

Regional Pathway Development Service

Annual Review

April 2017 – March 2018



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“Good to have a review from a specialist service not directly connected to the service user, this brings a fresh approach to moving forward. The reviews always provide valuable information and pathways for service users with a diagnosis of Personality Disorder.”

- Case Manager

“I feel more hopeful than before the report, and can now feel confident that all the different teams helping me are working together. Thank you.”

- Service User

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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 2017 to 31st March 2018. There has been a **significant increase** in referral numbers and in subsequent activity from the PDS this financial year.*

Referrals

During this financial year the PDS received a total of 68 referrals, 54 of whom were accepted into the service. This is a **significant increase** (33%) in referral numbers from 2016-2017.

41% of accepted referrals were identified as having a housing and resettlement need, a 60% increase from 2016-2017.

Service Users receiving support

The majority of service users referred were female (n=57, 83%) and the average age of all referrals was 30 years. 13 referrals were aged between 16-18 year olds.

90% of service users referred identified as White British (n=62).

Referrals came predominantly from Acute Wards, PICUs, Locked Rehabilitation and Low Secure Services, with 21% of service users being resident in hospitals **outside** of the Yorkshire and Humberside region at the time of referral.

The highest numbers of referrals came from Doncaster, Hull and Bradford CCG areas.

Key Outcomes

Reviews: A total of **40 full PDS reviews** were completed, an **increase** of 54% from 2016-2017 (n=26).

Re-Reviews: **12 re-review reports** were completed during this financial year, a **decrease** of 25% from 2016-2017 (n=16).

Housing and Resettlement reviews: 20 housing review reports were completed users, a **decrease** of 17% from 2016-2017 (n=24). 107 Housing and Resettlement visits took place for mapping, brokerage workshops and consultation meetings, an **increase** of 9% from 2016-2017 (n=98)

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

Service User Involvement: A clear strategy and action plan for Involvement has been developed and the PDS has engaged with service users from Garrow House as 'experts by experience' in supporting development and service improvement throughout the year.

Service Evaluation: the service continued collecting satisfaction feedback from Case Managers, Clinical Team members and Service Users as part of the service routine evaluation strategy. Feedback from service users, staff and commissioners was broadly positive, and suggestions for improvement have been developed over the year, including a glossary of terms for service users and accessible service information for service users and carers.

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 responsivity 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 all women currently inpatient at Rose Ward, Clifton House, York, a low secure personality disorder unit, between April 2017 and January 2018, prior to the ward's closure.
- 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 PDS

*From 1 April 2017 to 31 March 2018, the PDS received a total of **68** referrals and accepted **54** of these referrals. This represents an increase of one third from the year 2016-2017 (n=51 received, n=40 accepted).*

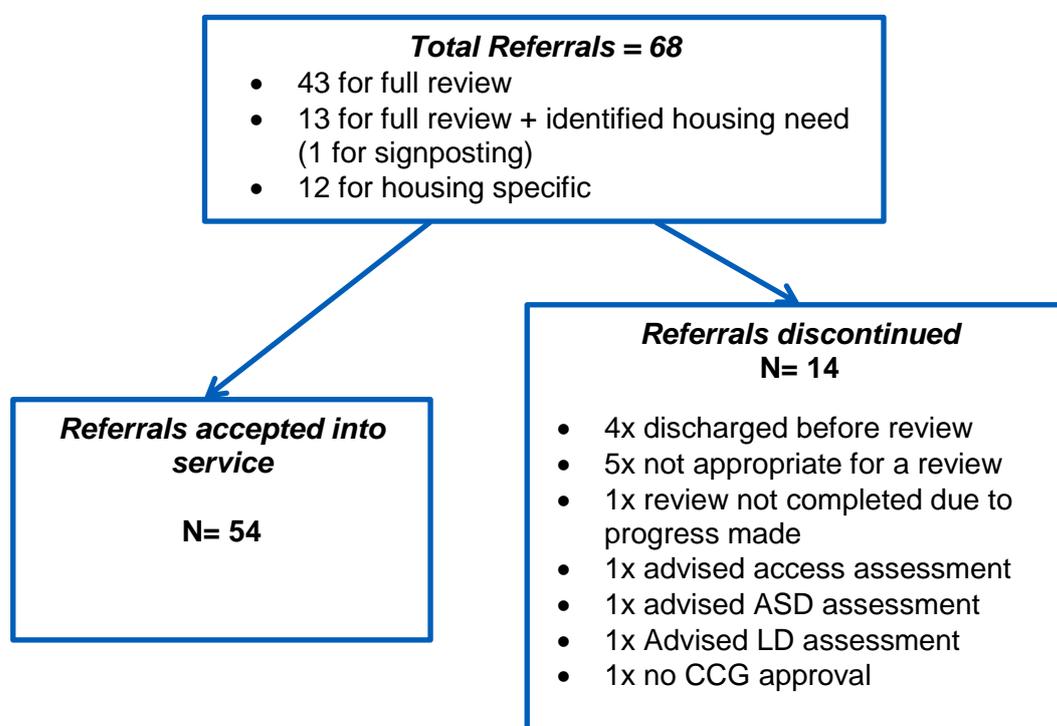
From 1 April 2017 to 31 March 2018, the PDS received a total of **68** referrals. This was a 33% increase to the figure reported in the year 2016-2017 (n=51).

Referral numbers varied across the year. December had the lowest number of referrals (n=2 per month) whereas September saw a peak in referrals (n=9). This was relatively similar to the year of 2016-17.

54 of the 68 referrals were accepted into the service, which is 35% higher than the number accepted in 2016-2017 (n=40)

14 referrals were discontinued due to the following reasons: 4x service users were discharged from hospital before a review could take place, 5x were not appropriate for a review, 1x review was not completed due to progress made, 1x was advised access assessment, 1x was advised Autism (ASD) assessment, 1x was advised Learning Disability (LD) assessment, 1x did not receive approval from CCG.

The overall number of discontinued referrals was 36% higher this year than the reported figure in 2016-17 (n=11).



