Mental Health and Putting People First

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Joint Improvement Partnership

- Partnership of regional organisations who have prioritised share work
- Skills for Care, Department of Health NW, ADASS, NW Employers Organisation, CQC, Social Care Institute for Excellence, NHS North West, Care Services Efficiency and Delivery.
- Support for service improvement and policy delivery, no performance management.
- Focused on adult social care
Putting People First 10
December 2007

- Concordat outlining national multi department, multi agency commitment to transformation of Adult Social Care

- “person centred planning and self directed support to become mainstream and define individually tailored support packages… Personal budgets for everyone eligible for publicly funded Adult social care support”
Personalisation – 4 interrelated elements

Community facilities and services that we all use, e.g. transport, leisure, health, education, housing and access to information and advice.

People as participants in their communities. Individuals with lives and relationships.

Support that’s available for people to stay independent for as long as possible.

People having the greatest possible choice over who provides their support, what form it takes, and when and where it is provided.

Universal Services

Social Capital

Choice and Control

Early Intervention and prevention
“But, what about the new Government’s priorities?”

• “The Government believes that people needing care deserve to be treated with dignity and respect. We understand the urgency of reforming the system of social care to provide much more control to individuals and their carers, and to ease the cost burden that they and their families face…

• We will break down barriers between health and social care funding to incentivise preventative action.

• We will extend the greater roll-out of personal budgets to give people and their carers more control and purchasing power.

• We will use direct payments to carers and better community-based provision to improve access to respite care.”

How did we get here?

- Disabled people’s campaigns
- Direct Payments
- In Control
- Individual Budgets pilots
- Putting People First (TASC)
- **Individual Recovery Budgets 2008**
- Darzi Report June 08
- Staying in Control
- Personal health Budgets pilots 2009
- Right to Control DWP 2009
- Children's Pilots 2009
Direct Payments

- Since 1997 - able to offer DP
- Cash in place of social care services for those meeting the Local Authority eligibility criteria
- Willing and able to manage (with support)
- Some exclusions relating to Mental Health Act status

- Since 2003 - duty to make DP
- Take up consistently low in mental health and OP
- Lots of research
- Lots of solutions: Training, leadership, systems and processes, information for people, support to manage.
Direct Payments let people choose what works for them

- Buying a mobile phone
- Driving lessons
- Joining a violin group
- Joining a fishing club
- Taxi to a mainstream drama group
- Renting a workshop (two people together)
- Hiring an art teacher (four people together)
- Employing someone to manage a small enterprise (six people together)
- Travelling to stay with relative for a break
- Employing a PA
Focusing on ‘outcome’ rather than ‘activity’

“As a general principle, local councils should aim to leave choice in the hands of the individual by allowing people to address their own needs as they consider best, whilst satisfying themselves that the agreed outcomes are being achieved.”

*Direct Payments Guidance: Community Care, Services for Carers and Children’s Services (Direct Payments) Guidance England 2003* Department of Health
A change to the way the social care system operates to give you choice, control and power over the support you receive.

Self-directed Support

A clear up-front allocation of money that can combine several funding sources that you can use design and purchase support, from the public, private or voluntary sector.

Individual Budgets

The process by which state provided services can be adapted to suit you. In social care this means everyone having choice and control over the shape of their support along with a greater emphasis on prevention and early intervention.

Personal Budget

Like an individual budget out solely made up of social care funding.

Direct Payments

A cash payment paid directly to you so you can acquire your own support, rather than having them delivered by the council. One of a range of options for people getting individual or personal budget – other choices involve you having someone else manage your support for you.
Individual Budget Pilots - Lessons

- 4 areas: Oldham, Norfolk, Lincolnshire, Barnsley
- Direct Payments history
- FACS
- Interface with CPA process and documentation
- PC approaches
- Health? Social care?
- Creativity
- Risk
- Culture
- Low levels of expectation
- Modesty
- Ordinary life
What did people buy?

