

Oxfordshire Complex Needs Service

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Thames Valley Initiative/Thames
Valley complex needs services

Challenges

- Joint working with non statutory agencies
- Whole system intervention
- Service user and ex service user collaboration/leadership
- Intensive targeted intervention, not just outpatient therapy and/or medication
- Comprehensive system for a mixed urban-rural catchment
- Open access

What do service users want?



- Specialist services
- Therapeutic optimism
- Communication
- Consistency
- Treatment contracts
- Peer networks
- Users as experts
- Atmosphere of “truth and trust”

... *“can make people feel respected, valued and hopeful”*



- Lack of continuity
- Dismissive and pessimistic attitudes
- No understanding of behaviour
- Long term admissions
- Physical restraint and intrusive observation
- Inappropriate, automatic or forcible use of medication
- Postcode availability

... *“can make people into “career psychiatric patients”*

Initial planning

- Multiagency steering group
- Agencies involved in feedback
 - User groups
 - Probation
 - Primary care
 - Housing departments
 - Police
 - Voluntary sector

Origins

- Pre-pilot – borrowed rooms, no budget
- Wallingford group
- Personality: people and pathology course
- 2003 Capabilities framework
- 2004 ‘No longer a diagnosis of exclusion’
- Bidding and recovery model
- 2004 May: Pilot funding

Principles governing the service design

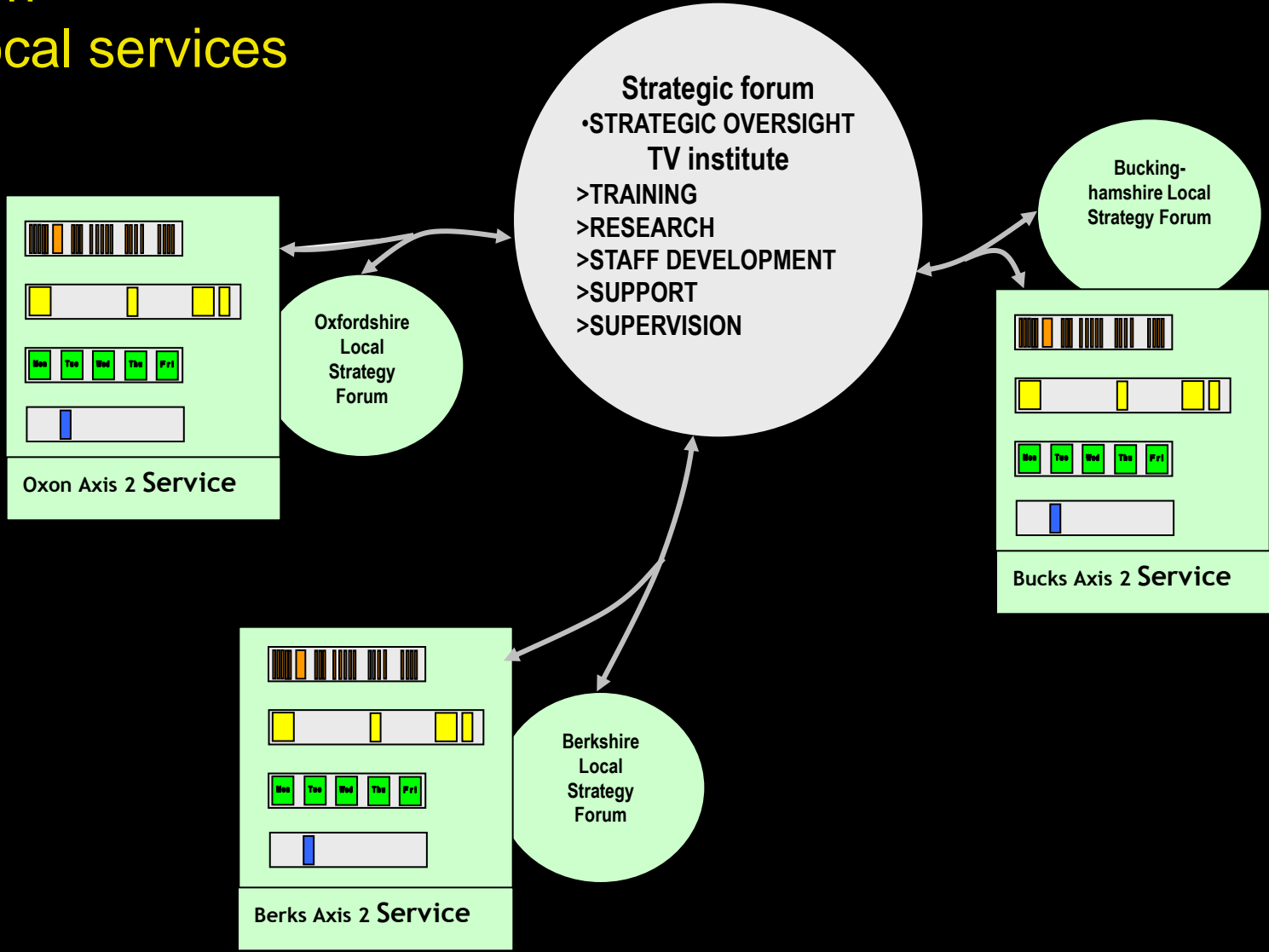
- Emphasis on engagement
 - Gradual
 - Committed
 - Flexible
 - Accessible settings
- Open access
- SU and XSU empowerment
- Emphasis on group working
 - Effectiveness
 - Safe practice
 - Boundary violation
 - Communication and miscommunication