Demographics of Referrals

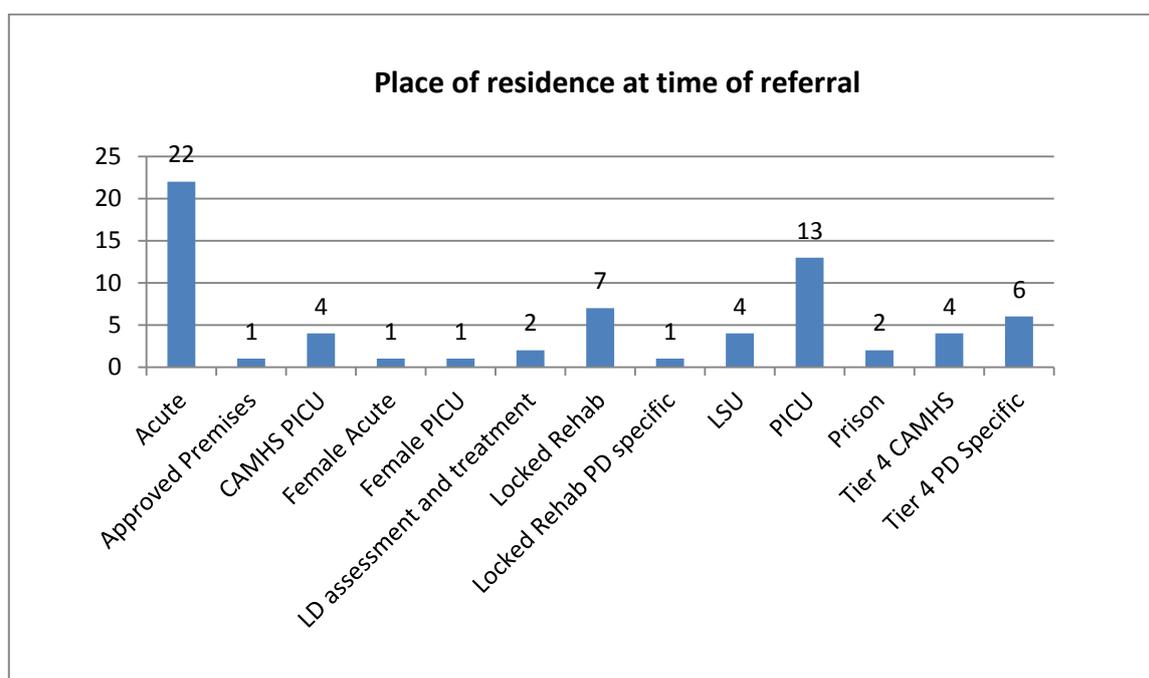
Demographic information for all referrals (n=68) is summarised in the table below. The majority of referrals were White British females which is similar to the year 2017-18; however this year the average age of all referrals was slightly older (30 years) to that reported in 2017-18 (29 years).

Gender	<ul style="list-style-type: none"> Female n= 56 (81%) Male n= 12 (18%)
Age	Age range 15 to 59 years Mean age 30 years, median age 28 years
Ethnicity	<ul style="list-style-type: none"> White British n = 61 (90%) Asian/Pakistani n = 2 (3%) Mixed White/Black Caribbean n = 2 (3%) White Asian n=1 (1%) Yemeni n=1 (1%) Ethnicity not stated n= 1 (1%)

- Female referrals had the same average age as the overall average, i.e. 30 years (slightly older than the average reported age in 2016-17, which was 29 years).
- Male referrals were slightly older than the norm with an average age of 31 years. This is different to 2016-17 where males were significantly younger (average 25.5 years).

Referrers

Referrals to the PDS have been received from a range of services. Service users have most frequently been referred whilst resident in Adult Mental Health Acute Wards, accounting for 32% of referrals (40% in 2016-17), followed by PICU Wards (19%, 12% in 2016-17) and Locked rehab wards (10%). The remaining 39% of referrals came in smaller frequencies from a wide range of services, as demonstrated in the chart below:



Nearly two thirds of the referrals were made by inpatient staff within the service user's current residence, including Ward Managers, Consultant Psychiatrists, Social Workers and Staff Nurses. A significant number of referrals also came from service user's community care coordinators. Four referrals were made as part of an agreement with Garrow House, the Tier 4 female unit in York.

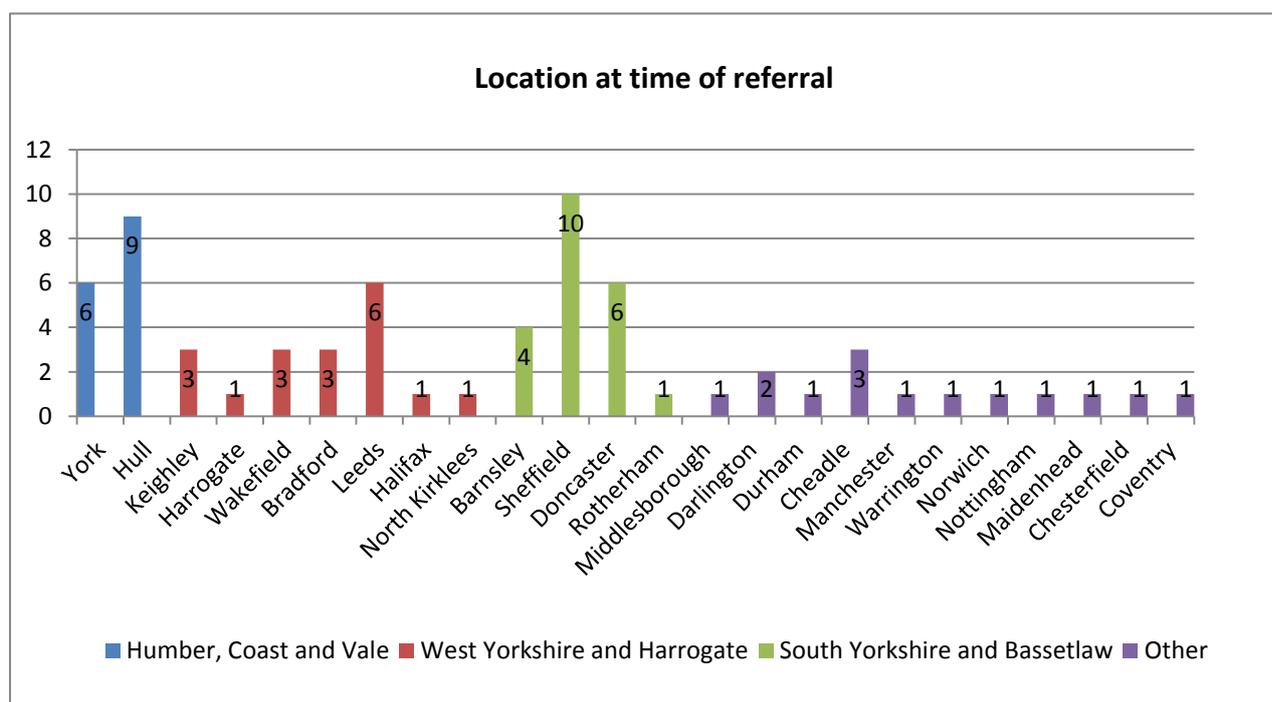
Eleven referrals were made directly by NHS England Case Managers or local CCG Commissioners; however 100% of referrals were discussed with or approved by NHSE Case Managers/CCG Commissioners, with just one referral not receiving CCG approval following discussion.