- Some “traditional” services
- PA support
- bike, dog, camera, art materials, car, hair extensions, reflexology
- Skills - driving lessons, art group, college course, tai chi, gym membership, job coaching / seeking
- Support - life coaching, managing bills and money, pooled money for group support, ironing, cleaning
- Respite - short breaks, holidays
- Assistive technology - telecare, home safety
- www.personalisation.org.uk for streamed stories
- Using a range of deployment options
Risk and Audit

- Small number of people not at liberty to organise own care
- Get the timing right
- Fluctuating conditions
- Risk Enablement Approach developed by LA’s
- Independence, Choice and Risk (DH 2006)
- Signing off Support Plans
- **Range of options**: include agent, direct service, Trust, Individual Service Fund too
- Support through care manager, Support planners, brokers, user led organisations
- Light touch audit
- Monitoring through review
- Anecdotal evidence from sites
What does the evidence say?

• IBSEN 2008
  • Complexity in integrated services
  • What’s Health and what’s social care
  • “Significantly higher” self reported quality of life for IB recipients than those in the control group.
  • Mental health outcomes most significant

• Putting Patients in Control (SMF 2007)
  • Community based resources investment
  • Significantly improved recovery prospects
  • Efficient
  • Self recorded progress
  • People able to purchase clinical input and medication
“Individual Recovery Budgets” project – Mersey Care

- January 2008
- Agreed flexible use of EI funds with PCT joint Commissioners
- **Aim** – to develop person centred plans, with an offer of virtual budgets to individuals using EI Teams – thus creating personalised solutions.
- We believed that this would have a significant impact on recovery outcomes, but that it would present a cultural challenge
- Building on experiences of Direct Payments in social care, but using health resources to meet health and social care outcomes.
- Context - what was happening in the wider health and social care world….
- But a **different approach**
So what did we do?

- Develop partnership with Imagine
- Fund broker
- Based broker within early Intervention teams
- Establish the budget for each team
- Person centred approaches training for staff
- Evaluation – University of Chester
- Steering Group
- Operational Group
- Lead person from each team.
- Independent panel for requests over £400.00
- Staying in Control pilot (in advance of DH pilots)
- DH personal health budget pilots 2009.
What have we learnt?

• People are naturally reserved in their requests.
• SU’ers and families were thankful and appreciative
• No one sold anything bought with IRB monies!!
• Risk management wasn’t as difficult as imagined.
• Easier to engage SU’ers in the care planning process.
• Powerful to see the way that SU’ers communicate how this will help.
• Tested all our beliefs, values and attitudes.
• Very new concept especially to health staff
• Takes time to get staff on board – traditionally social work role
• Relationship with broker is pivotal.
• Brokerage is time consuming in mental health.
• Unanticipated outcomes
• To Think creatively about peoples needs.
Managing a personal health budget

Personal care plans

- Notional individual budget
- Real budget held on the individual’s behalf
- Direct payment – cash held by patient

Already legally possible

Health Act enables

More direct control to individuals
North West activity

- Stockport brokerage project
- East Lancs PCT
- Stockport PHB
- Cumbria PHB
- Merseyside full PHB
- Trafford personal budgets
- Right to Control (DWP) trailblazer
Paths to Personalisation

PATHS TO PERSONALISATION IN MENTAL HEALTH
A whole system, whole life framework
www.pathstopersonalisation.org.uk

- A whole system whole life guide to how things will need to be done differently to make personalisation a reality for people with mental health needs
- Aligned with New Horizons
- To be developed and updated
- Part of the NMHDU Personalisation in Mental Health Programme, which includes support to the Personal Health Budget sites around implementation in mental health
- Incorporating the DVD Personalising Mental Health Services
• Puzzles and Possibilities in implementing both Personalisation and Payment by Results (Care Packages and Pathways)
http://www.centreforwelfarereform.org/

- A model for the integration of health and social care mental health services, combining:
  - Recovery
  - Evidence-based practice
  - Evidence from Personalisation in health and social care
  - Total Place
For more information..

www.in-control.org.uk
www.personalisation.org.uk
www.supportplanning.org