

12 March 2018		ITEM: 9
Health and Wellbeing Overview and Scrutiny Committee		
Supporting People with Personality Disorders and Behaviours that Challenge		
Wards and communities affected: All	Key Decision: Non Key	
Report of: Fran Leddra - Principal Social Worker and Strategic Lead Safeguarding and Complex Care		
Accountable Assistant Director: Les Billingham Assistant Director Adult Social Care and Community Development		
Accountable Director: Roger Harris Corporate Director of Adults, Housing and Health		
This report is Public		

Executive Summary

The purpose of this report is to inform Health Overview and Scrutiny Committee of the latest position with regards to supporting people with Personality Disorders and behaviours that challenge. This follows the request of the Chief Executive Officer of Healthwatch, to formally raise this as an agenda item owing to the growing concern that there are limited services available.

1. Recommendation(s)

1.1 For Health Overview and Scrutiny Committee to comment on the current position regarding services for people who have a personality disorder.

2. Introduction and Background

2.1 At the November meeting of this Scrutiny Committee, Healthwatch raised their concerns about services available for people who are considered to have a personality disorder. This was after a number of cases locally where service users were receiving multiple interventions. These cases were proving extremely difficult to resolve owing to their complex situations.

It is estimated that 1 in 20 people live with some kind of personality disorder. Whilst individuals with personality disorders are all unique and can possess very different personality disturbances, their condition is unlikely to improve without professional intervention. (Coid, J. et al. (2006) Prevalence and

correlates of personality disorder in Great Britain. *British Journal of Psychiatry*, 188, 423-431.)

- 2.2 Whilst there are a lot of people living in our communities with personality disorders, and many different classifications of the condition, a few people will live chaotic, anti-social and difficult lives because of it. They pose a real challenge in how best to support and respond, especially when there are other associated mental health issues and in some cases substance misuse.
- 2.3 A case which received a high profile nationally and illustrated the difficulties of working with people with personality disorders was 'Carol'. On the 13th June 2017 Teeswide Adult Safeguarding Board published a serious case review into the death of 'Carol' a 39 year old woman who was murdered by two teenage girls aged 13 and 14 in her own home. Whilst the review concluded that professionals could not have predicted the murder, Carol's life was chaotic as a result of a long history of alcohol addiction and personality disorder.

Carol was primarily under the care of an integrated mental health team. The support she received was highlighted as positive in respect of the commitment of professionals to try and support her; she had fluctuating mental capacity to make decisions. However, a lack of specialist services available for her did mean that opportunities to intervene and provide treatment were missed.

Carol's complex condition and needs posed many challenges to those agencies and professionals who came into contact with her. The first finding from this review was:

Finding 1: The care pathway in Hartlepool for people with a dual diagnosis, including personality disorder, has insufficient appropriate senior clinical oversight, early specialist input; close clinical case management and multi-agency understanding.

As lessons learned from serious case reviews are disseminated through our Safeguarding Board a forum to discuss this case was held in August 2017 and it was acknowledged that this was an area that needed further development. Thurrock does not have a specialist local offer for those with challenging behaviour associated with personality disorder.

- 2.4 Specialist services however, are not the only solution to managing challenging behaviours within our communities. People with personality disorders are likely to have capacity to make unwise life choices and decisions regarding their support. They may refuse clinical treatment and intervention and this makes arriving at a satisfactory outcome very difficult if people are unwilling to engage with existing services.

In such cases it is important that front line workers from all agencies have a knowledge and understanding of personality disorder, and that agencies, whilst not able to directly intervene, can have a strategy discussion and plan

that supports the individual from a distance. This can provide a safety net for when they are in crisis and may be more receptive to help.

2.5 Over recent years we have developed more flexible services that can meet the needs of people locally who do not engage with existing mainstream services. These are:

- Assertive Outreach Team, with Social Workers and Community Psychiatric Nurses, for people who require intensive support
- Housing First, where people's accommodation needs are addressed first, before their lifestyle and health issues
- Local Area Co-ordinators to reconnect people back into their communities.