Location of Service User at time of Referral

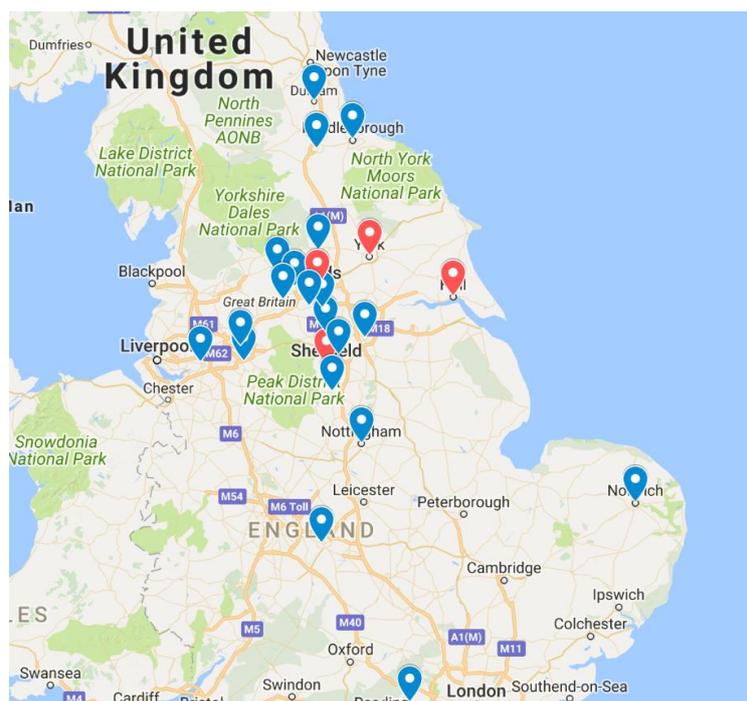
Service Users referred to the PDS have been located at a wide range of geographical locations. Most referrals were received from South Yorkshire and Bassetlaw geographical area (n=21, 31%). There was a range of referral rates within different geographical areas with most service users being located in Sheffield (15%) and Hull (13%). More than half of referrals from York (n=4) were part of an agreement with Garrow House that all women there would receive a Housing and Resettlement Review. This is similar to the referral patterns in 2016-17.

It is important to note that 14 (21%) referrals came from geographical areas that were outside of the main three CCG areas described above, demonstrating that significant numbers of service users have been admitted in an out of area hospital.

All referral locations are demonstrated in the chart below:

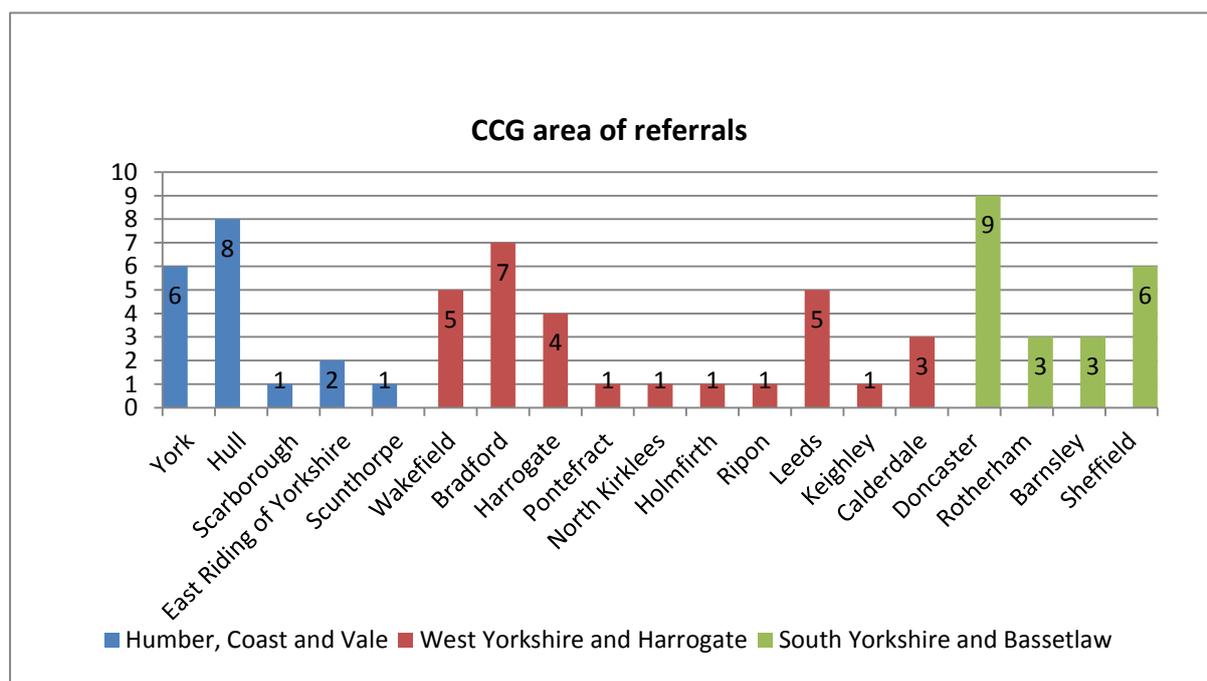


The geographic spread is displayed in the map below:



Responsible Clinical Commissioning Groups (CCGs)

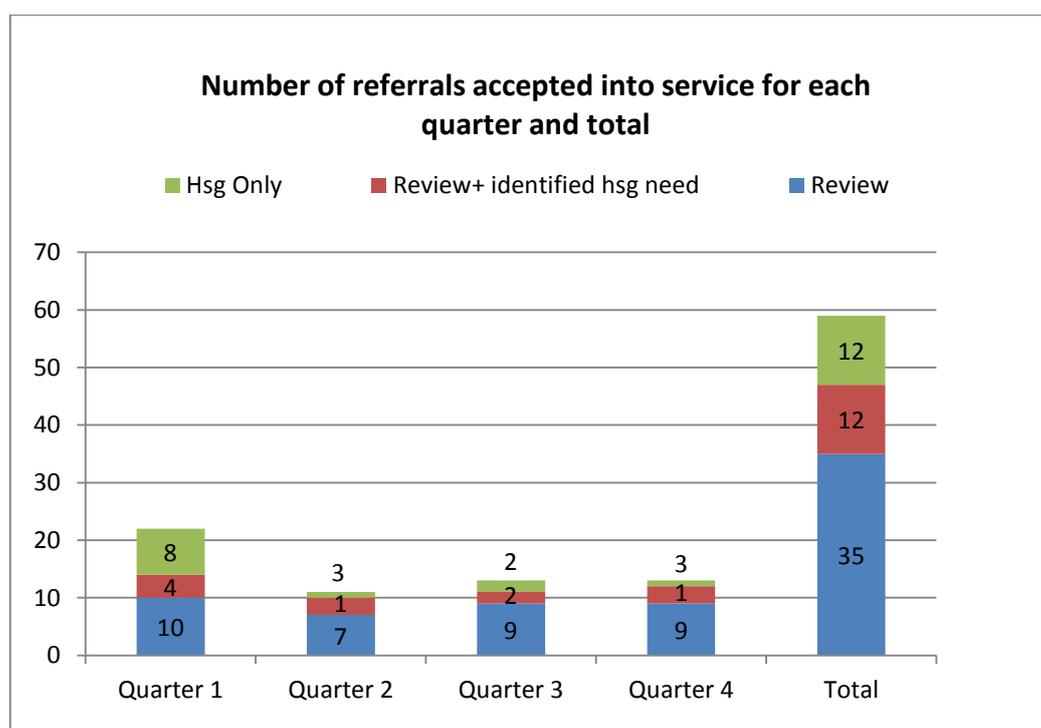
The responsible CCG areas of the referrals to the PDS are shown in the graph below. Most referrals came from the West Yorkshire and Harrogate geographical area (n=29), followed by 21 referrals from South Yorkshire and Bassetlaw and 18 referrals from the Humber, Coast and Vale area. Within the different geographical areas there was a range of referral rates from different localities with the highest numbers coming from Doncaster (13%), followed by Hull (12%) and Bradford (10%). This is slightly different to the year 2016-17 where most referrals came from Bradford (n=10) and Leeds (n=8). The remainder of referrals were wide ranging as shown below:



