



Annex A

Overview of York Pathways

In collaboration with Lankelly Chase Foundation, Vale of York Clinical Commissioning Group (CCG), City of York Council (CYC), North Yorkshire Police (NYP) and other critical health and social care partners.

Lankelly Chase



Tees, Esk and Wear Valleys 
NHS Foundation Trust

Introduction to York Pathways

The York Pathways Service is an innovative project in collaboration with Lankelly Chase Foundation, Vale of York Clinical Commissioning Group, City of York Council, North Yorkshire Police and other critical health and social care partners, led by Together for Mental Wellbeing.

Background:

The need for this project was identified through an escalation in incidences of self-harm and suicides, in particular across the North Yorkshire area, which triggered Together's collaboration with North Yorkshire Police in the development of this two year initiative. York Pathways recognise that distress often occurs alongside a range of other disadvantaging factors including substance misuse, trauma, abuse or homelessness, for which individuals regularly come into contact with emergency services. Due to lack of resources and demand, emergency services can only address immediate risks, meaning any benefits of this are often short-lived as these services are not equipped to determine the underlying causes of such crisis. With no clear onward referral pathway, and no interface between emergency services and other local support agencies, individuals often find themselves back in contact with emergency services as a means of having their needs met. Furthermore, clinically lead services such as the Community Mental Health Team's (CMHT) may not be accessible to individuals facing complex distress due to the nature of their other difficulties. For example, homelessness or substance misuse, which may impact on an individual's ability to attend regular appointments, finding themselves being discharged for not engaging with the service. Similarly, Community Support Services, with expertise in practical issues, such

as housing, often lack clinical expertise to tackle psychological difficulties. As such, the York Pathways Service has formed a strong strategic level partnership which is committed to improving the response to individuals experiencing 'complex distress' placing a high demand or at risk of placing high demand on emergency services within the City of York. This is complemented by clinical work on the ground by a small team that can work with individuals in a flexible and psychologically informed way, bringing a wealth of expertise and unique ways of working with individuals who are multiply disadvantaged.

Pathways Model:

This project aims to improve York's response to excluded individuals experiencing mental distress coming into contact with emergency services by:

- Identifying and supporting individuals;
- Educating and informing services about vulnerabilities;
- Facilitating joint strategic planning about the needs of this client group.

The Pathways approach therefore works specifically with individuals to tackle mental distress in the context of complex or multiple needs, for which the target cohort is those experiencing distress and placing a demand on emergency services or at risk of placing a demand on emergency services, and perpetrators or victims of Anti-Social Behaviour (ASB) aiming to:

- Preventatively divert individuals into appropriate resources
- Strengthen networks, friendships and family relationships
- Develop coping and relating skills

- Increasing understanding and management of emotions
- Problem solving
- Address concerns that are causing distress (i.e. financial problems, housing worries, substance misuse)
- Reduce contact with emergency services
- Reduce enforcement action

Together for Mental Wellbeing is a national charity supporting people who experience mental distress. Together has been a service provider for more than 100 years; being a nationally recognised provider of criminal justice support, pathway facilitation and treatment in court, policy, offender management and community settings. Together offer wraparound reablement services in more than 100 locations in the UK in accordance with the Engagement, Roadmap and Act (ERA) pathway. Locally, we provide this support to individuals experiencing mental distress coming into contact with emergency services and the Community Safety Hub within the City of York. The York Pathways Project fits with our work in criminal justice services and is supported by our Criminal Justice Directorate, managed locally by the Project Manager.

Service Delivery

York Pathways works over two main referral streams; supporting individuals who are placing a frequently high demand on emergency services and those linked to the Community Safety Hub as either a victim or perpetrator of anti-social behavior (ASB), for which there is often an overlap in terms of the demand made on emergency services.

Individual in mental distress and placing high demand on emergency

Perpetrator or victim of ASB and suffering from mental distress



Referred to York Pathways Project



We support individuals to:

- Understand and manage emotions
- Develop coping skills through building confidence and awareness
 - Strengthen and improve relationships
 - Address specific concerns that are causing distress
- Engage with local services that can help now and in the longer term if needed
 - Map out a tool-kit of personal resource
- Reduce contact with emergency services or enforcement action through the ASB



Outcomes:

Reduce demand on emergency services



Outcomes:

Reduce enforcement action

Referrals

There have been a total for 65 referrals received to the project between April 2015 and September 2016, with the team holding a collective caseload of 30 service users at any one time.

