restriction and purging), ranging in severity but some young people requiring NG feeding
- Significant vulnerability to harm from others with associated safeguarding issues
- Low mood, anxiety, voice-hearing

Histories often included:

- Family history of mental health and/or drug & alcohol issues
- Parental separation
- Attachment difficulties
- Sexual and/or physical abuse
- Significant contact with CAMHS and/or Social care (including child in need)
- Academic success but experiencing social difficulties and/or bullying

Common pathway issues included:

- Engagement difficulties in ward setting
- High levels of risk to self
- Families reporting feeling ill-equipped to manage risk at home
- Limited alternative age-appropriate community options

Housing and Resettlement

Community Links

Works in partnership with LYPFT (Leeds and York Partnership Foundation Trust) to deliver Housing and Resettlement services to clients with a Personality Disorder as part of the Regional Pathway Development Service.

The Housing and Resettlement service creates and facilitates pathways for people with personality disorder who are experiencing barriers in transitioning from hospital or prison to community based accommodation.

Community Links aims to resettle clients with Personality Disorder to provide supportive, stable, secure living environments within the community and ensure aftercare is in place. 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. Their remit covers assessment, brokering, consultation and personality disorder awareness training.

Referrals and Reviews

In the financial year from 1st April 2018 to 31st March 2019, the PDS Housing & Resettlement service received **43 new referrals**, 8 of which came from a Tier 4 Female Personality Disorder service. These consisted of 27 PDS reviews with a resettlement assessment, 10 housing specific referrals, 5 signposting referrals and 1 for consultation only. At point of referral 17 cases had an identified housing need; therefore a further 10 were referred later on.

Twelve of these referrals were originally referred to the PDS prior to April 2018, however referred for H&R needs after 1st April 2018. There are 14 existing service users who were referred and assessed by the Housing and Resettlement team in a previous financial year and are still receiving Housing and Resettlement input.

Total Referrals

N = 43

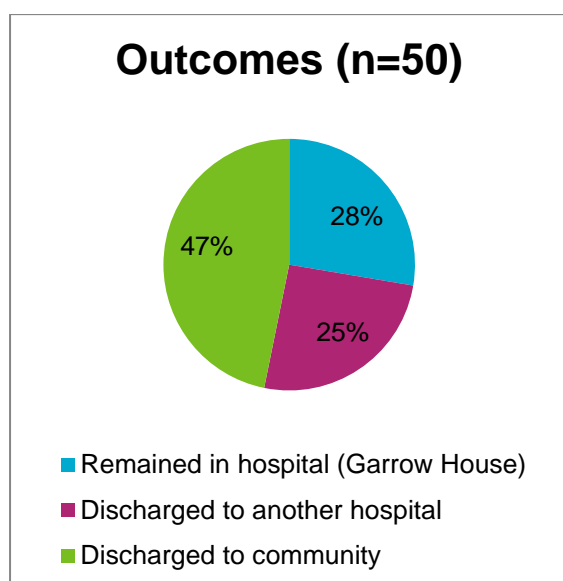
- ❖ **23** new referrals to PDS this financial year
- ❖ **12** referrals from previous years
- ❖ **8** referrals from Garrow House

Referral needs:

- ❖ 27 PDS reviews with a resettlement assessment
- ❖ 10 housing specific referrals
- ❖ 5 signposting referrals
- ❖ 1 consultation

Assessment outcomes

Housing and resettlement workers assessed 50 service users in the last financial year. Of these, the majority were discharged to the community (47%, n=22) and 32% were discharged to a different hospital (n=12). 28% remained at Garrow House (n=13), which would be anticipated as assessment takes place at admission to the service. For the 34 service users who were discharged, **the recommended pathway was followed for 91% (n=31)**.



Those discharged to the community were resettled to a variety of accommodations including:

- **Independent tenancy (n=7)**
- **Supported housing (independent sector) (n=5)**
- **24/7 supported accommodation (n=2)**
- **9-5 semi-supported accommodation (n=2)**
- **Nursing home (for physical and mental health needs) (n=4)**

These pathways were identified based upon the assessed level of need and the availability of services in each client's home area. There were 5 service users who were relocated outside their home area, into areas including Liverpool, Kirklees, Rotherham, Withernsea and Hull.