Referrals Accepted into the PDS

59 (87%) referrals initially entered the service. Five of these referrals were then closed prior to a review taking place, due to changes in the service user's circumstance (e.g. discharge to the community, move to a different hospital or progress made by service users).

35 referrals were for full review. 12 were for full review plus an identified housing need and 12 were for housing specific reviews.



Review + Identified Housing Needs- Referrals

- The PDS collates information on the number/percentage of reviews which were defined as having an identified housing need. This provides a more accurate picture of the number of referrals the Housing and Resettlement service manages.
- As demonstrated in the graph above, 12 out of 22 (55%) referrals during quarter 1 were defined as having an identified housing need, either housing-specific or in addition to a Full Review. This was a 50% increase to the number reported in 2016-17 (n=6).
- 4 out of 11 (36%) during quarter 2, 4 out of 13 (31%) in quarter 3 and 4 out of 13 (31%) in quarter 4 were also identified as having a housing need. Compared to year 2016-17, these figures were a 20% decrease in quarter 2 (n=5), 25% increase in quarter 3 (n=3) and 75% increase in quarter 4 (n=1).
- In total, 41% (n=24) of referrals accepted into the PDS were identified as having a housing need. An overall 60% increase compared to the year 2016-17 (n=15).

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, **40 full reviews** were completed, which included 7 reviews related to referrals received during the previous financial year. This is a 54% increase from year 2016-17 (n=26), which reflects the increase in referral numbers.

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/review. Reviews can be offered to services up to a year or more later than the original review. As such, the majority of re-reviews completed in this financial year relate to referrals and reviews from previous years.

12 re-reviews were completed between April 2017 and March 2018, this is a 25% decrease to the year 2016-17 (n=16). Six of these were first re-reviews, 3 were 2nd re-reviews and 3 were 3rd re-reviews. All 12 of these re-reviews related to referrals were made in previous financial years.

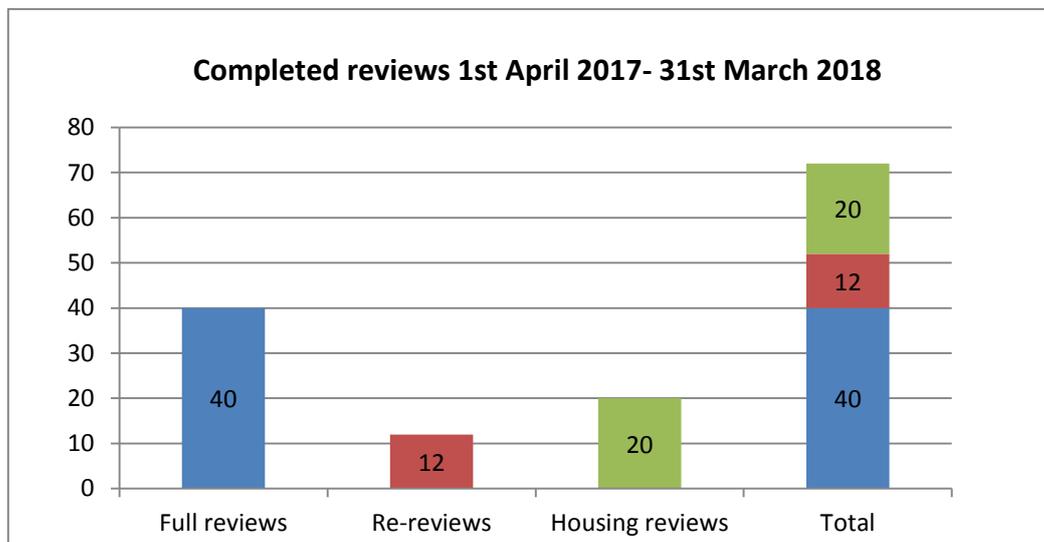
The average time between this year's re-review and the previous (re-)review was 12 months, with a range of 5 months to 32 months (median 11 months). The majority of re-reviews (82%) were carried out between 5 and 15 months following the previous review.

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.

20 Housing review reports in total were completed during the financial year, this is a 17% decrease from the number reported in 2016-17 (n=24). Five of these Housing Reviews were housing-specific reviews and 4 of these referrals came from Garrow House (Tier 4 Female Personality Disorder Service). Fourteen reviews were associated with PDS reviews or re-reviews completed during this financial year. Six Housing Reviews were associated with reviews or re-reviews from previous financial years.

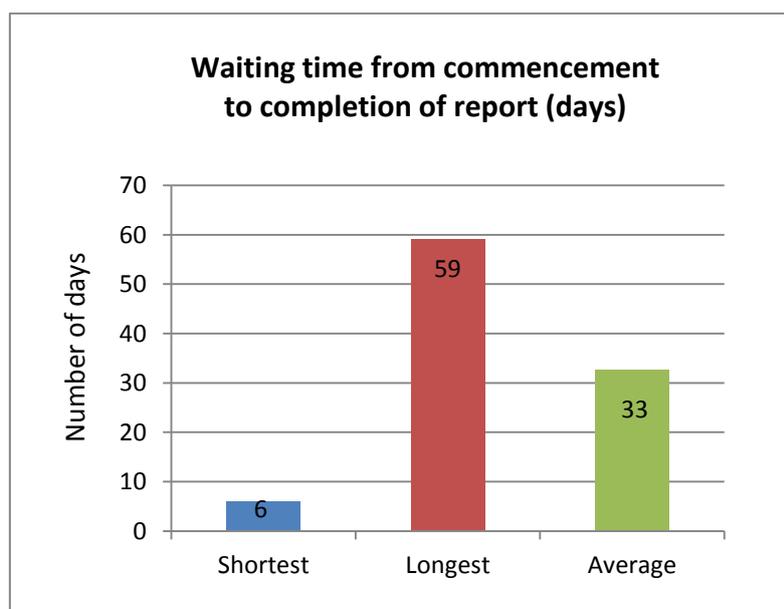
The graph below gives a summary of reports completed this financial year. An overall of 72 reports were completed this year, which is a 9% increase from the number of reports completed in the year 2016-17 (n=66).