The referral pathway is diverse, with a range of partners regularly referring into the project; NHS (consisting of the crisis team, GP surgeries, hospital social workers, community mental health teams, substance misuse liaison services), the Criminal Justice System (consisting of Police, anti-social behaviour hub) the City of York Council (covering adult social services and safeguarding) and voluntary and community services.

Outcomes

As part of our independent evaluation (carried out by *Applied Research in Community Safety Limited*), we are reviewing how effective York Pathways has been in supporting and securing services for people in distress, and in improving the way in which a range of service providers coordinate their work to address identified needs. The research is designed to identify and describe changes brought about by the project in terms of improvements in the life circumstances of participants, and in terms of “distance travelled”. The second aim of the research is to describe the costs and benefits of work delivered by the York Pathways project, in order to draw some conclusions about overall cost-effectiveness. Part of the report will focus specifically on our impact with the ASB hub as well as the service overall.

Intermediate Outcomes Measurement Instrument (IOMI):

The IOMI is a multi-dimension change measurement tool which is used to track changes among individual participants prior to and during their engagement with the project. This has been designed specifically to gather information about changes in relation to a set of key dimensions associated with the project which include:

- Resilience
- Wellbeing
- Self-efficacy
- Impulsivity / problem solving
- Motivation to change
- Hope
- Interpersonal Trust

Initial analysis of individuals prior to their involvement with Pathways (and before Pathways were able to facilitate change and have an impact) show very negative responses across a number of domains. Their scores are seen to be markedly worse than those from other vulnerable groups of participants focused on in other research, including groups of prisoners and offenders in the community.

“At the beginning, I didn’t get dressed for the first month that I saw [project worker]”

Those engaged with the service were seen to have more negative scores across the board, being **less hopeful, less motivated, less resilient, less trusting** and **more impulsive** than all other group’s with which they were compared, having **lower wellbeing scores** and **lower scores for agency and self-efficacy**. This has demonstrated that individuals engaged with the

service have a range of areas which they find problematic, which is consistent with the three hardest things data.

The three hardest things, is a tool used with service users to identify their three biggest 'problems' or concerns which enables the project to work collaboratively with the individual around their own priorities, offering a truly person centered approach to the holistic support offered. These 'problem' areas are identified and prioritised by service users, for which alcohol and relationship difficulties were the most commonly articulated challenges talked about by individuals.

"...obviously, there is people out there that without them would have absolutely nobody at all. . . And I would be scared to be without them.

I'm still not in a position to, you know... It takes a lot for me to trust people, yeah? I don't mean that in a bad way. It's just I feel that doctors have let me down and hospital's let me down, and, you know, not all of the time but, you know, it's, sort of... I think if they had of listened to me... "

There were also a number of references to wanting to feel safe, have a sense of purpose, feel in control, to feel loved or liked by others and to feel connected to others.

"I was just about to commit suicide before I met [project worker]. She saved me from that. She needs a medal. I'm now starting to think about possibilities for myself. I would like to teach people how to cook on a low budget."

The IOMI has enabled us to highlight the extremely complex and multiple needs of those referred to the project. Many of those referred to Pathways, have a negative history in terms of engagement with other support services, it is therefore noteworthy that project staff have been able to actively engage

very effectively with most participants and with some for a considerable amount of time, which has included periods of relapse. Initial analysis shows that Pathways is having a positive impact on service users **with improvements across all IOMI domains.**

“I can see, like, from when I’m working with [project worker] that I’m gonna get to where I want to be, and just have a nice, happy life.”

Summary of the reactive costs for Pathways ‘three highest users’ of Emergency Services:

An analysis of the three service users who are placing the most demand on emergency services show that from the six months prior to engagement with Pathways their use of emergency services was escalating (hence a referral to Pathways was triggered). For the months that service users have been engaging with Pathways, each service user show a positive trend in reducing the frequency of their contact with emergency services.

Table 1: Summary of Pathways ‘three highest users’ of Emergency Services and the reactive costs associated

Estimated costs have been calculated using several different methods by ARC ltd that take into consideration Emergency Department, Police and Crisis contacts pre-Pathways and during Pathways.