Thames Valley Initiative



- Mixed urban rural area
- Intensive intervention for most disabled
- Hub and spoke
- Geographically and functionally tiered services for those less disabled/ otherwise committed

PD service model: coordination between local services



The Thames Valley Initiative

Clinical Model:

- Tier 1, assertive engagement, preparation for therapy (Groups and some 1:1 work)
- Tier 2, twice weekly intensive group therapy and some 1:1 work (...)
- Tier 3, Intensive day therapy
- Tier 4, moving on group



The Thames Valley Initiative

- 3 hubs – Reading, Oxford and Aylesbury
- Spokes in Banbury, Wallingford, Witney, Aylesbury Wycombe, Amersham, Newbury, Wokingham, Reading
- Working without county boundaries
 - Clinical work
 - Training and service secondments
- TV-wide functions: recruitment, induction, training, staff support, evaluation, ex-service user input, awareness training, service advocacy



The Thames Valley Initiative

- Service partners
 - Elmore team
 - Oxon Mind
 - Connection the floating support team
 - Oxon county council social and healthcare directorate
 - REAP (Berkshire)
 - Rethink
 - Restore



Thames Valley Initiative service model: choice & consent in tier 1 – the ‘options groups’

- the final common pathway to all coming into the services will be individuals’ choice (ie self-referral)
- as informed as possible
- with particular emphasis on employing ex-service users in full collaboration, as XBxs
- Developments in assessment process
 - assertive engagement
 - engagement groups
- ‘the door is never shut’



Thames Valley Initiative service model: tier 4 and recovery: 'moving on' groups

- no sudden disengagement
- involving networks of ex-service users and XBXs
- more social and supportive than clinical and therapeutic
- focusing on work, education and preventative strategies
- 3-pronged strategy: different details evolving
- shared responsibility leading to normal responsibility (ie GP and social networks only)
- 'getting a life'



Features of the service

- Self referral
- No waiting list
- Mentoring model
- Peer support
- Self determination
- Accessibility and responsiveness
- CPA
- Joint working
- Staff development
 - administrators in clinical roles
 - Leadership within the team
- Innovative recruitment
 - SU and XSU driven
 - Capabilities framework
- Retention
 - Fun
 - Supervision, regular contact
 - Team working rather than a collection of individuals

Therapeutic models

- TCs as containers
 - Systemic, dynamic, cognitive, behavioural
 - Belongingness
 - Agency
 - Attachment
- DBT, CBT, SFT
- MBT, group analysis
- TA, psychodrama
- New groups
 - MBT
 - DBT
 - STEPPS
 - Slow joiners

Required training

- Living learning experience
- Introduction to group analysis
- Introduction to psychodrama/action methods
- Personality: people and pathology
- SCID II training
- Staff background

Random all-engaged sample 2004-2006

Service area	Annual average prior to joining CNS	Annual average since joining CNS	Reduction in service use	Cost savings (2005 PSSRU figures)
Inpatient admission days	38	2.5	93%	£720,000
CMHT engagement	86%	53%	38%	£60,100
GP visits	10	5.5	45%	£26,400
Use of medication	£21,730 (scaled to 56 members)	£6,120 (to 56)	£15,600	£15,600
	£18,600 (48 members)	£7,800 (to 48)	£10,800	£10,800
Gross saving to NHS				£832,900

	2006	2007	2007 spoke service	2008 overall completers 06/07
MH bed days	93%	70%	97%	100%
A&E attendances	-	45%	-	89%
Medication use	65%	55%	79%	65%
GP attendances	45%	-	70%	60%
Suicide attempts	-	-	100%	-
Self harm events	-	-	88%	-
CMHT attendances/engagement	38% (discharged)	65% (attendances)	98% (attendances)	97% (contacts)