Waiting time from review visit to completion of report

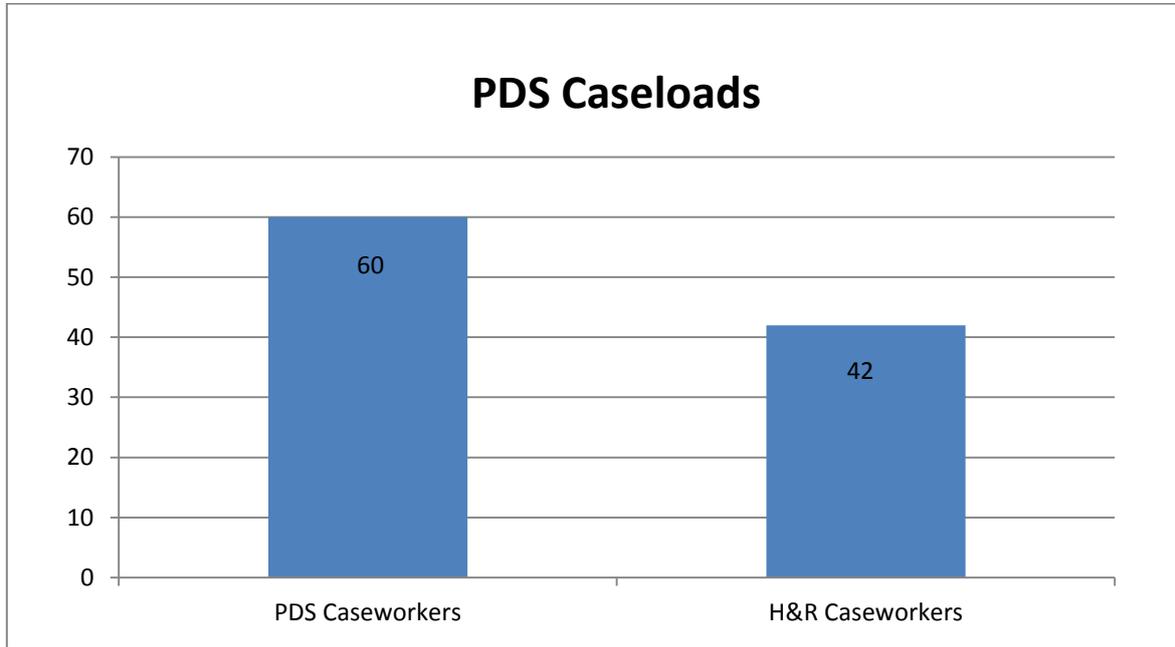
In terms of the waiting time from commencement of review to completion of report during this financial year, a hospital review report took an average of approximately 33 days to complete, with a range from 6 to 59 days between a review visit and completion of report. The target for the service is to complete reports between 21-28 days, a summary is however provided to the referrer/case manager prior to the full report being completed when required.

It is important to highlight that the average waiting time was skewed as there were some reports that took longer than usual to complete due to further information being sought.



PDS Caseloads

A summary of the total number of cases open to PDS caseworkers is displayed below. These include cases open from the current financial year and previous financial years where there is ongoing input from the PDS.



PDS Case Studies

Case Study 1: Re-review following transition

Client A was previously reviewed by the PDS in 2017 during admission to a CAMHS low secure hospital in Kent. The referral was initiated by the client's home area CAMHS due to a need for her to transition to adult services at the age of 18. Client A had remained in 'out of area' placements and hospitals settings since entering local authority care in 2015. She demonstrated increasing vulnerability and risk to self which necessitated restrictive nursing interventions and an escalation in her hospital pathway. At the point of the review the inpatient team felt a sideways transition into low secure adult services was required. Client A was not known to home area services and did not have a Care Co-ordinator. Her main contact to home area was a Local Authority Social Worker.

The PDS recommended immediate allocation of a formal CAMHS care co-ordinator, liaison with adult mental health colleagues and a meeting to be held locally to determine transition plans and commence introductions. This meeting involved NHSE and CCG Case managers, representatives from CAMHS and AMHS. Concerns were expressed about Client A's time spent out of area and the associated uncertainty regarding her needs. A period of assessment in her home area inpatient services was recommended. The PDS attended a further meeting where local acute and PICU colleagues expressed concerns about this plan and requested a further 'out of area' placement. However, during the meeting the inpatient team in Kent revised their recommendation suggesting an intensive community placement would be appropriate in light of a recent settled period. Home area colleagues agreed and commenced identification of a young person's transitional placement. However, CCG funding was not agreed due to concerns about the placements capacity to manage risk.

Client A was required to leave CAMHS prior to introduction of local AMH and was transferred to her local adult acute ward with limited planning or preparation. Some months later the PDS attended a meeting where concerns were expressed about continued risk and suitability of the acute ward placement. Continued high risk behaviour had required long-term close observations, placing pressure on staffing. Guidance was provided to the team regarding completion of a robust risk assessment. During a second meeting the inpatient team suggested the placement had become untenable. The PDS therefore undertook a Re-Review to determine needs and pathway. The PDS identified that the team had worked hard to meet Client A's needs within difficult circumstances but a period of stability in a more suitable longer term setting was required. The PDS recommended Garrow House TIER 4 inpatient service but cautioned that client A would need to be agreeable and able to demonstrate willingness to collaborate with care plans. Client A was keen to consider Garrow House. The PDS then liaised with Garrow House staff to negotiate a protracted period of assessment and, if suitable, gradual integration, which would provide Client A the greatest opportunity for a planned transition.

Case Study 2: Transition into and out of Low Secure services

The PDS initially reviewed Client B in August 2012 whilst she was an in-patient on a Psychiatric Intensive Care Unit. Client B had no previous contact with mental health services until the age of 25 (2009) where she went on to have extensive community and intensive home treatment team input and a significant number of in-patient admissions, mainly to acute wards, but also to PICU environments due to significant risk to herself related to self-harm and suicidal ideation and acts.

A low secure gatekeeping assessment had already been conducted and the PDS review agreed Client B be transferred to a personality disorder specific low secure setting (at this time the criteria for low secure also included those at significant risk to self) to provide the safety and containment she required and allow for a thorough assessment and formulation to be completed.

The PDS subsequently re-reviewed Client B in January 2013 following her transfer to low secure care to review progress and make additional recommendations to assist the team in their work with Client B. A further PDS re-review was undertaken in July 2013 following the re-organisation of the ward where Client B was an in-patient. The PDS agreed that Client B continued to meet the criteria for a low secure placement and was subsequently transferred to an alternative personality disorder specific low secure setting in September 2013.