Unfortunately for a small number of people who do not wish to engage in any of the above services, a more co-ordinated and specialist support is required.

2.6 In Thurrock it is recognised that front line staff sometimes lack skills in understanding and supporting people with personality disorders and therefore a broader training programme is required

3. Issues, Options and Analysis of Options

Current initiatives that will support this agenda

3.1 Following the matter being raised by Healthwatch, a meeting was held with our local mental health trust, Essex Partnership University Trust, Healthwatch, Adult Social Care and the Police on 2nd February to discuss a local response to those people who have challenging behaviour and personality disorder. Below are three areas which provide an update on initiatives that will support this agenda.

3.2 Essex Partnership University Trust is leading a clinical transformation of personality disorder services. A presentation was given at the Thurrock Consultants and Primary Care Group in January 2018 highlighting the ambitions of the project which includes both specialist services and a training and cultural shift framework. The presentation recognised the need for a clear pathway to support the clinical transformation and that this approach must be multi-disciplinary, encompassing all partners.

3.3 Adult Social Care has set up a new high risk self-neglect and hoarding panel which may help support some individuals with personality disorders. The panel will be multi agency and will discuss cases where people self-neglect to the point of causing themselves harm, and where the practitioner is 'stuck' and change is difficult. Whilst this Panel will discuss cases much broader than just personality disorders it can be another avenue for support.

3.4 Adult Social Care is delivering a number of workshops in May 2018 to front line practitioners regarding understanding and supporting people with

personality disorders. The training is facilitated by a specialist in this area will be available for front line workers across agencies.

- 3.5 Corporately, the Council recognises that it can improve its collective response to individuals within Thurrock who are considered to be vulnerable but do not necessarily meet an existing eligibility criteria and sometimes don't get a fully co-ordinated response by all the different parts of the Council. Currently one part of the Council may take enforcement action without realising that someone may be vulnerable where earlier intervention may have prevented a situation deteriorating. As a result the Transformation Board will be looking at how the Council can better define what is meant by vulnerability and how we can better co-ordinate our response.

4. Reasons for Recommendation

- 4.1 This report provides a position statement on addressing the issues associated with services for people who have personality disorder and challenging behaviour. This is an early update and work in this area will be continuing.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 Any future work and development of this area will be in partnership with health partners and other agencies such as Health Watch. A further more detailed update can be provided when more progress is made.

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 Future development of services for those people who have a personality disorder in Thurrock aims to enhance the well-being of the individual and where behaviours challenge, will be of benefit to our communities.

7. Implications

7.1 Financial

Implications verified by: **Joanne Freeman**
Management Accountant, Social Care and Commissioning

There are currently no additional financial implications. Any requirement for additional future funding will be sought through the Better Care Fund which is a shared arrangement between the Local Authority and Thurrock CCG. There are strict governance arrangements in place and business cases will need to be presented to the Integrated Commissioning Executive Committee.

7.2 Legal

Implications verified by: **Sarah Okafor**
Barrister (Consultant)

On behalf of the Assistant Director of Law I have read in full the contents of this report, and note there appears to be no external legal implications arising from it. The aims and objectives are consistent with the exercise of statutory powers and the statutory duties across Health and Social Care.

7.3 Diversity and Equality

Implications verified by: **Rebecca Price**
Community Development Officer, Community Development and Equalities Team

Service development must ensure delivery across all protected characteristics, and that reasonable adjustments are made to ensure all communities and groups are served. Any service implementation will be monitored closely to ensure access and equality.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

- N/A

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

Reference: Coid, J. et al. (2006) Prevalence and correlates of personality disorder in Great Britain. *British Journal of Psychiatry*, 188, 423-431

9. Appendices to the report

- None

Report Author:

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