Mapping and Brokering

Part of the work undertaken by the PDS Housing and Resettlement Service is to map service provision across the Yorkshire and Humber region, which is continually changing due to funding cuts and local commissioning arrangements. This is to ensure that H&R staff members are able to provide up to date resettlement options within their reports, as well as being aware of CQC outcomes and services approved by the Local Authority Framework.

Once PDS clients have made the transition from hospital to community, the H&R team offers accommodation providers consultation and advice for up to 12 weeks post discharge. This may include telephone discussion, attendance at team meetings and face to face work with team managers and keyworkers. This is to support the new team in getting to know the service user, while sharing the wider PDS understanding of the client's needs and potential risks.

In addition to the above, and as part of the consultation work to housing support providers, the team also offer brokering workshops to services who have accepted referrals for PDS clients. 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. This is in lieu of the KUF being made available to wider services as it once was. However, H&R staff also continues to deliver KUF to Probation and NHS services.

The numbers of mapping, broker and consultation visits undertaken in 2018-19 are described below:

- **Mapping: 20**
- **Brokerage workshops: 31**
- **Consultation meetings: 33**

Common Difficulties

Some **common difficulties** identified within the H&R assessments include:

- Lack of care co-ordinator involvement has a significant impact on progressing resettlement pathways – both practically (referrals, funding) and relationally.
- A lack of supported accommodation options means specialist funding is required to ensure clients have appropriate support in the community, which has significant cost implications
- The cost of Young Person's services requires significant funding which some localities are unable or unwilling to fund.
- For services commissioned locally (via Local Authority, Social Services, and 3rd Sector) progression timeframes can be as short as 6 months. This is inconsistent with the needs of our client group, who require a longer period of stability. This leads to services declining referrals due to high levels of risk and need.
- Many community services appear to have lowered their threshold for risk tolerance, creating a barrier to accessing services, or resulting in a client being discharged prematurely.
- Clients held under 37/41 can face barriers to resettlement due to Ministry of Justice requirements and lack of knowledge/ experience of legal procedures in the client's care team.
- Discharge planning is often problematic as the process of resettlement can lead to deterioration of the client's mental health.
- There can often be a mismatch between professional expectation and reality of service provision in the community. This can lead to a blocked pathway or increase the risk of a pathway breaking down.
- There appears to be a distinct lack of provision for high risk/forensic clients requiring supported living.
- Clients' use of new psychoactive substances and/or alcohol may result in barriers to accessing relevant accommodation services.
- Private support providers that were previously set up to work with learning disabilities are now opening their remit to mental health. This can lead to clients with very diverse needs living under the same roof, with a staff team lacking in experience of working with personality disorder/ complex needs.
- Lack of KUF training to wider agencies means that staff teams miss the opportunity for in-depth training in personality disorder.
- Some service users had spent a significant number of years in a hospital setting, therefore had a limited experience of living independently.
- Clients present with an increased level of physical need, which may require long term nursing care. Current nursing homes are able to work with the physical aspect, but feel unable to manage the presenting risks associated with personality disorder.
- Variation in specialist provision across the region can mean that there may not be appropriate provision in someone's home area; however out of area placements can significantly impact on clients' relationships with family, particularly contact with children who may be cared for by relatives or who are in foster care.
- There is often limited community support at evenings and weekends, other than crisis services; however 24 hour provision is not always available in the community. The need for collaborative, robust crisis and contingency plans is emphasised.
- Significant difficulties regarding lack of freedom of movement upon discharge, due in part to housing stock and commissioning arrangements, but also CMHTs not welcoming transfers of care, leading to lengthy delays for discharge.