The PDS re-reviewed Client B again in April 2015. It was questioned at this time whether Client B continued to meet the criteria for low secure services, given her presentation at the time, however there was a clear plan to step Client B down to a provision in-house, which although still classed as low secure, had an increased rehabilitation focus.

The last PDS re-review was undertaken in June 2016 whereby there were changes to the step-down unit that Client B had progressed to i.e. it was been decommissioned. The PDS made recommendations that the clinical team needed to be making plans to progress Client B to a placement of lesser security to aid her transition back to the community. The PDS have continued to support this pathway through attending CPAs and professionals meetings.

Subsequently Client B, now informal, stepped down to a Tier 4 women's provision nine months ago, and is now working towards moving into supported accommodation in the community. The PDS will continue to support Client B's pathway towards the community by attending CPAs and professionals meetings and through offering outreach consultation to her community mental health team.

Working with Young People

The PDS core function is to work across the Yorkshire and Humber region to increase capacity and responsibility for working with personality disorder as well as to improve the pathways for individuals with personality disorder who are both within adult and **younger people services**.

Referrals to PDS for a Review are accepted on the basis that a service user is currently in hospital AND either a risk of escalating into secure care or has a blocked pathway out of hospital. Therefore, referral at age 18, or under 18 years, would indicate that there are pathway issues at the point of, prior to, or shortly after transition to adult services. We accept referrals for those aged 16 and above.



In 2012 the PDS started accepting referrals for 15-17 year olds. Since then, 26 referrals for under-18s have been received by the Pathway Development Service, and a further 13 referrals for 18 year olds. This does not include referrals for housing-specific reviews.

In the current financial year 2017-2018, the PDS has received 8 referrals for under-18s and 5 referrals for 18 year olds with difficulties described by referrers as 'emerging personality disorder'. Referrals have been received from a range of CAMHS inpatient settings, including Acute, PICU, Low Secure and Tier 4. Eight of these referrals were accepted for review.

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

Presenting difficulties, with common issues including:

- 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 of the young people often included:

- Family history of mental health difficulties and/or drug & alcohol issues
- Parental separation
- Attachment difficulties
- Experience of 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 within inpatient 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

Between 1st April 2017 and 31st March 2018 the PDS Housing & Resettlement service received **25 new referrals**. These were broken down as 13 referrals for a PDS review with a resettlement assessment (1 of them was a signposting referral) and 12 housing specific referrals (4 of these came from a Tier 4 Female Personality Disorder service). Eight of these referrals were originally referred to the PDS prior to April 2017, however referred for H&R needs after 1st April 2017. There are 8 existing clients who were referred and assessed by the Housing and Resettlement team in a previous financial year and are still receiving Housing and Resettlement input.

During the same period a further 8 referrals were activated where the initial H&R referral had been made in previous financial years. These were activated at this time for the following reasons;

- Client was not considered ready for discharge due to deterioration in mental health
- Client was still attending CPA meetings
- PDS staff were providing brokerage workshops and consultation

Assessment outcomes

Of the 28 cases that were assessed by housing and resettlement workers, 17 (61%) clients remained in hospital environments and 11 (39%) had been discharged to a community setting.

Of the 11 clients that were discharged, 10 recommended pathways were followed (91%). The clients who were discharged to the community were resettled to a range of accommodations including;

- Independent tenancy (4)
- 24/7 supported residential accommodation (non-commissioned) (1)
- 24/7 supported residential (2) accommodation (commissioned) (2)
- 24/7 Extra Care Housing provision (1)
- DBT Community Unit (1)

These pathways were identified based upon the assessed level of need and the availability of services in each client's home area. Of the clients that were resettled within this period, 1 relocated away from their original home area (9%). The reason for this was to access a specialist DBT provision within a community setting, as this was not available within their locality



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 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 client, 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 2017-18 are described below:

- Mapping; 20
- Broker workshops; 42
- Consultation meetings; 45
- KUF cohorts delivered by H&R staff; 3

Common Difficulties

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

- Lack of involvement from local CMHTs.
- A successful pathway is dependent on each individual's home area – a “postcode lottery”.
- 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 those services which are 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 from services prematurely.
- Client's held under 37/41 can face barriers to resettlement due to Home Office 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 forensic clients requiring a supported living environment.
- Clients' use of new psychoactive substances, and/or alcohol impacts their engagement with PDS team and 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 are identified as having difficulties with cognitive functioning (low IQ, Foetal Alcohol Syndrome), which may impact on their ability to manage some tasks, such as financial management.
- 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.
- There is a lack of provision for females who are at high risk.
- Female service users appear to no longer be in contact with their children.
- Many service users experience the most difficult times as being evenings and weekends, which results in them relying on crisis and emergency services

Housing & Resettlement Case Studies

Case Study 1: Transition from Tier 4 Service to Community Placement

At the point of discharge, Client A had been resident at Garrow House for 12 months and prior to this, 9 months in local acute services. When previously living in the community, Client A had resided in an independent tenancy for many years. However, due to her stay in hospital exceeding the 12 months Housing Benefit allowance, she was required to surrender the tenancy in December 2016.

Although this was difficult for Client A at the time, it prompted wider thinking about her future resettlement needs. Discussions were had between the PDS H & R Worker and Care Coordinator regarding suitable move on options for Client A in her home area. Although Client A had maintained a tenancy for many years she had struggled to manage emotionally, resulting in numerous acute admissions and her eventual admission to Garrow House. Client A also had a number of physical health needs that required a level of personal care. It was therefore agreed that it would be beneficial to secure her a supported accommodation pathway upon discharge.

The H&R worker, alongside Garrow House Social Worker, worked closely with the home team to arrange an assessment by the Extra Care Housing Service. This new service provides both the tenancy and agreed support package to clients in sheltered accommodation. The referral was made by the Care Coordinator in May 2017, and Extra Care assessment was carried out at Garrow House in early June. Following this, the H&R and Social Worker supported Client A to complete a My Life My Way assessment, to support her claim for a personal budget to cover her care.

Following the completion of the assessment, Client A was accepted into the service and a property was allocated. Adaptations were also made to the property to meet her physical health needs. Prior to discharge, agreed for the end of August 2017, the H&R worker met with the Care Coordinator to think about how to best support the Extra Care staff and share the understanding of Client A's needs and presentation. It was acknowledged that most of the staff employed at the Extra Care Service had experience of providing domiciliary care, but few had mental health experience. Therefore, the team were offered bespoke sessions to ensure they had a basic understanding of personality disorder, and how this might apply to Client A's needs.

The H&R worker and Care Coordinator met the Extra Care team on two occasions. The first meeting took place prior to discharge, and the second 2 months after. This was to ensure all staff working with Client A would have an opportunity to attend a session, and also to assess if the learning from day 1 had been helpful to the team. The sessions consisted of a 3 hour workshop (facilitated by the H&R worker) on personality disorder, how it develops, the associated risks and the impact this has upon people's ability to live fulfilling lives. It also looked at professional boundaries and some basic strategies for maintaining a therapeutic relationship. Following this, the Care Coordinator then spent time with the team thinking specifically about Client A, her needs and potential risks and shared parts of the formulation.

