



HEALTH & WELLBEING BOARD

Subject Heading:

Open Dialogue

Board Lead:

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The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- Priority 1: Early help for vulnerable people
- Priority 2: Improved identification and support for people with dementia
- Priority 3: Earlier detection of cancer
- Priority 4: Tackling obesity
- Priority 5: Better integrated care for the 'frail elderly' population
- Priority 6: Better integrated care for vulnerable children
- Priority 7: Reducing avoidable hospital admissions
- Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

Open Dialogue is a model of mental health care pioneered in Finland that has since been taken up in a number of countries around the world, including much of the rest of Scandinavia, Germany and some US states. It involves a holistic, person-centred, social network approach to care, where all staff receive training in family therapy and related psychological skills, and treatment is focused around whole system/network meetings. It is a quite different approach to much of UK service provision, yet it is being discussed with interest by several Trusts around the country. Part of the reason is the striking data from nonrandomised trials so far eg. 72% of those with first episode psychosis treated via an Open Dialogue approach returned to work or study within 2 yrs, despite significantly lower rates of medication and hospitalisation compared to TAU.

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Key to the model are the regular network meetings which are the primary forum where decisions are made in a collaborative manner, and staff are specifically trained to utilise these meetings in a way that facilitates improved agency and long term recovery from day one. A further core element of the model (as utilised in a number of services, like New York) involves the inclusion of peer workers within each locality. Peers are seen as experts in their own right, as well as important partners in the process who can work to enhance the social networks around patients, where this is necessary, by cultivating a supportive peer community around them.

By making patients, their families, social networks and fellow peers fundamental to the provision of care - with empowerment & co-production at the heart of the process - service users will feel more comprehensively supported with a significantly better experience of their care. In addition, it may lead to a longer term reduction in chronicity, dependence on services and, therefore, costs.

REPORT DETAIL

Six NHS Trusts in the UK - North East London (NELFT), North Essex, Nottinghamshire and Kent & Medway, Somerset and Avon & Wiltshire - are setting up pilot Peer-supported Open Dialogue services over the next couple of years. Training for the first wave of teams – 55 staff in total - started in October 2014, and finished in October 2015. A second wave of training for a further 75 staff started in January 2016 and this is due to finish in October of that year. A further wave of training will also take place in 2017, when further Trusts may join, and the course will be offered on an ongoing basis thereafter. It is expected that the pilot teams will be launched in a staggered way in 2017, and it is hoped that outcomes from them will be compared to treatment as usual, as part of a national multi-centre cluster randomised controlled trial, for which a £2.3million grant application has been submitted to the NIHR. The Chief Investigator for the trial is Prof Steve Pilling, and the aim is to deepen the evidence base over time, and thus enable more wide scale take up across NHS services, should the outcome improvement and cost reductions remain consistent. Other members of the research panel include Prof Sonia Johnson, Prof Tom Craig and Prof Sabine Landau.

The training for staff consists of 4 residential one week modules - spread over a year - with some online work in between, making it accessible to Trusts across the country. 12 trainers have been brought in from 5 different countries to provide the training and this includes the international founders of Open Dialogue; Prof Jaakko Seikkula from Jyväskylä University, Finland & Dr Mary Olsen from the University of Massachusetts Medical School. The diploma awarded will be accredited as a Foundation level qualification by the *Association of Family Therapists*.

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Each Trust in the project is committed to operationalising the model – with full continuity of care across the care pathway – over time, in the selected areas allocated in the study. An increasing number of other Trusts are now also sending staff on the training and exploring ways of joining the evaluation.