Service User Involvement

The PDS have continued to work with service users to improve opportunities for structured, meaningful and sustainable involvement across all aspects and levels of the service. Throughout 2018-2019 the PDS Involvement Steering Group has been meeting every four months to oversee the implementation of the Involvement Action Plan. These meetings are now being held at Garrow House so that experts-by-experience can attend more easily.

PDS Involvement Action Plan: Key Actions Completed

Develop the PDS Involvement Structure

Steering Group meetings take place three times a year at Garrow House to improve access for service users to attend. Guidance document reviewed annually.

Involvement in National & Regional Strategy

Building links with other service user groups and networks:

- Garrow House service user group
- Yorkshire-Humber Involvement Network

Coproduced bi-annual Involvement event: Transitions (November 2018)

Co-facilitation of KUF training

Involvement in Service Development & Delivery

Clear, easy-read information leaflet co-produced with service users about the Pathway Development Service (Oct 2018)

Clear, easy-read information leaflet co-produced with service users about involvement opportunities (Oct 2018)

PDS Caseworker post (Jan 2019) included experts by experience on interview panel

Animated film about the service is being co-produced with service users (ongoing)

Involvement in one's own care

Monitoring of meaningful service user involvement in their own PDS review process and feedback. 85% of service users met with a caseworker as part of their review and 50% met with a caseworker to get feedback from the review and planning meeting. The main reason for not being involved was the service user declining the meeting; in addition some service users had already moved on from placement or had physical health issues, and one service user did not attend as their keyworker felt the meeting was not appropriate at this time (e.g. concern meeting could increase distress/risk)

Triangle of Care Self-Assessment completed (Feb 2019)

Service Users given Glossary of terms attached to Review reports (Feb 2019)

Formal feedback continues to be gained from service users through service evaluation questionnaire (see Evaluation section for details)

Evaluation of Involvement Activity

Baseline Evaluation completed April 2019 – informed the action plan for the year

PDS Involvement Evaluation: Completed April 2019

The PDS have completed the involvement benchmarking tool to evaluate our involvement activity against a set of criteria developed by the YH Network. The PDS has fully implemented the majority of these standards, including providing a range of opportunities for service users to be involved, including conferences and events, project work, recruitment, coproduction of service information literature, and involvement in their own care. Feedback from service users is used to make service improvements.

A small number of standards were identified as 'in progress' and needing further work, including improving involvement in recruitment and improving clinical recording about involvement in the PDS review process.

The full evaluation report is available on request.

"Involvement and Coproduction should be an intrinsic part of designing, planning, delivering and improving the Pathway Development Service."

PDS Involvement Action Plan 2019-2020

- To continue to engage with EBEs in recruitment, training, service development & delivery
- To explore what's working well across services in the region and learn from their experiences of involvement
- To engage with service users and involvement worker at Waterloo Manor
- To share good practice and information through the Leeds PD services webpage
- To co-facilitate the 2020 Involvement event for World Mental Health Day
- To coproduce creative therapeutic workshops
- To consider stakeholder events for service users/carers with a neutral facilitators to consider service needs and developments.
- To develop a package for staff, service users and carers about endings; including a shared understanding and principles of what a 'good' ending should look like.
- To consider development of focus groups for service users to gain more in-depth feedback from service users from a range of placements about their experience of the review process
- Ensure PDS service users are involved in developing interview questions as well as sitting on the panel for future PDS interviews
- To annually evaluate involvement activities, in collaboration with service users, utilising the evaluation tool

PDS Evaluation

The PDS collects evaluation data routine from key stakeholders in order to evaluate the impact of PDS Reviews. Questionnaires are completed by Case Managers, Clinical Team members and Service Users following Reviews and Housing & Resettlement brokerage.

The Evaluation Strategy:

Three satisfaction questionnaires were developed by the PDS to gather feedback following all PDS reviews and re-reviews (including housing-specific reviews):

- Case Manager Satisfaction Questionnaire
- Clinical Teams Satisfaction
- Service User Satisfaction Questionnaire

The Housing and Resettlement evaluation strategy has changed in January 2019 to be collected every 6 months, therefore feedback has not been requested yet and will be collected early in the 2019-2020 financial year. The PDS evaluation re-review survey has also been in place since January 2019 and only one survey has been distributed so far. Therefore there are no responses from either survey to include in the following summary.