	Client 1	Client 2	Client 3	Estimated Total Cost for the 'three highest users'
Estimated average monthly cost without Pathways intervention	£1,667	£2,064	£2,405	£6,136
Estimated average annual cost without Pathways intervention	£20,003	£24,763	£28,856	£73,662
Estimated average cost over five years without Pathways intervention	£100,013	£123,815	£144,279	£368,107
With Pathways intervention	Reduced to £0 after 9 months of support	Reduced to £0 after 9 months of support	Reduced to £0 after 11 months of support	
Predicted annual continued trend will save annual reactive costs of:	£20,003	£24,763	£28,856	£73,662

This group is hugely expensive in terms of public expenditure and because of the difficulties that they struggle with, it takes time for interventions with such clients to gain traction over time (in terms of those costs). For each of these clients there has been a **marked downward impact on emergency service reactive costs over time**. Our independent evaluator's (ARC Ltd) predict that we will show a "breakeven" presentation across the whole cohort after 9 to 11 months of engagement.

Case Studies

Case Study 1:

Reason for referral: Mr x was referred to York Pathways in July 2015 due to a sudden increase in demand on the crisis team. He was reported to be in regular contact with emergency services for up to 2-3 times per week with a diagnosis of emotional unstable personality disorder, chronic fatigue syndrome (ME), borderline learning disability and psychosis.

Pathways Intervention: Upon referral to York Pathways, Mr X found himself to be quite isolated, which was exacerbated by his ME and mobility problems. Due to non-engagement with services, CMHT were due to close CB, Pathways were able to work with the CMHT to support CB to engage in the process and verbalise what support he would like, creating a collaborative approach to his treatment. This resulted in a referral to social care support through adult social services for which Mr X is now receiving one to one support of five hours per week. This has provided Mr X with the appropriate support to help him manage with day to day living when suffering from the effects of ME. He has also be referred to the new befriending service at Mind who can offer company in his home when feeling unable to leave, which will

support with his social isolation and social inclusion within the local community. Pathways have continued to support Mr X with accessing specialist support services, having supported with a referral to Survive, who support survivors of childhood sexual abuse, rape or sexual assault. As a result of this, Mr X is now attending weekly sessions at Survive to help him deal with the trauma of past sexual abuse.

Outcomes: Since working with Pathways, Mr X has started to engage in more activities and attended numerous days out including walking his dog, Charlie and going shopping, which has improved his confidence. He has also managed to visit his family in Manchester, reporting that he now feels more independent. He has been active in working with the Pathways team in identifying triggers and warning signs into the lead up of a crisis and putting a support plan in place to further support him to manage when things become difficult. Mr X has also signed up to and attended a local ME group with Pathways to further support him with his needs and meet people he can relate to and share his experiences with. Due to his reduction in emergency service use and increased social activity, Pathways are now working with Mr X in creating a joint plan for closure ensuring there is support in place to offer ongoing care.

Case Study 2:

Reason for referral: Ms X was referred to York Pathways in January 2016, having presented at the emergency department at York District Hospital 9 times in the month of January 2016, as well having had numerous contact and call outs to Yorkshire Ambulance Service. With a total of 14 hospital admissions to the Emergency Department in 2015, Ms X has a long standing history of hospital admissions over the last 3-4 years, which appeared to have

worsened over the last six months due to an increase in alcohol use and associated difficulties which led to the referral to Pathways. Ms X is known to not actively engage with support services having previously been closed for non-engagement. At point of referral, she had a strained relationship with her two grown up children and limited social contact outside the home which she attributes largely to her alcohol dependency.

Pathways Intervention - Initial engagement with Ms X was challenging due to her alcohol dependency, reporting to be drinking between 4-5 bottles of wine a day, making it difficult and unsafe to have any meaningful contact or engagement as she would often present as unsteady on her feet and incoherent. When unable to fund her alcohol consumption, Ms X would often suffer from withdrawal which has on occasion resulted in her being admitted to York District Hospital, due to fitting and stomach pains. Throughout this period, Pathways worked collaboratively with Ms X on building a trusting relationship, offering emotional and practical support and remaining non-judgmental.

At point of referral, Ms X had over £2000 debt in rent arrears which had put her tenancy at risk having received an eviction notice. Pathways partnered with other agencies in order to support her with a debt relief order, so that all her debts including her rent arrears have now been cleared. Pathways have also supported her with attending court, explaining certain court procedures and providing emotional support.

Due to the complexities of Ms X needs, her engagement with Lifeline was sporadic, it was therefore decided that this may not be the best time for her to engage with the service and was therefore closed. Pathways made a referral to the Community Addictions team (CAT), which resulted in Ms X being

allocated a keyworker who were able to visit her at home and support her in developing alternative coping strategies.