The Care Coordinator also supported the team in developing their care plans, offers the staff a reflective space to think about Client A at regular intervals. Although there have been some difficulties, on the whole the transition to the community has been successful. The Extra Care team have become less responsive in how they work with Client A, and their confidence in working with personality disorder has increased. Client A has had no further acute admissions and the care Coordinator continues to work closely with the Extra Care team to offer both advice and support.

Case Study 2: Transition from Locked Rehabilitation to Community

Client B came to the Housing and Resettlement service following four PDS Hospital Reviews starting in 2013. The H&R worker assessed B in April 2016 and 2017 as she was returning back to Bradford, her home area, after being detained for 10 years in locked rehabilitation services.

Client B was in her late 40s and had not lived independently for a significant number of years. She had grown up children.

Her pathway was blocked due to her risks to self being high and local services being unable to manage the risks.

Following the first H&R report, Client B's risks resurged and a community pathway became unsuitable.

A second report was completed 12 months later and a pathway was identified in Bradford in the independent sector.

The H&R worker met with the Care Coordinator and discussed the proposed pathway. The H&R worker also met with Client B and discussed the recommendations for her pathway should look. This was also discussed with commissioners.

The H&R worker visited the potential placement and discussed the case with the owner, who assessed Client B and agreed a place.

The Care Coordinator used the H&R report to inform the information presented to the Joint commissioning panel.

Case Study 3: Resettlement of a Young Adult

Client C was 17½ years old upon referral. She had benefited from a PDS hospital review, within which it identified a need for resettlement.

Client C was a Leeds patient, but as she had historically been subjected to Childhood Sexual Exploitation, she identified being unable to live in Leeds due to these issues.

The H&R worker completed a report providing details of areas of the north of England she had identified as potential resettlement pathways. In the meantime she transitioned into Leeds Adult mental health services.

The H&R worker assisted Client C's Social Worker in identifying step -down provisions in the named areas. Services have been extensively mapped within the north of England which provided a pool of resources to assist in this task.

The H&R worker assisted Client C's family member to speak to housing services in the North Yorkshire area and facilitated the necessary document required for housing applications. A suitable service was identified and the H&R worker visited with Client C and her Care Coordinator.

Client C was offered all the options and formulated her own opinion on her pathway. She decided to stay in Leeds with a view to eventually relocating to the area where she holds a current housing application.

Service User Involvement

Following last year's "Re-imagining Involvement" event at the Thackeray Medical Museum (November 2016), a co-developed strategy and action plan was developed for structured, meaningful and sustainable involvement across all aspects and levels of the PDS.

Throughout 2017-2018 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

Memorandum of Understanding with Garrow House Involvement Group to be an "Expert-by-Experience Reference Group" for PDS

Co-development of the Involvement Guidance document with EBEs from Garrow House (Mission Statement, Structures for accountability and feedback, Terms of Reference, Guidance for Reimbursement to Service Users, Evaluation Framework)

Involvement in National & Regional Strategy

PDS staff attending Yorkshire-Humber Network meetings to develop regional links
Co-facilitation of KUF training

Involvement in Service Development & Delivery

PDS staff attended co-produced Involvement training
EBEs consulted on new service information leaflets, involvement information, glossary of terms, PDS letters and reviewing evaluation outcomes
EBEs attending Involvement Steering Group, now meeting at Garrow House

Involvement in one's own care

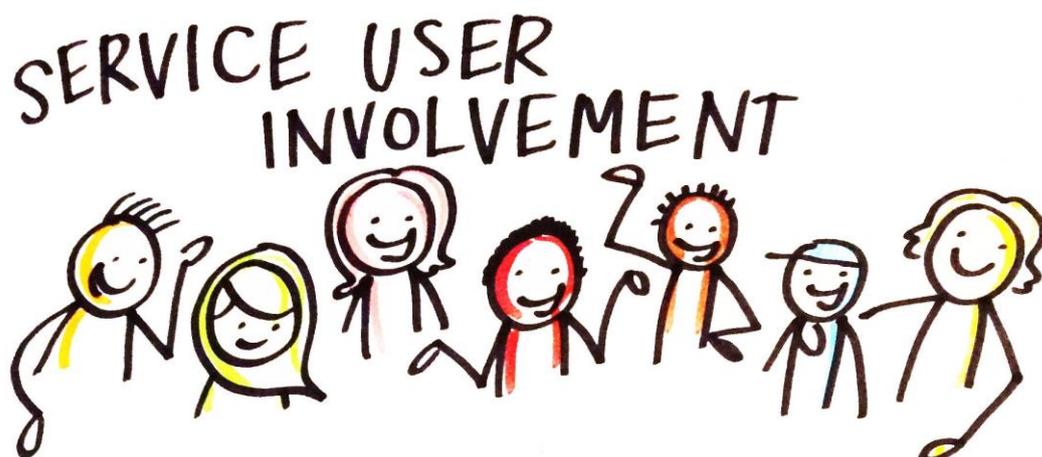
Monitoring of meaningful service user involvement in their own PDS review process and feedback. 93% of service users met with a caseworker as part of their review and 63% met with a caseworker to get feedback from the review and planning meeting. Reasons for not being involved included physical health issues, service user declining the meeting, service user already moved on from placement, or staff feeling that the meeting was not appropriate at this time (e.g. concern meeting could increase distress/risk)
Formal feedback gained from service users through service evaluation questionnaire (see next section for details)

Evaluation of Involvement Activity

Baseline Evaluation completed June 2017 – informed the action plan for the year

PDS Involvement Action Plan 2018-2019

- To continue to engage with EBEs in recruitment, training, service development and delivery
- To complete the evaluation framework annually in order to identify and reflect on improvements made and future actions required
- To co-develop and co-facilitate a bi-annual Involvement event (in collaboration with PDMCN); next year's theme will be '**Transitions**'
- To collate and present formal feedback from service users (from service evaluation) to the involvement steering group and EBEs from Garrow House, in order to set further involvement goals for the year ahead.
- To work on improving involvement of service users in receiving feedback from their reviews



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

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:

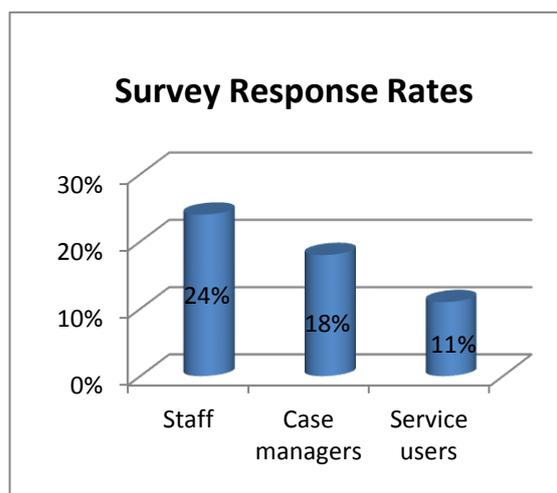
Three satisfaction questionnaires were developed by the PDS to gather feedback following all PDS reviews and re-reviews (including housing-specific reviews).