The questionnaires ask participants to rate various aspects of the review process. The evaluation was ongoing since September 2016 and the data from the last financial year 2018-19 is summarised below:

PDS Reviews Survey Responses

A total of 54 surveys were sent and 12 responses were received, which is a 22.2% response rate. The highest response rate was from service users at 40%, followed by staff with 20.8% and case managers at 15%.



The majority of service users who were included in the evaluation were currently in an acute or PICU ward (50%, n=6), 33.3% were in low secure settings (n=4), one service user was reported in a different setting not listed on the evaluation and one was in various settings. Nine responses were regarding PDS reviews, 2 were for reviews with housing specific review and one did not specify.

Service users

The service user questionnaire used a 3-point scale of “Not at all”, “A little” and “A lot” to rate questions about involvement with the PDS.

All service users who responded had met with the case worker to discuss PDS involvement and share their views on their care and future pathway. During these meetings, 3 of the 4 respondents felt they were listened to “a lot”, and the fourth individual felt they were listened to “a little”. All agreed “a lot” with the statement that their questions were answered during the discussion with the case worker.

In terms of the recommendations made about care pathways, service users all met with the case workers to discuss the feedback. Three respondents rated “a lot” to the question of if these recommendations were clear and one individual rated this question as “a little”. Service users who had questions regarding the recommendations felt these were answered “a lot”. There were more varied views on if the recommendations would help the team manager their care; 2 individuals reported thinking these would help “a lot”, one “a little” and one service user was unsure.

The qualitative comments from service users were positive and highlighted room for improvement:

- *“I found a caseworker to be very friendly and gave reassurance”*
- *“The PDS are helping to move me on from low secure, which is positive. But I did not agree with all of the recommendations made about my future placement and I felt I could have been listened to more”*

Case managers/commissioners

Three case managers responded to the questionnaire. The 2 respondents who attended clinical review meetings reported this helped them in their role “a great deal”. On a scale of 0 (not at all) to 10 (a great deal), case managers gave an average of 7 for whether the report influenced their management of service user’s care. Furthermore, the two individuals who attended the planning meeting found the planning meeting somewhat (5) and a great deal (10) effective in planning and agreeing a suitable pathway.

The comments on the clinical review meeting highlighted the usefulness of PDS input:

- *“Recommendations are always useful and a specialist view of a service user”*
- *“Gave some direction and brought together a lot of information in one place”*

Qualitative feedback for how the report might influence the respondent’s management reflected the effectiveness of recommendations:

- *“Options of housing provision or placements”*
- *“Patient will be referred to another service to support his needs”*

- *“Identifying the most appropriate care pathway for the individual. Understanding how services are interacting/understanding the individual. Helping to understand how I see the individual and their needs”*

There was one comment on the effectiveness of planning meetings:

- *“It is sometimes difficult for PDS to access all information”*

Additional comments on the PDS were positive:

- *“I value their opinions and review of care”*
- *“Comprehensive report and identification of gaps in info or options not tried. Objectivity and clarity from an external source can crystallise the teams approach and thinking”*

Clinical team members

The roles of the clinical team members who responded to the survey included a referral coordinator, ward manager, Psychologist and named nurse. Three of the 5 respondents attended a meeting as part of the review visits with the PDS caseworker, and 100% of these felt they were able to share their views “a great deal” in terms of the service user’s care and pathways. On a scale of 0 (not at all) to 10 (a great deal), they rated the effectiveness of the planning meeting as 6 (range 5-8) in planning and agreeing a suitable care pathway.

Team member’s comments on the planning meeting included:

- *“All parties (had) an active part and were honest and respectful of each other’s views”*
- *“The three cases have all being very different and some of the difficulties we have found have not being through the service we received from yourselves”*
- *“Although due to splits in the team we are holding another professionals meeting. PDS are helpfully attending this again”*

Regarding the review report, team members gave an average of 9 (range 7-10) for how clear the review report was, and respondents rated an average of 8.25 (range 6-10) for the extent to which they felt the report would influence their care and management of the service user.