In June 2016, Ms X was admitted to Hospital due to collapsing at home, which was related to complications with her liver, pancreas and malnourishment. While at Hospital, she was offered a full detox and informed that her alcohol was having a detrimental effect on her health which would deteriorate if she continued to drink. Since her discharge, Mr X has maintained her sobriety.

Pathways have supported Ms X to identify triggers and identify how her thoughts and feelings are all intrinsically linked alongside the support offered from the CAT. This has supported her to feel more confident and able to manage negative emotions and explore alternative coping mechanisms. We have looked at likes and interests with Ms X as a means of building on positive support networks within the community and spoken about her longer term goals, where she has reported wanting to volunteer and eventually return to employment.

Outcome - Pathways have supported Ms X to have hope for the future and looked at working towards her longer term goals. She has reported that she is feeling more confident to think about the future and able to better manage negative emotions. Pathways have supported her in rebuilding some of her family relations which have strengthened since her discharge from hospital, reporting that she now feels she has more support and understanding from her children.

Ms X is now attending regular SMART meetings and continues to engage in the support offered.

Recognition

The 3rd Sector Care Collaboration award 2015

The 3rd Sector Care Awards celebrate and showcase the innovation and care excellence of the not-for-profit care and support sector

Together received the Collaboration (integration) award for the way in which it works with partners within its Pathways services.

The Judges commented *“Together displayed an absolute core passion to work not only with individuals, but to collaborate with other local services and professionals to achieve the best possible outcomes, illustrating a very personalised and holistic approach when dealing with people in crisis. The judges were particularly impressed that the service is leading the way in an area that is not traditionally 3rd Sector.”*

The National Positive Practice in Mental Health Awards 2016:

The breakthrough initiative, positive practice, **recognises excellence** in mental health and mental health services. It is a user led multi-agency collaborative of seventy-six organisations including NHS trusts, CCG's, Police Forces, Third Sector Providers, and Service User Groups, with the aim of identifying and disseminating **positive practice** in mental health services by working together across organisations and sectors to facilitate **shared learning**.

The York Pathways project was nominated and shortlisted for the Positive Practice in Mental Health Awards Category: Mental Health, the Emergency Services and the Criminal Justice System (supported by NHS England), for which we were **highly commended**.



System change:

By systems, we mean a set of people, organisations, cultures, processes, relationships and actions which combine to make things happen. The things that happen are the result of the interaction of all the elements of the system: of interactions between the individual elements themselves; and also between individual elements and the system as a whole.

Such systems include people who are getting paid to design and deliver interventions as well as people who live and act within places.

It is frequently as a result of particular difficulties in relating, that excluded individuals 'fall out' of services. In cases of multiple disadvantage, services often view individuals' behaviour as challenging and unreasonable, resulting in further exclusion. Individuals find it difficult to communicate what they need and want from services resulting in relationship breakdown. For example, Annie feels that the only way she can obtain sufficient love and care is to threaten suicide, and the only way she can communicate hurt is to cut herself. She is seen as 'behaving inappropriately'; 'there is nothing we can do'. This feeds further into the problem rather than resolving it.

Example of System Challenges

We have come across a number of challenges in accessing support for alcohol dependent service users who are placing a high demand on emergency services. Pathways works hard to support individuals 'trust' that local support services are working together for the benefit of service users, although in reality this is becoming hard to evidence.

For example, service users who report symptoms of depression and suicide ideation are unable to access a mental health assessment unless they have been sober for a considerable amount of time. However what is being failed to be recognised is that alcohol use is a coping response to those feelings. When approaching the Dual Diagnosis Team, their response has been that they can only accept referrals for those with severe and enduring mental illness. There are limited meaningful and purposeful community activities for service users to engage in because of alcohol use which can lead to threatening behaviour. When we have tried to focus on supporting service users become sober, for example through applying for a place at a

rehabilitation unit, the CCG's response has been to decline the application, stating that the Dual Diagnosis Team needs to complete an assessment first.

If the Pathway's team are struggling to navigate the systems, then what can we expect of the service user? It is not uncommon for some of the consequences of individual service user to be:

- involvement in the criminal justice system
- homelessness
- Unemployment
- Family breakdown
- Mental health deterioration
- Alcohol use increases
- High demand on emergency services
- Lack of engagement in services

Whilst working with service users who are dependent on alcohol, we have seen a number of "windows of opportunity" where they have requested support and been motivated to engage with specialist services but the services surrounding them have been unable to respond.