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

The questionnaires ask participants to rate various aspects of the review process. The evaluation was ongoing since September 2016 and the data is summarised below:

Out of a possible 62 responses the highest response rate was from Clinical Team staff members (n=15), followed by Case Managers (n=11), with the lowest response rate from Service Users (n=7).

There was a range of responses from participants. Case Managers generally reported feeling very satisfied with the service and finding PDS reports comprehensive and helpful. On the other hand, Case Managers expressed some concern about the time taken to complete a review as this may cause a delay in patients' stay.



The picture from the Clinical Teams was more mixed. Some staff reported being very satisfied with the review process, stating they found recommendations and planning meetings useful in agreeing suitable care pathways. On the other hand, some staff noted that reports and recommendations were insufficiently clear and that planning meetings had limited effectiveness in terms of progressing pathways.

The majority of Service Users reported that they had felt listened to by caseworkers and that the recommendations were clear. However, many felt uncertain as to whether this would have an impact on their care pathway and a number felt that the reports could be written using simpler language.

Summary

The evaluation has some limitations including the small participant numbers. Nonetheless, the results are broadly in line with informal feedback previously received by the service; it is perhaps inevitable that there will be differences of opinion regarding appropriate pathways for people with personality disorder and in turn, differences in perception of the helpfulness of the PDS intervention.

Evaluation Methodology Review

In March 2018 a review was carried out of the evaluation strategy and data from the start of the evaluation pilot in September 2016 to December 2017 (separate report available on request).

Response Rates

The review identified that response rates over this time were greatest from Clinical Team members (42.9% response rate), followed by Case Managers (22.2% response rate), and then service users (9.5% response rate). Whilst these response rates may seem low (particularly from service users), evidence suggests that surveys such as this one typically manage a 10-15% response rate. In comparison then, the responses rate for Service Users is only slightly below average, and the response rates for Case Managers and Clinical Teams are above average.

Satisfaction

Similarly to the reported satisfaction data report above for the financial year 2017-2018, over the period reviewed satisfaction was generally highest from Case Managers, with more mixed responses from Clinical Teams and Service Users.

Methodology Review

External consultation was sought from a board of academics at the LYPFT 'Dragon's Den' event in March 2018. Feedback was that the current methodology is suitable for the service and has already enabled the service to gain important feedback from a range of stakeholders, including service users.

This feedback has led to important changes in service delivery, including developing a co-produced glossary of terms for service users, a review of standard letters, changes in the re-review process to increase contact between the PDS and inpatient services through CPA, and the introduction of the 'Survey Monkey' online tool to provide easier access to the satisfaction questionnaires. Changes have also been made to the email and postal invitations to participate in the evaluation in line with Market Research guidance in order to improve response rates.

Future Development of Evaluation Strategy

A new evaluation tool will be developed for Re-reviews, following changes to the Re-review process, which will involve regular caseworker attendance at CPA meetings and a revised report. A revised questionnaire will be developed to ensure questions will be relevant to the new process.

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.

During the year 2017/18, four PDS workers co-delivered nine three day awareness training cohorts throughout the financial year. The training was delivered from sites in Leeds and Sheffield to 172 attendees who came from varying occupational backgrounds, including:

- National Probation Service
- Prison Service
- National Health Service
- IAPT service
- Third Sector organisations

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 – delivered

- Leeds Trainee Clinical Psychologists: “Working with Core Beliefs in CBT”
- LYPFT Eating Disorders service: “Introduction to PD”
- PDS and Network staff: “Involvement” (co-delivered with service users)
- YHPDP, PDS and Network staff: “Clinical Supervision training”
- Garrow House: “PD Awareness, Risk Management and Use of Seclusion training”
- 25 training sessions as part of Brokerage Workshops

Training – received

The whole team attends regular Team Development Days, including: “Reporting Risk”, “Needs of young People in Secure Care”, “Livesley update” and “Trans Awareness Training”. In addition, members of PDS staff have attended a range of training events including:

- KUF 3 day training
- Women’s plus KUF four day training
- 2 day Compassion Focused Therapy clinical supervision
- Route Cause Analysis training
- CBT for personality disorder
- Leadership for Psychologists
- Domestic Violence and Universal Credit

Links with/learning from other services

- Tier 4 meeting at Cassell Hospital
- Tier 4 CAMHS provider meeting
- Emerging Emotionally Unstable Personality Disorder Working Group
- Visits to Garrow House and the Retreat Hospital, York, regarding Involvement
- Visits to a wide range of services across the Yorkshire-Humber region to improve links for housing & resettlement work, including inpatient wards, community support services, therapeutic centres and transitions services
- Liaison work with transgender training with HMP Newhall
- Establishing protocol with Leeds Accommodation Gateway
- Complex Needs Partnership Forums in Leeds
- Meetings with local CCGs and social care managers

Conferences (attended/delivered at)

- London: CAMHS Conference on the needs of young people, July 2017
- London: “Transitions” conference, July 2017
- Division of Clinical Psychology: Learning from Experts by Experience
- Positive Practice Awards: Leeds PD services received a “highly commended” award
- National “Women’s Secure Care” conference
- National “Transformation” event for people with learning disabilities

Complaints and Compliments

Complaints

No complaints were received this financial year

Compliments

Compliments were received by the PDS during this financial year, including:

May 17

- A compliment received from a Care Co-ordinator in CAMHS to Hayley Brown thanking her for the report she had produced.
- Positive feedback received from a Care Coordinator in Bradford to Ruth Sutherland and Julie Godbehere regarding the completed review and planning meeting from Bradford area, particularly noting that the planning meeting had been positive.
- Graham Ness (Consultant Forensic Psychiatrist) at the Newsam Centre, Leeds, thanked Kim Peacock for her input regarding a recent review.

August 17

- A compliment received from Ali Huddart, Social Worker at Westbourne House, Selby, who thanked Julie Godbehere for a report she completed. He stated Julie had captured the difficulties as well as current and future needs of a service user really well.

September 17

- A compliment received from a social worker in Selby who thanked Julie Godbehere for her review report.
- A compliment received from medical staff for Hayley Brown regarding her review report and input in the case involved.
- A compliment received from Maria Pink (case manager) for Kim Peacock regarding a completed prison review and thanking her for her involvement.

November 17

- Emma Turner and Heather Johnston both received a thank you for their help and involvement over the past several years from a Care Coordinator.
- Heather Johnston received a thank you for a recent review report from CAMHS community Consultant Psychiatrist.
- Bernie Tuohy received a thank you in relation to a workshop she facilitated in Kirklees.