Further comments on PDS input were encouraging:

- *“I was massively impressed with the commitment of the staff and their professionalism”*
- *“Very professional and thorough service who have demonstrated that they clearly understand the patients complex needs and have put lots of effort in to find a suitable pathway”*
- *“Very thorough and detailed assessment of the service user and the history of presentation taking into consideration all members of MDT involved in service users care”*

KUF Training

The 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 with a diagnosis of personality disorder.

Seven members of the PDS (including Community Links workers) are trained to deliver the KUF Awareness Level Training, which is always co-delivered with an Expert-by-Experience Trainer. There are now two formats for the awareness level training; a three-day awareness training for staff in Health services, and a two-day awareness training for staff in Criminal Justice settings.

During the year 2018/19, three PDS workers co-delivered the following training across the Yorkshire and Humber region:

- 3x Health cohorts, including 32 members of staff
- 2x Criminal Justice cohorts, including 31 members of staff

PERSONALITY DISORDER
KNOWLEDGE & UNDERSTANDING FRAMEWORK



Teaching, Training, Research Development and Publications

Over the past year the PDS team has been engaged in the following activities to develop the service and themselves as workers within the service:

Training attended

- Autism awareness training
- Working with people with Learning Disabilities
- Understanding trauma & dissociation
- Women's KUF
- MARAC
- Social media
- Risk training
- Bighand
- Four P's
- ASSIST
- John Livesley Masterclass
- Mary Seacole leadership course
- WKUF TTT
- BSc module Complexity and Risk
- CAT training
- Honour based violence session
- Transforming Care (CTR)
- LYPFT Valuing Inclusion of People

Training delivered

- Core Beliefs in CBT (Leeds University)
- Carers Awareness
- PD Awareness (Leeds IAPT Young People's team)

Input to other services

- Attendance at 4 multiagency community housing Complex Needs Panels in York
- Brokerage to assist mapping process to:
 - Scunthorpe service
 - Malton service
 - Changes
 - Leeds adult social care
 - York Sunderland house
 - Bradford
- Brokerage in Liverpool at the request of commissioner
- Mapping:
 - Rochdale
 - Leeds
 - Hull
 - Bradford
 - Rotherham
 - Care in Mind
 - Durham
 - Liverpool
 - Nottingham

Conferences (attended/delivered at)

- 'Transitions' Service user involvement conference (September 2018)
- BIGSPD (March 2019)
- Yorkshire & Humber Service User Conference

Additional consultation delivered

- Consultation delivered to Gilby house in Scunthorpe to a Network client (intervention requested by Sharon Prince)
- Kirklees 'Changes': reflective practice offered
- Mark Naylor completed the Personality Disorder Pathway Strategy for Yorkshire and Humber: Making Connections and Delivering Community to Community Pathways on behalf of NHS England in June 19
- Mark Naylor completed a review and re-design of the Humber Centre clinical model on behalf of Humber Teaching NHS foundation Trust
- Ruth Sutherland consultation to Parkside Lodge LD inpatient service

Complaints and Compliments

Complaints

No complaints were received this financial year

Compliments

May 2018:

- Compliment for Bernie Tuohy on facilitating a recent training session which was found to be helpful and informative.

September 2018:

- Compliment received from Lisa Maltman in relation to a report that Kim Peacock completed. Lisa picked up the report via an OPDS pathway and commented that the report was clear and concise.
- Compliment received from Dr Liz Carmody, Consultant Psychiatrist in Learning Disabilities who complemented the quality of the MDT working between PDS and the clinical team at Parkside Lodge; particularly the work that Bernie Tuohy had completed with the nursing team to identify a suitable package of care for a service user.

November 2018:

- Compliments in relation to the recent John Livesley master class regarding the positive content and organisation of the event.

